Whitehill Homes Limited

Strathmore Nursing Home

Inspection report

51 Seymour Road
Bolton
Lancashire
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Tel: 01204309795

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11 April 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 11 April 2017 and was unannounced. The last inspection took place in December 2014 when the service was rated good overall.

Strathmore Nursing Home is registered to provide residential and nursing care for up to 30 people. The home is situated in a residential area close to Bolton town centre. At the time of the inspection there were 25 people receiving a service, three of whom were being nursed in bed.

There was a registered manager in place. 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.

People told us they felt safe at the home. Appropriate individual and general risk assessments were in place and updated as required. There were sufficient staff to meet the needs of the people who used the service and staff were recruited safely.

There were appropriate safeguarding and whistle blowing policies in place and staff were aware of the procedures for reporting any issues and confident to follow the procedures.

There were safe systems in place for the management of medicines. Accidents and incidents were recorded and monitored and appropriate health and safety measures were in place.

Staff induction was thorough and there was a programme of on-going and refresher training.

Nutrition and hydration needs were recorded and people's needs monitored and special dietary requirements adhered to. The meal time experience was unrushed and people were given the assistance they needed and choices of food and drink were available.

Consent forms were used and signed appropriately. The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

People told us staff were kind and caring. We observed interactions within the home throughout the day and saw that they were friendly and respectful.

Visitors told us they were made welcome and people who used the service and their relatives were involved in all aspects of care planning. Staff were aware of the importance of dignity and people's dignity and privacy was respected.

People's wishes for when they were nearing the end of their lives were recorded. Staff had undertaken

training in end of life care and the service endeavoured to respect people's wishes.

Care plans included relevant health and personal information and were person-centred. Activities were offered in the form of group activities or one to one interactions, depending on people's needs and preferences.

The complaints policy was on display and was outlined in the service user guide. The service had received a number of compliments, but no recent formal complaints.

The registered manager had an 'open door' policy and people who used the service, visitors, staff and other professionals found her approachable.

Team meetings were held regularly and there were regular staff supervisions. These helped ensure staff felt fully supported in their roles.

There were a number of audits and checks undertaken to help ensure continual improvement in service delivery. The home linked into a number of local groups to ensure they kept up to date with good practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe at the home. Appropriate individual and general risk assessments were in place and updated as required. There were sufficient staff to meet the needs of the people who used the service and staff were recruited safely.

There were appropriate safeguarding and whistle blowing policies in place and staff were aware of the procedures for reporting any issues and confident to follow the procedures.

There were safe systems in place for the management of medicines. Accidents and incidents were recorded and monitored and appropriate health and safety measures were in place.

Is the service effective?

Good

The service was effective.

Staff induction was thorough and there was a programme of on-going and refresher training.

Nutrition and hydration needs were recorded and people's needs monitored and special dietary requirements adhered to. The meal time experience was unrushed and people were given the assistance they needed and choices of food and drink were available.

Consent forms were used and signed appropriately. The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring. We observed interactions within the home throughout the day and saw that they were friendly and respectful.

Visitors told us they were made welcome and people who used the service and their relatives were involved in all aspects of care planning. Staff were aware of the importance of dignity and people's dignity and privacy was respected.

People's wishes for when they were nearing the end of their lives were recorded. Staff had undertaken training in end of life care and the service endeavoured to respect people's wishes.

Is the service responsive?

Good

The service was responsive.

Care plans included relevant health and personal information and were person-centred. Activities were offered in the form of group activities or one to one interactions, depending on people's needs and preferences.

The complaints policy was on display and was outlined in the service user guide. The service had received a number of compliments, but no recent formal complaints.

Is the service well-led?

Good

The service was well-led.

The registered manager had an 'open door' policy and people who used the service, visitors, staff and other professionals found her approachable.

Team meetings were held regularly and there were regular staff supervisions. These helped ensure staff felt fully supported in their roles.

There were a number of audits and checks undertaken to help ensure continual improvement in service delivery. The home linked into a number of local groups to ensure they kept up to date with good practice.

Strathmore 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 11 April 2017 and was unannounced. The inspection team comprised of two adult social care inspectors from the Care Quality Commission (CQC).

Prior to the inspection we looked at information we had about the service in the form of notifications, safeguarding concerns and whistle blowing information. We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make.

