

## Strathmore Care Services Limited

# High Cross House

### 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 

#### Overall summary

We inspected this service on 10 August 2015. This was an unannounced inspection. Our last inspection took place in June 2013 and at that time we found the home was meeting the regulations that we checked them against.

High Cross House is registered to provide accommodation and personal care for up to nine people. People who use the service have a learning disability. At the time of our inspection eight people were using the service. One of these people was away on holiday, so they were not present.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People's safety was maintained because risks were assessed and planned for and the staff understood how to keep people safe. An educative approach was used to help people learn how to stay safe and healthy.

# Summary of findings

People's medicines were managed safely, which meant people received the medicines they needed when they needed them. People were enabled to administer their own medicines when this was appropriate.

There were sufficient numbers of suitable staff to meet people's needs and promote people's safety. Staff received regular training that provided them with the knowledge and skills to meet people's needs.

People's health and wellbeing needs were met and people were supported to attend health appointments as required. People could access suitable amounts of food and drink that met their individual preferences.

Staff sought people's consent before they provided care and support. However, some people who used the service were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed.

People were treated with kindness, compassion and respect and staff promoted people's independence and right to privacy.

People were involved in the assessment and review of their care and staff supported and encouraged people to access the community and participate in activities that were important to them.

People's feedback was sought and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

There was a positive atmosphere at the home and people and staff enjoyed living and working with each other.

The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager understood the requirements of their registration with us.

# 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. Risks to people were assessed and reviewed and staff understood how to keep people safe. The staff educated people to help them learn how to stay safe.

Sufficient numbers of staff were available to keep people safe and people were protected from abuse and avoidable harm. Medicines were managed safely.

Good



### Is the service effective?

The service was effective. Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing. People were supported to maintain a healthy diet.

People consented to their care and support and staff knew how to support people to make decisions in their best interests if this was required.

Good



### Is the service caring?

The service was caring. People were treated with kindness, compassion and respect and their right to privacy was supported and promoted.

People were encouraged to be independent and staff respected the choices people made about their care.

Good



### Is the service responsive?

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

Staff responded to people's comments and complaints about their care to improve people's care experiences.

Good



### Is the service well-led?

The service was well-led. Effective systems were in place to regularly assess and monitor and improve the quality of care and people who used the service were involved in changes to the home.

Good



# High Cross House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 August 2015 and was unannounced. Our inspection team consisted of two inspectors.

Before the inspection we checked the information we held about the service and provider. This included the

notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

We spoke with five people who used the service, three members of care staff and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time observing care in communal areas and we observed how the staff interacted with people who used the service.

We looked at two people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, staff rotas and training records.

# Is the service safe?

## Our findings

Without exception people told us that they felt safe. One person told us how they felt safer at this service than they did at their previous home. They said, “I used to have to rush when I walked down the street, but now I don’t have to and I can say hello to the people who live nearby”. People told us and we saw that an educative approach was taken to safety as this was discussed during house meetings on a regular basis. For example, we saw that people were informed about how to stay safe during hot weather.

People told us and care records confirmed that they were regularly involved in the assessment and review of their risks. Staff showed that they understood people’s risks and people told us they were supported in accordance with their risk management plans. One person’s care records showed they needed to be supervised by staff outside of the home to ensure their safety. This person confirmed they received this support by saying, “The staff always come with me when I go out”.

People were helped to understand what potential abuse was and how to report it. People told us and we saw that the topic of abuse was discussed on a regular basis. One person said, “We talk about abuse in our meetings. We are told what to do if someone bullies us here, at work or outside. I would tell the staff straight away if that happened”. Staff explained how they would recognise and report abuse. Procedures were in place that ensured

concerns about people’s safety were appropriately reported to the registered manager and the local safeguarding team. We saw that these procedures were followed when required.

People told us that staff were always available to provide them with care and support. One person named all the staff who worked at the service and said, “They take it in turns, but staff are always here”.

The registered manager told us that they regularly reviewed staffing levels and staff told us these were adjusted to meet people’s individual needs. For example, if people needed to be supported to attend an appointment extra staff were made available to do this. People confirmed and we saw that staffing levels were flexible to meet their changing needs.

Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs’ characters and their suitability to work with the people who used the service.

People told us and we saw that medicines were managed safely. One person said, “I have my tablets in the morning and at night. I always get them”. Our observations and medicines records showed that effective systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them. Effective systems were also in place to support and protect people who chose to self-administer their medicines.

# Is the service effective?

## Our findings

People told us that the staff were suitably skilled to meet their needs. One person told us how the staff helped them and other people during an episode of sickness that affected a number of people who used the service. They said, “When I was poorly, the staff knew what to do” and, “I was asked to stay in my room so other people didn’t get sick, but the staff kept coming in with drinks and toast and they asked me how I was”. This showed that staff had applied their learning from their infection control training. Staff told us and records showed that regular training was provided. One staff member said, “We do lots of training every year. We cover health and safety, fire, safeguarding and lots more”. We saw that all staff had completed training in learning disabilities and autism to enable them to support the people who used the service.

People confirmed and we saw that staff sought their consent before they provided care and support. One person said, “I don’t have to do everything that the staff say. I can make my own mind up about things”.

The rights of people who were unable to make important decisions about their health or wellbeing were protected. Staff understood the legal requirements they had to work within to do this. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out requirements that ensure where appropriate; decisions are made in people’s best interests when they are unable to do this for themselves. The staff demonstrated they understood the principles of the Act and they gave examples of how they worked with other people to make

decisions in their best interests as required. Care records confirmed that mental capacity assessments were completed and best interest decisions had been made in accordance with the legal requirements. At the time of our inspection, two people were being restricted under the DoLS. The correct guidance had been followed to ensure these restrictions were lawful and in the people’s best interests.

People told us they could eat foods that met their individual preferences and choices. One person said, “We talk about what we like to eat in our meetings and we choose what we want to go on the menu”. Another person said, “Everyone has a choice of their favourite foods”. People also confirmed that they could access suitable amounts of food and drink. One person said, “I can make tea or orange juice whenever I like”. Another person said, “I can get a snack if I want one”.

People told us they were supported to stay healthy. One person told us that health issues were regularly discussed during house meetings. They said, “I have to watch my sugar because too much sugar is not good. We talked about sugar and what it can do to our teeth in our meeting”. People told us that staff enabled them to attend health appointments to maintain their wellbeing. One person said, “The staff help me to see the nurse at the doctors surgery”. We saw that the advice that healthcare professionals had given was followed. For example, we saw that one person needed to use equipment to help them hear and the staff ensured the person had access to and used this equipment.

# Is the service caring?

## Our findings

People told us they were happy living at High Cross House because the staff were kind and caring. One person said, “The staff are all lovely here. They talk to us nicely”. Another person said, “There is a nice bunch of staff and a nice bunch of residents”. We observed friendly and caring interactions between staff and people who used the service. For example, we saw that some people were missing a person who used the service as they were away on holiday with their family. The registered manager showed people photos of the person having fun on their holiday which reassured people. One person who looked at the photos smiled and said, “She’s happy, it’s lovely isn’t it”.

People told us they could make choices and decisions about their care. For example, people could choose how their bedrooms were decorated. One person said, “I’ve just had my room decorated. I chose the colour and the lamp and the curtains. Everything is new”. Another person told us they could choose when they went to bed and when they got up in a morning. They said, “I had a lie in this morning until nine o’ clock. I can go to bed and get up whenever I like”.

People told us that privacy and dignity were promoted and respected. One person said, “We can spend time alone in our bedrooms if we want to and people won’t bother us”. Another person told us how care staff were sensitive to their preferences to receive personal care from female staff. They said, “A lady helps me to shave my legs. I wouldn’t want a man to do it”.

We saw that people’s right to independence was promoted and staff supported people to maintain their independent living skills. One person said, “I like being independent. I do my own washing with a bit of help and I do my own ironing”. People also told us that their choices not to participate in some independent living skills were respected by the staff. For example, one person said, “I like the staff cooking for me. I don’t really want to cook myself”.

People told us they were supported to keep in contact and maintain relationships with their family and friends. One person said, “I can use the phone to ring my family any time”. Another person said, “The staff help me to see my boyfriend”.

