

Morris Care Limited

Stretton Hall Nursing Home

Inspection report

Shrewsbury Road
All Stretton
Church Stretton
Shropshire
SY6 6HG

Date of inspection visit:
29 October 2019

Date of publication:
26 November 2019

Tel: 01694725320

Website: www.morriscare.co.uk

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Stretton Hall Nursing Home provides accommodation and nursing or personal care for up to 50 people. On the day of our inspection, 40 people were receiving services, some of whom were living with dementia.

People's experience of using this service and what we found

The management team did not always notify of us key events which occurred at Stretton Hall Nursing Home.

When a concern of potential abuse or ill-treatment was raised with the management team they delayed sharing this information with partnership agencies.

The management team and provider had systems in place to identify improvements and drive good care. However, these were not always effective as they failed to identify the issues we found at this inspection.

Staff members followed effective infection prevention and control procedures when supporting people. Staff members had access to, and used, appropriate personal protection equipment.

The provider had assessed the risks to people associated with their care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the potential for harm to people.

People received safe support with their medicines by trained and competent staff members.

Staff members were aware of the necessary actions they should take in the event of an emergency.

The provider supported staff in providing effective care for people through person-centred care planning, training and one-to-one supervision.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems at Stretton Hall Nursing Home supported this practice.

People had access to additional healthcare services when required.

People were supported to maintain a healthy diet by a staff team which knew their individual preferences.

People received help and support from a kind and compassionate staff team with whom they had developed positive relationships.

People were supported by staff members who were aware of their individual protected characteristics like age, gender and disability.

People were provided with information in a way they could understand. The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them.

The provider, and management team, had good links with the local communities within which people lived.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was 'Good' (published 19 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the providers failure to safeguard people from abuse or improper treatment and failure to notify the care quality commission of all incidents that affect the health, safety and welfare of people who use their service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Stretton Hall Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector, one assistant inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Stretton Hall Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the

service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service, and four visitors, about their experience of the care provided. 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.

We spoke with eight members of staff including, two care assistants, a domestic staff member, the social life coordinator, the clinical lead, the registered manager, the chief operating officer, and the clinical governance manager.

We reviewed a range of records. This included three people's care records and records of medicines administration. We looked at two staff files in relation to recruitment and staff supervision. In addition, we looked at a variety of records relating to the management of the service, including incident investigations and quality monitoring checks.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People's safety from harm or abuse could not be assured as the management team did not always follow policies and procedures when concerns had been raised with them. For example, following an allegation of abuse the management team failed to pass the concerns to the police until 17 days later. The expectation as part of the locally agreed multi-agency procedures was any concern which could be potentially criminal should be passed immediately to the police.
- In addition, the management team failed to notify the local authority or the care quality commission until 9 days after the concern was first passed to them. However, people were not at risk as the source of the concern was not present during this time.
- Not all staff members reported concerns in a timely way to keep people safe. For example, a staff member delayed notifying anyone about a concern they had for three days. This potentially put people at risk.
- Information was available to people, staff, relatives and visitors on how to report any concerns however, this was not consistently followed by the management team or staff members.

These concerns were a breach of Regulation 13: (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- People were supported to identify and mitigate risks associated with their care and support.
- We saw assessments of risks associated with people's care had been accurately completed. These included risks associated with diet and nutrition, risk of falls and skin integrity.
- Staff members knew the risks associated with people's care and support and knew how to keep people safe. We saw one person do something which could have put them at risk of harm. A staff member recognised this and supported the person whilst taking the time to talk through the potential risk to them. This person expressed their gratitude to this staff member.
- The environment and equipment was safe and well maintained.

Staffing and recruitment

- People were supported by enough staff who were available to safely support them. We saw people were promptly supported when needed or requested.
- The provider followed safe recruitment processes when employing new staff members. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if

needed.

Using medicines safely

- People told us they were safely supported with their medicines. One person said, "I do receive my tablets when I want them."
- When people needed to receive their medicines covertly the nursing team followed appropriate guidelines which included an assessment of the persons capacity to make decisions. In addition, they consulted with the prescribing GP and dispensing pharmacy to keep people safe.
- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals, investigation into any perceived error and, if needed, retraining of staff members.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe. Staff members were aware of these guidelines.

Preventing and controlling infection

- Staff members had received training in infection prevention and control and knew how to minimise the risks of infectious illnesses.
- Staff members had access to personal protective equipment.

Learning lessons when things go wrong

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, all incidents, accident and near miss incidents were recorded and passed to the registered manager for their review. They analysed these incidents to identify if anything else could be done differently in the future to minimise the risks of harm to people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental health and social needs had been holistically assessed in line with recognised best practice. These assessments included, but were not limited to, oral health.
- People told us they were consulted about their care needs and these were accurately recorded by trained staff members.
- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious beliefs, cultures and personal preferences. These characteristics were also included in people's end of life wishes for staff members to follow.

Staff support: induction, training, skills and experience

- People were assisted by a well-trained staff team who felt supported by the provider and the management team. Staff members told us they received regular support and supervision sessions. These were individual sessions where they could discuss aspects of their work and training. One staff member said, "I have regular supervisions and feel supported."
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, moving and handling. In addition, they worked alongside experienced staff members, or a mentor, until they felt confident to work more independently with people.
- Staff members who were new to care were supported to complete the care certificate. The care certificate is a nationally recognised qualification in social care.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they had a choice of the meals provided and alternatives were available if they disliked what was offered. We saw people making decisions about what they wanted to eat and when.
- When people needed additional support to eat we saw this was provided at a pace to suit them.
- When people required specialist assessment, regarding their eating and swallowing, this was arranged promptly. Staff members, including the catering staff, were aware of these recommendations and supported people consistently to maintain their well-being.

