Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Strathmore House

Friday Bridge Road, Elm, Wisbech, PE14 0AU

Tel: 01945860569

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Adiemus Care Limited
Registered Manager	Ms. Elizabeth Howard
Overview of the service	Strathmore House is registered to provide support and care for up to 46 older people, some of whom have dementia health needs. Although the home does not provide nursing care, it is currently registered to do so.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and talked with commissioners of services.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

People's rights to give consent to their support and care were respected. Where a person was not able to give this consent, there were legal systems in place to ensure that the person received support, care and medical treatment that they needed.

All of the people that were spoken with were very satisfied with the standard and quality of their support, care and treatment. People's health and safety risks were assessed and effective measures were taken to minimise these risks. People were supported to maintain their health and wellbeing with the support to access to health care professionals and to engage in social activities of their choosing.

Equipment was provided and maintained to ensure that people's support, care and treatment needs were safely and appropriately met.

Members of staff told us that they enjoyed their work, which they found rewarding. Work was in progress to improve the frequency for members of staff to attend training.

Quality assurance systems were in place to listen to what people had to say about the standard and quality of the service provided. Other quality systems were in place to ensure that Strathmore House was a safe and comfortable place for people to live, work and visit.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any support, care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Through speaking with a member of staff and observing staff working, we noted that there was a system in place to obtain people's consent about their activities of daily living. These activities included gaining a person's consent to be supported to wear a cloth tabard. This tabard was to protect the person's own clothing from food and drink spillages.

Staff who we spoke with demonstrated that they were knowledgeable about respecting people's decisions about their support and care. This included encouraging and supporting a person to take part in recreational activities when they were, initially, reluctant to do to so.

From our examination of four out of 18 sets of people's care records, we found sufficient recorded evidence to demonstrate that people's wishes were obtained about any potential health treatments, including emergency treatments. In addition, decisions about their end-of-life care and treatment were taken into account and recorded.

The care records that we reviewed provided written evidence that people, or their representatives, had given consent for the person to be photographed and also to be made safe when in bed, with the use of bed rails.

Information about general and mental health advocacy services was publicly held for staff, visitors and for people who used the service to access if they had a need to use these independent, representative services.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and support, care and treatment were planned and delivered in line with their individual care plan. Support and care were planned and delivered in a way that was intended to ensure people's safety and welfare.

People who we spoke with said that they were satisfied with the standard and quality of their support and care. One person told us that, "It is brilliant all round. I wish I knew about this place much earlier". Other people who we spoke with told us that it was, "Okay" living at Strathmore House.

People's health and welfare was maintained due the quality of engagement of staff when interacting with people who were living with dementia. During a 30 minute observation we noted that members of staff reminded and encouraged people to take their mid-morning drink. We also noted that were given time to reminisce, tell their stories and take part in recreational activities. These activities included playing a board game and stroking a piece of fabric, as part of their sensory stimulation activity.

From speaking with a member of staff and examination of our sample of people's records, we noted that people were provided with opportunities to engage in other social and recreational activities. These included, but were not limited to, one-to-one and group discussions; visiting and attending to the home's garden and going out on escorted trips, including to the seaside. Arrangements were in place for an entertainer to visit the home and perform on the 18 July 2013.

Our examination of the sample of people's care reports indicated that health and safety risk assessments were carried out and measures were in place, and acted on, to minimise these risks. These risks included, but were not limited to, risk of developing pressure ulcers; malnutrition; choking and falls.

Where a person had developed a (low graded) pressure ulcer, we saw that remedial action had been taken to monitor and review the progression of this. This included the taking of photographs for monitoring purposes and consulting with the district nurses. In addition, the records demonstrated that the person was assisted to change their position to relieve

the pressure and promote their comfort and healing of the pressure ulcer.

Records that we reviewed indicated other actions were taken to promote and maintain peoples' health and wellbeing. These actions included monitoring and recording people's nutritional and drink intake; providing them with soft food and thickened drinks (to minimise their risk of choking) and hourly monitoring of their safety following their experience of a fall.

We also noted people's body weights were monitored and recorded, at least once a month or sooner if needed. The records demonstrated that action was taken when a person had experienced unintentional weight loss. This included supporting the person to access advice and treatment from the dietician, if required.

People's health was maintained and supported. People who we spoke with confirmed that they were supported to access health care services. These included their GP; district nursing services and local hospital services. From our review of four out of 18 sets of people's records we noted that people were also supported to access dieticians; chiropodists; physiotherapy and speech and language therapy services.

To ensure that people's choices and decisions about their support, care and treatment were respected, there was a system in place to assess people's mental capacity to make valid decisions. These decisions included, for instance, end-of-life care and treatment and receiving their yearly vaccination against influenza. Where people were assessed not to have this level of mental capacity, they were represented by their family members. This was so that the person's health and wellbeing was protected, with appropriate care and treatment carried out and in the person's best interest.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

People were protected from unsafe or unsuitable equipment because the provider had ensured that it was safe and maintained. There was generally enough equipment to promote the independence and comfort of people who use the service.