# Is the service responsive?

## Our findings

Before people moved to High Cross House they visited the home to check it was suitable for their needs. People could then choose to move in on a gradual basis, where they visited the home and spent time with the other people who used the service and the staff before they moved in permanently. One person said, “We get to meet new people before they move in. We can check that we like them first”. Staff told us that this gradual approach helped people to settle and it also ensured the staff could meet the person’s needs alongside the other people who used the service.

People told us they were involved in the assessment and review of their care. One person said, “We all have care plans, the staff write them with us and they are kept in the office. We can see them when we want to”. Care records contained a record of people’s assessments, care preferences and reviews. Staff understood people’s needs and people confirmed that they received their care in accordance with their preferences. For example, one person told us that staff supported them to go to the shops because they didn’t feel confident to do this alone. They said, “I needed some clothes for my holiday. I made a list with the staff and my keyworker took me shopping and helped me to pack”.

We saw that people’s care records were updated to reflect any changes in their needs. For example, one person’s

involvement in community activities had changed and their care records reflected this. This ensured that staff had access to up to date information about people’s changing needs.

People told us and we saw that they were supported to pursue their interests and participate in activities that were important to them. One person said, “I do aerobics and rambling which I like. I couldn’t do them where I lived before”. Another person said, “I do the things I want to do. I don’t have to do what the others do. I like going to ‘Shine Club’. We make jewellery and put on shows”.

People were also enabled to participate in voluntary work if they chose to do so. People told us that work was important to them and enjoyable. One person said, “I go to work, Bingo, basketball and swimming. I’m a very busy person. I like being busy”. Another person said, “The staff have helped me to get a new job. I start it soon. I’m very happy about it”.

People told us they knew how to complain about the care. One person said, “I would tell the staff. I’ve been to [the registered manager] with a complaint before. She listened to me and made things better”. There was an accessible easy to read complaints procedure in place and staff demonstrated that they understood the provider’s complaints procedure. We saw that complaints had been investigated and managed in accordance with the provider’s policy and improvements were made to people’s care experiences as a result of their complaints.



# Is the service well-led?

## Our findings

People and staff told us, and we saw that there was a positive and homely atmosphere at the service. One person said, “The staff let us laugh, I like to have a laugh”. Another person said, “I just love living here, I like the staff and I love everyone here”. Staff told us they enjoyed working at the home because of the people they cared for and the staff. One staff member said, “The residents are great”. Another staff member said, “We’ve got a stable, mature team and [the registered manager] is great”.

People told us they were involved in making decisions about changes to the home. One person said, “We all chose the colour of the new settee and chairs”. Another person told us how they had been involved in making rules for the home. They said, “We all drink our drinks in the dining room now because we want to look after the new carpet in the lounge”.

People told us that their feedback was sought about their care. One person said, “We had a questionnaire thing to fill in and one went to my parents”. We saw that the results of this survey were discussed with people and people were also asked for their feedback during house meetings. We saw that people’s feedback was acted upon. For example, we saw that areas of the home had been modernised and decorated at people’s requests. One told us, “I’m really happy with the changes, it’s nice to have new things”.

Frequent quality checks were completed by the registered manager and provider. These included checks of medicines

management, infection control, health and safety and incident management. Where concerns were identified, action was taken to improve quality. For example, an infection control audit had identified alcohol gel was required to enable staff to sanitise their hands and we saw that this had been provided.

The registered manager delegated tasks to the care staff to improve people’s care and increase efficiency. For example staff were given key worker roles which meant everybody who used the service had an allocated staff member who was responsible for coordinating their care. One staff member also told us how they were responsible for checking people’s money to ensure people’s financial accounts were accurate. The records this staff member maintained were then checked by the registered manager to ensure they were accurate and up to date.

The registered manager assessed and monitored the staffs learning and development needs through regular meetings with the staff. Spot checks were also completed to ensure staff were providing care and support effectively and safely. We saw that these checks had identified no concerns about the staffs’ abilities. However, the registered manager told us that they would discuss any concerns with the staff if this was required.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.