

Morris Care Limited

Stretton Hall Nursing Home

Inspection report

Shrewsbury Road
All Stretton
Church Stretton
Shropshire
SY6 6HG

Tel: 01694725320

Website: www.morriscare.co.uk

Date of inspection visit:

24 April 2017

25 April 2017

Date of publication:

19 May 2017

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

Stretton Hall Nursing Home is a nursing home that provides accommodation, nursing and personal care for up to 50 older people, some of whom have dementia.

At the last inspection, the service was rated Good.

At this inspection, we found the service remained Good.

Staff had received training in how to protect people from abuse, discrimination and avoidable harm. The risks to people had been assessed, recorded and plans implemented to manage these. Staffing levels ensured people's needs could be met safely. People's medicines were handled and administered safely by competent staff.

Staff received effective induction, training and supervision to support them in performing their roles and responsibilities. People's rights under the Mental Capacity Act 2005 were understood and protected. People had enough to eat and drink and their nutritional needs were assessed and managed. Staff supported people to access healthcare services as needed.

Staff adopted a caring and compassionate approach to their work. People's involvement in decisions that affected them was encouraged. People's rights to privacy and dignity were promoted.

People and their relatives contributed to care planning and felt their views were listened to. They knew how to raise complaints and concerns, and felt comfortable doing so.

The management team promoted an open and inclusive culture within the service. People and their relatives felt the home was well managed. Staff felt well supported and were clear what was expected of them. The provider carried out quality assurance activities to assess and address the quality of the service people received.

Further information is in the detailed findings below.

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 remains Good.	Good ●
Is the service effective? The service remains Effective.	Good ●
Is the service caring? The service remains Caring.	Good ●
Is the service responsive? The service remains Responsive.	Good ●
Is the service well-led? The service remains Well-led.	Good ●

Stretton Hall Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 24 and 25 April 2017. The first day of our inspection was unannounced.

The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of our inspection, we reviewed the information we held about the service. We contacted representatives from the local authority and Healthwatch for their views about the service and looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During the inspection, we spoke with eight people who used the service and 10 relatives. We also spoke with the registered manager, two nurses, a maintenance worker, the activities coordinator and five care staff.

We looked at three people's care records, three staff member's recruitment records, medicines records and records associated with the provider's quality assurance systems. We also spent time in the communal areas of the home to observe how staff supported and responded to people. As part of this, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People continued to feel safe living at Stretton Hall Nursing Home. One person said, "I feel very safe here. The staff are very good and helpful to me, and make me feel comfortable and safe."

The provider had maintained the measures in place to ensure people's safety and wellbeing. Staff had been given training in how to protect people from harm, abuse and discrimination. They understood how to report any concerns of this nature, and the registered manager recognised their responsibility to investigate and act on these. Our records showed the registered manager had responded appropriately to a recent safeguarding issue at the home, notifying the relevant external agencies and taking the necessary action needed to keep the person safe. This had included updating the person's care plans and purchasing additional safety equipment for use in their bedroom.

The risks associated with people's individual care and support needs had been assessed, reviewed and plans put in place to manage these. For example, where people had mobility needs, staff had been provided with, and trained in the safe use of, appropriate mobility equipment to help them move around safely. Staff were aware of the specific risks to individuals, and followed safe working practices. People and their relatives told us their involvement in decisions about risks and staying safe was encouraged. On this subject, a relative said, "It's so natural that I don't know what to say. I'm consulted and involved." In the event that people were involved in accidents or incidents, these events were reported and recorded by staff, and action taken by the management team to reduce the risk of things happening again. For example, concerns about loose stitching on a hoist sling had resulted in the faulty item being immediately removed from use and replaced.

People, their relatives and staff felt the home was adequately staffed, enabling people's needs to be safely met. One staff member told us, "No corners are cut. Staffing levels are manageable and nothing gets missed." The registered manager assessed staffing requirements based upon the home's occupancy level and people's care and support needs. The use of agency staffing was tightly controlled by the registered manager to promote continuity of care. Prospective staff underwent pre-employment checks to ensure they were suitable to work with people, including an enhanced Disclosure and Barring Service (DBS) check. The DBS carries out criminal records checks to help employers make safer recruitment decisions.

People told us staff gave them consistent support to take their medicines as prescribed. Robust systems and procedures were in place to ensure people's medicines were ordered, stored, administered and disposed of safely. People's medicines were administered by nurses, whose competence was checked on a periodic basis. Best interests meetings had been held in relation to the decisions taken to administer some people's medicines covertly. People were supported to self-administer their medicines, if they wished, following assessment of associated risks.

Is the service effective?

Our findings

People and their relatives still felt staff had the right skills and knowledge to meet people's individual needs. One person told us, "The nursing and care staff are obviously well trained."

All new staff underwent a structured induction to help them settle into their new job roles. One staff member said, "It was brilliant; they showed me everything I needed to know." Staff then participated in an ongoing training programme to enable them to work safely and effectively. One staff member described the training as "fantastic", adding, "It's nice that training is as high a priority as it is here." Staff also had regular one-to-one meetings with a senior to identify any additional support needed to carry out their roles.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the MCA. The registered manager and staff had a clear understanding of people's rights under the MCA. We saw evidence of mental capacity assessments and best-interests decision-making in the care files we looked at. These related, for example, to the proposed use of bed rails and equipment safety belts to keep people safe.