People who used the equipment provided by the home said that they were satisfied with how this was being managed and maintained. One person, however, said that they felt, "Bored" because they were unable to be independent with their mobility, due to a lack of appropriate equipment. The registered manager provided us with assurances that action would be taken regarding the person's equipment issue.

We saw that people who used the service were provided with pressure-relieving equipment to minimise their risks of developing pressure ulcers.

We also saw that people had reachable access to their call bells. Our review of people's care records indicated that a health and safety risk assessment had been carried out, and measures were in place, should a person be unable to operate their call bell.

People's care records that we reviewed indicated that they were also provided with equipment to support their moving and handling needs and to minimise the health risks associated with moving and handling and falls from their beds. People's individual health and safety risk assessments were carried out for the safe use of moving and handling equipment and for the safe use of bed rails.

To ensure that people, visitors and staff were safe at Strathmore House, we found that up-to-date records for fire alarms and emergency lights were maintained. These records demonstrated that these fire safety systems were assessed to be working correctly.

To ensure that people were protected from unsafe equipment, records we reviewed demonstrated that service checks had been carried out for portable electrical appliance equipment and moving and handling equipment, including hoists. The records we reviewed demonstrated that these service checks were in date.

Members of staff who we spoke with said that there was enough equipment to meet people's support and care needs.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver support and care safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. Staff were able, from time to time, to obtain further relevant qualifications.

People that were spoken with had positive comments to say about the staff employed to work at the home. One person told us that the staff were, "All good". People who we spoke with said that they had confidence in the ability of staff to provide them with safe and appropriate support and care.

Members of staff who we spoke with said that they had the support and training to do their job, which they said they enjoyed and found rewarding.

Examination of three out of 28 sets of staff files indicated that the members of staff had received an appraisal and/or one-to-one supervision. The manager advised us that they also received one-to-one supervision from their manager. However, the provider may wish to note that records were not maintained to demonstrate this.

To support staff and to remind them of their roles and responsibilities, staff meetings were held and minutes of these were seen for staff meetings held during April and June 2013. Members of staff who we spoke with said that they found these meetings to be both informative and supportive.

From our examination of three out of 28 staff appraisal and supervision records, we found that members of staff's work performance and training and development needs were discussed with them by their manager. We also noted that actions were set for the member of staff to achieve their mutually agreed set training and development goals.

An up-to-date staff training programme was seen, which demonstrated that members of staff had attended a range of training topics. These included Skills for Care Induction training (Skills for Care is a nationally recognised training provider); compulsory health and safety training, including fire safety and food hygiene; safe use of medication and mental capacity and deprivation of liberty safeguards.

The training records that we reviewed indicated that arrangements had been made for staff to attend refresher training. These included, but were not limited to, managing a person with behaviours that challenge others; safe use of medication and compulsory health and safety training. This meant that the provider was taking action to ensure that people received safe and up-to-date appropriate support and care.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they would be acted on. There was evidence that learning from incidents took place and appropriate changes would be implemented, if required.

In April 2012, a survey was carried out to ask members of staff, people who used the service and their relatives, for their views about the standard and quality of the service provided at Strathmore House. The collated and analysed results of these surveys demonstrated that the service was viewed to have performed well.

Relatives and people who used the service were provided with other opportunities to share their views about the standard and quality of the service provided at Strathmore House. The registered manager told us that a residents' and relatives' meeting was arranged for March 2013 but no person had attended. However, to improve the uptake of attendance to these meetings, there were arrangements made for such meetings to take place on a Saturday morning. Advertising information about these forthcoming events was publicly available in the main foyer of the home.

Reports of recorded accidents and incidents were seen for 2013. From our review of these reports and speaking with the registered manager we found that an analysis was carried out of these events, to determine any emerging trends. The evidence suggested that individual remedial action was carried out. This included, for instance, a review of a person's medication that had increased the incidents of falls that they had experienced.

The manager advised us that representatives of the registered owner visited the services, at least once per month. Any areas noted to improve the service were reported back to the manager to take action.

The majority of records that we reviewed were accurate and up-to-date. This meant that people who used the service were protected from unsafe and inappropriate care. From

speaking with senior members of staff we noted that action was being taken to up-date people's care records. We were advised that this was by means of individual supervision of members of staff, who were responsible for maintaining up-to-date care records.

The registered manager advised us that records of the people's weights and food and drink intake were checked and actions were taken in response to these, if necessary. This included consultation with the dietician and increasing the person's nutritional and drink intake.

Audits were carried out for the safety and accessibility of the premises and food safety systems operated within the kitchen area. Records of these June 2013 audits were seen with recommendations for improvements. The registered manager told us that results of these audits were reported to the provider. This was so that they would consider and approve the recommended actions to be taken for improvements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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