Staff working with other agencies to provide consistent, effective, timely care

- Staff members had effective, and efficient, communication systems in place. This helped to share appropriate information with those involved in the support of people receiving services.

Adapting service, design, decoration to meet people's needs

- We saw people moving safely around Stretton Hall Nursing Home. The Home was safe and well maintained.

Supporting people to live healthier lives, access healthcare services and support

- People had access to additional healthcare professionals including GP's, dentists and chiropractors. When it was needed people were referred promptly for assessment.
- When people made provision for private healthcare professionals to visit them we saw this was supported by the clinical team to provide a consistent approach to their healthcare.
- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We saw the provider had made appropriate applications in line with the MCA and had systems in place to ensure any renewed applications were made in a timely way to ensure people's rights were maintained.
- We saw people were asked for their consent and permission throughout this inspection. When people could not make decisions regarding consent staff members, and the management team, knew the correct processes to follow to appropriately support them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated with care by an interactive, compassionate, and kind staff team. People and relatives described staff members as, "Nice," "Caring" and "Respectful." One relative said, "They (staff) are all very respectful and attentive. I would say they also have patience and take the time to explain things."
- All staff members talked about those they supported with warmth, empathy and positive regard.

Supporting people to express their views and be involved in making decisions about their care

- People said they were supported to make decisions about their care and support.
- People told us, and we saw, they were involved in the development of their support plans. These plans also supported people to make decisions about their future care and support.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and their privacy was supported by staff members. We saw one person needed additional support whilst in a communal area. This was recognised and promptly responded to by staff who maintained the person's dignity whilst supporting them to a private area where further assistance was provided.
- People were supported to retain their independence. For example, we saw one person struggled a little when eating their meal. The staff member encouraged them rather than take over and suggested about how they could help themselves. This person thanked them and continued with their meal.
- We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People, and if needed those close to them, were involved in the development and review of their own care and support plans. We saw these plans gave the staff information on how people wanted to be assisted.
- People's individual life histories, personal likes and dislikes and key events throughout their lives so far were recorded. This assisted staff members to respond to people and interact with them on a personal level whilst meeting their needs.
- When it was appropriate relatives were kept informed about changes to people's health and needs. One relative said, "I am here all the time. They (staff) are always able to answer any questions I have about [relative's name] care."
- We saw people's care and support plans were reviewed to account for any personal or health changes. These plans also reflected advice and guidance from visiting healthcare professionals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had information presented in a way that they found accessible and, in a format, they could easily comprehend.
- People's sensory needs were recorded, and staff members worked with people to encourage them to use any personal equipment they had. For example, glasses or hearing aids.

Where the service is responsible, how are people encouraged and supported to develop and maintain relationships with people that matter to them, both within the service and the wider community, and to avoid social isolation

- Throughout this inspection we saw people were involved in activities they enjoyed, found interesting and stimulating. We saw people involved in one on one activities which included puzzles, board games and art. People told us there was a programme of activities they could take part in if they wished. In addition, people could attend non-denominational religious services.

Improving care quality in response to complaints or concerns

- We saw information was available to people, in a format appropriate to their communication styles, on

how to raise a complaint or a concern if they needed to do so.

- The provider had systems in place to record and investigate and to respond to any complaints raised with them.

End of life care and support

- Stretton Hall Nursing Home supported people at the end of their lives. Peoples wishes including spiritual, religious and medical had been recorded. This enabled staff members to understand and meet peoples wishes when they approached this phase of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider failed to notify the care quality commission of all incidents that affected the health, safety and welfare of people who use services. For example, we found an investigation report, completed by the registered manager, regarding an allegation of abuse. The provider failed to notify the care quality commission of this incident.
- In addition, the provider delayed notifying the care quality commission, for a period of nine days, the fact they had received an allegation of abuse and had commenced an internal investigation.

These concerns were a breach of Regulation 18: (Notification of other incidents) Care Quality Commission (Registration) Regulations 2009.

- The registered manager and provider had systems in place to identify improvements and drive good care. However, these checks were not always effective in identifying and correcting the issues we found at this inspection.
- We saw the last rated inspection was displayed in accordance with the law at Stretton Hall Nursing Home and on their website.

Continuous learning and improving care

- The management team had systems in place to monitor the quality of the service that they provided and had developed an action plan for continuous improvement. However, as already reported, this was not consistently applied to improve the issues we identified at this inspection.
- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care. This included regular interactions with other registered managers within their organisation and with their line manager. The registered manager told us they received regular updates from professional organisations involved in adult social care and from a local provider representation group.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us they knew who the management team were and found them friendly.

- Staff members told us they found the management team supportive and approachable. One staff member told us their line manager was always approachable and provided emotional support as well as professional direction.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We saw the management team, and provider, had systems in place to investigate and feedback on any incidents, accidents or complaints.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in decisions about their care and support and were asked for their opinion. One person told us they were regularly consulted about the menu changes to adapt to the changing seasons.
- Staff members told us they found the management team engaging and their opinions were welcomed and valued. One staff member said, "The management are forward thinking, they listen and respond, we don't always get what we want but they will always give us a full explanation."
- Staff members took part in regular staff meetings where they could discuss elements of the work they completed.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. However, as already reported on, concerns had not always been reported in a timely manner.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices and mental health teams.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider failed to notify the care quality commission of all incidents that affect the health, safety and welfare of people who use services in a timely way.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The management team did not always follow policies and procedures when concerns had been raised with them.