Before our inspection we contacted Bolton local authority commissioning team to find out their experience of the service. We contacted the local Healthwatch to see if they had any information about the service. Healthwatch England is the national consumer champion in health and care. We also contacted the local safeguarding team and health and social care professionals who regularly visit the service. This was to gain their views on the care delivered at the home.

During the inspection we spoke with four people who used the service and three relatives. We also spoke with two professional visitors and contacted others who used the service regularly to gain their views. We spoke with the registered manager, four members of care and nursing staff and the activities coordinator. We used a 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. We reviewed records at the home including three care files, three staff personnel files, meeting minutes, training records, health and safety records and audits held by the service.

Good

Is the service safe?

Our findings

We asked if people felt safe within the home. One person told us, "Oh yes, I feel safe and secure and I have a lockable drawer so that I can keep my things safe". One relative said, "It is a great relief for us to have [relative] looked after here".

We looked at three staff personnel files. These evidenced a robust recruitment process; each file contained an application form, two references, proof of identity and Disclosure and Barring Service (DBS) checks. DBS checks tell employers whether a person has been barred from working with vulnerable people. For registered nurses there was a note of their professional registration (PIN) number and the date of expiry.

Care files included all the relevant individual risk assessments, such as moving and handling, falls, nutrition and hydration and mobility. General, environmental risk assessments were in place as required. We saw that there were personal emergency evacuation plans (PEEPs) held within each person's file. These outlined the level of assistance an individual would need in the event of an emergency. A central file was kept in the reception area for easy access.

We looked at staff rotas and staff around the home on the day of the inspection. In addition to the registered manager there was an assistant practitioner, a registered nurse, five carers, domestics, kitchen staff and an activities coordinator. We saw that the home worked to a dependency tool, so ensured that, for the 25 people currently using the service, there were sufficient staff to ensure their needs were addressed in a timely manner. We asked people who used the service and their relatives if they were always able to find a member of staff when they needed them. They told us they could find staff when they needed them and people who used the service told us they never had to wait too long for staff to answer their call buzzers.

There were policies and procedures around safeguarding vulnerable adults and whistle blowing (reporting poor practice witnessed). The safeguarding policy also now incorporated safeguarding children as per the local policy. Staff were required to undertake mandatory train in recognising and responding to abuse and the training matrix evidenced this. Staff we spoke with were aware of the policies and guidance and were confident to report any issues they may see. The service had two safeguarding leads, the registered manager and the assistant practitioner, who were responsible for keeping up to date with best practice and disseminating relevant information to other staff. Safeguarding issues were reported to the Care Quality Commission (CQC) as required. A health professional told us, "I have no concerns regarding safeguarding in the home, and have never escalated any concerns".

There was an appropriate and up to date medicines policy and procedure at the home. This included guidance on medicines given whilst away from the home, medicines used as and when required (PRN), non-compliance and homely remedies.

We observed medicines administration and looked at the systems for ordering, storage, administration and disposal of medicines. The home used the blister pack system which helped minimise the risk of errors. All medicines administration records (MAR) included a photograph of the person who used the service to help

ensure the correct medicines were given. We looked at the treatment room, which was kept locked. Medicines were stored securely within the room, controlled drugs (CD) that is some prescription medicines which are controlled under the Misuse of Drugs legislation, were kept in a locked cupboard and the CD register signed and counter signed as required. The treatment room and the medicines fridge were clean and tidy. The medicines fridge was set at the correct temperature and records were kept. Medication audits were completed on a regular basis and MAR sheets were also audited to help identify errors in a timely way.

An infection prevention and control policy and procedure was in place. Staff had undertaken training in infection control and safe practices, such as using the correct personal protective equipment (PPE), such as plastic aprons and gloves, were employed. Staff washed their hands as required to help minimise the spread of infection and hand hygiene was regularly audited. Staff had access to disposable gloves and aprons when providing personal care tasks. Bathrooms were equipped with liquid soap and paper towels.

Records of accidents and incidents were kept within people's individual care files, with body maps to show the site of any injuries. An accident log was completed to help give an oversight of any trends or patterns. The service also provided incident reports to Bolton Quality and Safeguarding Team. These were then analysed in conjunction with reports from other homes, to look at discussing any themes and improvements at the regular meetings.