People told us they had plenty to eat and drink. One person said, "The food is fantastic. It's almost too good and I eat too much. It's also presented very nicely." People were offered a choice of food and drink each day, and contributed to menu planning. We saw mealtimes at the home were sociable affairs at a relaxed tempo. People's dietary and nutritional needs had been assessed and managed, with the specialist input of the local speech and language therapy team and others, where required. People had access to appropriate adapted equipment and individualised support to help them eat and drink.

People and their relatives told us staff played a positive part in helping people maintain their health and manage their day-to-day health needs. One relative praised the manner in which staff helped their family member manage their diabetes through organising regular blood tests and providing insulin injections. Staff liaised with, and helped people to access, a range of healthcare professionals. This included weekly visit by a GP from the local surgery. One person told us, "I've asked staff to see the doctor tomorrow, and so they (doctor) will come and see me. They give you their time."

Is the service caring?

Our findings

People and their relatives continued to feel staff approached their work with kindness and compassion, showing concern for people's comfort and wellbeing. One person said, "The staff are fantastic - very caring and thoughtful." A relative described how staff had purchased a portable fan for their family's bedroom, within half an hour of identifying they were too hot. They added, "They (staff) have that level of concern for people and expertise." During our inspection, we saw staff spoke to people in a warm, polite and professional manner, prioritising their needs and requests. Staff demonstrated good insight into people's individual needs and preferences.

People still felt able to voice their opinions and were involved in decision-making about their care and support. They felt staff listened to them, and that their views and opinions were taken seriously. One person told us, "If you want something done, they (staff) will do it." We saw staff consulting people about how to support them as, for example, they helped them during the lunchtime meal. Residents meetings were held on a three-monthly basis and a suggestion box made available in the reception area, to provide additional ways for people and relatives to share their views. .

People and their relatives still felt staff had respect for people's privacy and dignity. A relative told us, "They (staff) always explain to [person's name] what they are doing, and where they are taking them." We saw staff stored and handled people's personal information carefully, so it was only accessed by authorised persons. They offered people the use of clothes protectors at the lunchtime meal, and respected their decisions in this regard. When carrying out personal care tasks, such as medicines administration, they did so in a discreet manner. People confirmed they were able to receive visitors whenever they chose. One person told us, "All my relatives visit me all the time, and my daughter comes in on Saturdays."

Is the service responsive?

Our findings

People and their relatives still felt the care and support provided had been shaped around people's individual needs. They gave us examples of how people's specific mobility needs and their complex needs around eating and drinking had been accommodated. The provider had adapted one bedroom into a private lounge to suit the needs of a married couple living at the home.

People and their relatives' involvement in care planning was actively encouraged. They were invited to an annual care review, to review and update the current care plans, and felt their contribution was valued. A relative told us, "They (management) have always given me the impression that they would go with my views. I'm always asked if I'm satisfied with their decisions. I feel fully involved."

People's care plans included information about their personal backgrounds, preferences and expectations, alongside guidance for staff on how to meet their specific care needs. Staff told us they followed the care plans, and had good insight into people's routines and preferences.

Staff supported people to follow their interests, and spend time in ways they found enjoyable. One person told us, "There's something on every day; we have a programme of activities." Other people gave us examples of types of activities they particularly enjoyed at the home, such as singing, listening to music, doing jigsaws, watching films and going for a walk in the grounds.

During our inspection, we saw people being entertained by a visiting keyboardist, reading the day's newspapers, participating in a fun exercise class and visiting the on-site hairdresser.

People and their relatives knew how to complain about the service, and had confidence their concerns and complaints would be responded to in a timely and appropriate manner. A relative told us, "Action is taken to remedy things once you talk to them (management)." A formal complaints procedure was followed to ensure good complaints management. The complaints we looked at had been investigated and resolved in line with this procedure.

Is the service well-led?

Our findings

During our inspection, we met with the 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 2008 and associated Regulations about how the service is run. The registered manager had a solid understanding of the duties and responsibilities associated with their post. They felt they had the support and resources necessary to successfully manage and improve the service.

Most people and relatives knew who the registered manager was, and praised their management of the home. One relative told us, "[Registered manager] is great. They're so approachable and positive; they're always smiling." People and their relatives described an open and inclusive culture within the service. They referred to open communication with the management team, and were confident issues would be dealt with promptly and fairly. People and their relatives felt involved, and told us they were kept up to date about issues that affected them. One relative told us, "They (management team) always keep us informed."

Staff spoke highly of, and had confidence in, the registered manager. One staff member said, "[Registered manager] is approachable and takes your concerns and questions seriously. They're been very supportive." Staff discussed their work with enthusiasm, felt valued by the management team, and were clear what was expected of them.

The provider and management team carried out a range of quality assurance activities to assess the quality of the care people received. These included periodic, targeted audits by the provider's head office staff and regular checks on people's care files and medicines records within the home. We saw people's care records were comprehensive, and routinely reviewed and updated to ensure they remained accurate and up-to-date. The provider's quality assurance had led to improvements in the service, including safer handling of cleaning chemicals, closer auditing of people's medicines and improvements in the interior decoration of the home.