Health and safety certificates and records were complete and up to date. For example, servicing and maintenance of the passenger lift, portable appliance testing (PAT) was up to date. The emergency equipment, such as fire alarms and extinguishers, were regularly checked and maintained. There was a fire risk assessment in place.

Good

Is the service effective?

Our findings

One relative told us, "My relative's weight has improved since being here. I feel very positive. We are always informed of any changes". A health professional commented, "They [the service] access my service for patient assessment, support with advanced care planning and difficult conversations with relatives. Their referrals are always appropriate".

The staff induction comprised of reading relevant policies, health and safety information and orientation within the building. New staff undertook the Care Certificate, which has been developed by a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. We saw an induction booklet which was to be completed by new employees on commencing work.

Staff told us there was plenty of on-going training on offer and this was confirmed by the training matrix. Staff had undertaken all relevant mandatory training and refresher courses and other courses were on offer to help ensure knowledge and skills were kept up to date.

There was a pleasant reception area, with information and leaflets about services for people to read. The nurses' station had a list of staff duties, helping ensure staff knew what floor they were covering, who was serving drinks, who was taking meals upstairs, who was doing two hourly checks.

People's rooms were personalised with their own possessions and furniture where they required this. People were consulted about preferences around decoration of rooms. All the rooms we looked at were clean and fresh. Suitable aids and adaptations were available, such as grab rails, assisted bathing facilities, wheelchairs, hoists and walking aids.

The home was caring for some people living with dementia. The home does not specialise in dementia care. However, there was some dementia friendly signage to help people with orientation around the home. People's names, room numbers and pictures were on bedroom doors to aid with recognition.

Care plans included relevant information and there were separate plans in people's bedrooms which included information on daily care needs and preferences, care charts for issues such as skin integrity and nutrition, oral assessments and application of topical creams. These had been completed as required. There were separate care plans for catheter care and those on percutaneous endoscopic gastrostomy (PEG) feeding. This is when a person is unable to eat their food orally and receive it through a tube into their stomach.

People who used the service were assessed for nutritional and hydration needs on admission and this informed their nutritional care plan. The care plan included how often people were to be weighed, information about special diets and referrals to specialist teams, such as dieticians, where needed. Food and fluid charts were used when required to monitor intake and output.

We observed the lunchtime meal, using a 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.

We saw that there were pictorial menus to help people make an informed choice. The tables were set nicely, with cloths and condiments. There was appropriate, gentle music playing and we saw staff assisting people in a discreet and sensitive manner. Staff demonstrated patience and compassion when ensuring people were comfortable and enjoyed as much of the food as they wanted. Gentle encouragement was used to help those with a poor appetite and people were offered alternatives if they did not want the meal they had originally chosen. Staff wore appropriate personal protective equipment (PPE) when serving food.

The home had a food hygiene rating of 5 Stars, which is the highest level. People we spoke with told us the food was good. One person told us, "The food is excellent and there is plenty of choice. I sometimes don't feel like much at teatime and they always offer me a lighter option". Another told us, "They come in and help me with my meals to make sure I eat and drink enough". A third person commented, "The food is very good and there are choices offered at each meal".

A relative said, "It is all home cooked and there are a selection of juices and shakes to tempt them if their appetite is poor. There are always choices offered and the staff think outside the box to try to tempt them". Feedback from residents' meetings around menus was used to inform future menu planning.

There were relevant consent forms within care files for issues such as the use of bed rails, photographs and care and treatment. These were signed by the person who used the service or a representative. If not signed by the individual there was an explanation as to why a signature had been obtained from an appropriate representative.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

There were appropriate and up to date policies in place with regard to MCA and DoLS. Each care file included a screening document to ascertain if a DoLs authorisation was necessary and, where this was the case, the relevant paperwork was in place. There was a DoLS register which was updated regularly.

Staff we spoke with had undertaken training in MCA and DoLS and were able to explain the principles. The training matrix evidenced training in these areas for all staff. We saw evidence within the care files of best interests decision making where people lacked capacity to make their own decisions. We saw that all relevant professionals and family members had been involved in these discussions and the person's own wishes, if they could be ascertained, were taken into account.

Good

Is the service caring?

Our findings

A person who used the service said, "I love it here. What more could a fellow want. Everybody is lovely and I am well looked after. I am thrilled with my room". Another told us, ""Very well looked after, the staff are marvellous. Even though I am in bed most of the time they wash my hair and get me dressed, they make sure I am comfortable. They make sure I get my tablets and pain relief when I need it". Other comments included; "If you have to be in a home, I think this is one of the best. The staff are kind and caring, they do everything they can to help you. They are very pleasant and chatty"; "I can't speak highly enough about the home. The food is good and the staff are compassionate and caring and very respectful ". I feel very safe living here, I am well look after".

One relative told us, "Staff are kind. We are made very welcome and always have a laugh". Another said, "My relative is very settled and content. The staff use a lot of touch for communication".

Comments from health professionals we contacted included; "The nursing team are empathic and provide excellent care to the nursing patients. The carers are well trained and treat the residents as individuals with kindness and compassion. It is a good home with a homely atmosphere"; I have always found the service very caring and [name] the manager in particular will go out of her way to accommodate the needs of individuals including managing some clients with quite challenging needs".

We spoke with two visiting professionals. One told us, "I have nothing but praise for the staff here; they are kind and courteous and work extremely hard offering a high standard of care". The other said, "I have never seen or heard anything that has given me cause for concern. The staff are very friendly and make me welcome when I visit".

Staff were able to demonstrate a good understanding of the people they were caring for. We saw them make visitors very welcome throughout the day, offering refreshments and chatting. We observed care throughout the day and saw that interactions between staff and people who used the service were kind and caring. Staff were patient, friendly and polite and we saw them use gentle encouragement to help them remain as independent as possible, whilst assisting where necessary

Relevant policies, for example, Privacy and Dignity, Confidentiality and Equality, Diversity and Inclusion were in place and were up to date. Staff undertook training in dignity and were very aware of the importance of maintaining people's privacy and dignity. There was a list of personal care needs, such as bathing, which was hung up in the nurses' station and could potentially be seen and compromise people's dignity. We spoke with the manager about this and they addressed it straight away.

Pets were allowed to visit and staff told us how important this was to some people who used the service. One relative told us how important this was for the continued happiness and well-being of their loved one.

There had been a new addition to the care plans to include a family communication sheet. This helped families be more involved in their relative's care and helped ensure staff were aware of their views and

concerns. We asked relatives if they felt involved in the care planning. One relative said, "We get involved with everything that is going on. We are involved in reviews of the care plans and reviews of DoLS". Another commented, "We are always invited to reviews and informed of any changes".

People were involved in their care and support in a number of ways. Regular residents' meetings were held to help ensure people's opinions and suggestions could be put forward and we saw that these meetings had informed changes, for example, to menus. Service User Questionnaires were also sent out regularly to enable feedback to be given regarding the service.

There was a service user guide available. This provided information on the service and the facilities offered, explained the investors in people (IIP) award and gave information on bodies that the home was associated with. There were details of mealtimes and a sample of menus, information about the staffing structure and staff roles and the complaints procedure was outlined.

A monthly newsletter was produced by the service. This included upcoming events, birthdays, puzzles, welcomes to new people and entertainment news. We saw from one of the newsletters that the service had participated in a dignity month, raising awareness and promoting dignity.

People's wishes for when they were nearing the end of life were recorded, if they had stated their preferences. Staff at the service had undertaken previous training in Gold Standard Framework, which is an accredited national training programme for end of life care. They were continuing to support people who were nearing the end of their lives, should they wish to stay at the home, but were considering Six Steps which is a different training course, for future staff. The service undertook a 'significant event' analysis following every death at the home to look at whether anything could have been done better to make the experience as smooth and stress free as possible.

Good

Is the service responsive?

Our findings

We asked people if the care was responsive to their needs. One person who used the service told us, "All I have to do is press the button and staff come". We saw that staff responded to people's needs quickly and efficiently when people rang for assistance and we observed staff checked people who stayed in their own rooms regularly.

A health care professional told us, "The manager is usually very responsive to any suggestions to improve practice".

Care plans we looked at were person-centred and included a range of health and personal information. Each individual had a thorough assessment prior to admission. There was documentation around people's capabilities, preferences, risks and needs. The service was in the process of completing and updating people's personal histories to try to ensure they had as much information as possible about each individual. There were separate files in people's rooms. These contained a pen picture, food and fluid charts, 'What I Need Help With', daily notes, positional charts and cream charts.

Care needs, with regard to issues such as eating and drinking, mobility, skin integrity, breathing and communication were fully documented. Preferences, such as preferred times of rising and retiring were noted. Risks in areas such as falls, moving and handling and nutrition and hydration were recorded and monitored. There was a monthly evaluation of the care provided. Care plans were regularly reviewed and updated to help ensure information was current.

There was a programme of activities displayed on a board in the dining room. They included news group, exercises to music, games, reminiscence, dominoes, film club, pampering, exercise and dance, arts and crafts. An activities coordinator was employed to facilitate many of the activities. A person who used the service said, "There are lots of activities if you want to join in". One relative we spoke with said, "The activity lady is brilliant. [Relative] joins in with all activities and entertainment and really enjoys it". Another commented, "[Name] who does activities is excellent".

We spoke with the activities coordinator who had undertaken training in dementia care and demonstrated a good understanding of people's diverse needs and preferences with regard to activities. She showed us some of the crafts that people had done and was able to explain the benefits of the activities for each individual. She told us activities were evaluated on an on-going basis to help ensure they continued to be suitable and enjoyable. The activities coordinator kept records of all her input with people who used the service.

We saw from care records that a number of one to one interventions, such as chatting and brushing hair, were undertaken. This was very important as some people had a number of nursing needs and were unable to join in group activities and could become isolated.

There was an appropriate up to date complaints policy in place, which was displayed in the reception area

of the home. We asked people if they had any concerns or complaints. A person who used the service told us, "I have no complaints whatsoever". One relative said, "We have no complaints about the care. Any concern is addressed straight away". Another relative told us, "I have had some minor concerns, but when I approached [registered manager] they were sorted out".

We saw a number of compliments received by the service in recent months. Comments included; "With many thanks and much appreciation for the care you gave [person] over the years"; "Thank you so much for the care and attention you gave to [person]. You are all wonderful. Thank you so much"; "The staff are professional in their work and I am always treated with respect and kindness"; "Thanks for looking after [person] so well in these final months of his life".

Good

Is the service well-led?

Our findings

There was a registered manager at the service, who had been in post for many years. 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.

One of the health care professionals we contacted told us, "The service is well led and there appears to be consistent team of care staff".

The registered manager had an 'open door' policy and we saw that she was a 'hands on' manager, assisting with care and interacting with people who used the service and their relatives throughout the day. We asked people if the registered manager was approachable. A person who used the service said, "[Manager's name] is very approachable". One relative commented, "I can speak to [manager] any time. She is really approachable and you can always find her".

Staff we spoke with felt the registered manager was supportive and encouraging. One staff member told us, "I am well supported. I can tell the manager if I have a problem". A health professional we contacted told us, "My professional opinion of Strathmore could not be higher in all areas. [Name] the manager leads her team very well and is always visible and accessible to myself, residents and relatives. She is knowledgeable and professional but most of all genuinely cares for the residents as do all the staff members.

Staff told us meetings were held regularly and were very useful in being able to put suggestions forward or discuss issues. Supervision sessions were held regularly for all staff and these provided a forum for staff to look at their own personal development and training needs as well as looking at new guidance and best practice advice. Staff we spoke with told us there was always training on offer for them. Handovers between shifts were thorough and provided staff with updates on the health and well-being of people who used the service.

There were a number of checks and audits undertaken to help ensure continual improvement to the delivery of care. Records of falls, accidents and incidents were collated and analysed to look at patterns and trends. There was a significant events analysis and reflection following a death at the service to look at what could have been done better and what went particularly well. This aided learning and improvement.

We saw that room audits were undertaken on a monthly basis. These included looking at fixtures, fittings and equipment. Issues identified were recorded and we saw that actions taken to address any shortfalls were completed and dated. Care files were audited regularly to ensure all information was complete and up to date.

A number of quality assurance questionnaires were sent out to people who used the service, their families and health and social care professionals. The results were audited and discussed with the staff and the

provider and people who used the service had sight of the results.

The service were involved in local meetings of care homes, such as Bolton Association of Registered Care Homes (BARCH), which provided forums for discussion and sharing of information around best practice. We saw that the service provided incident reports to Bolton Quality and Safeguarding Team. These were looked at in conjunction with reports from other homes to help aid improvement to care delivery in the locality.