

Methodist Homes Stratton House

Inspection report

16 Park Lane
Bath
Somerset
BA1 2XH

Tel: 01225421196
Website: www.mha.org.uk/ch41.aspx

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20 July 2018

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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

We undertook this unannounced inspection on the 19 and 20 July 2018.

At the last inspection on 28 January 2016 we found the service was Good.

Stratton House 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.

Stratton House provides accommodation and personal care for up to 33 people. At the time of the inspection there were 32 people living at the Service. The Service had a dining area, lounge and sitting area, various quiet seating areas throughout the service and an outside garden where people could sit and enjoy various aspects of the outdoor space.

The service had 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.

The home had quality assurance systems in place however these did not always identify shortfalls relating to inadequate storage of contaminated laundry and poor staff practice administering medicines. Quality assurance systems did not always identified shortfalls and actions required.

There were adequate hand washing facilities available and staff used personal protective equipment such as gloves and aprons when required. People also had personal evacuation plan in place in case of an emergency. The service ensured people had an assessment before moving into the home. Care plans contained important information relating to peoples like and dislikes, their previous occupation, families and routines. Care plans contained risk assessments and support plans confirmed people's individual needs.

The care plans contained consent document and assessment to demonstrate the service was working within the principles of the Mental Capacity Act 2005. Capacity assessments were in place including best interest decisions if required. People had choice and control over decisions that affected their lives. Both People and staff were happy in the home and all felt it was a homely positive environment which encourages them to be as independent as possible.

People and staff felt the registered manager was accessible and approachable. They had their views sought and improvements were made to the service following this feedback. Where complaints were raised these were investigated although the provider's complaints policy needed updating.

People felt supported by staff who were kind and caring and who respected their privacy and dignity. They were given choice about what they would like to eat and were complimentary about meals provided. People were supported and encouraged to spend their time on activities of their choice and visitors were free to visit when they wished.

People had access to a variety of activities which suited different abilities and interests such as gardening, chair exercises, book club, knitting and expeditions. People were involved in organising and running some of the activities. The home was also an important part of the local community. Students and volunteers were able to gain by supporting people both in the home and in the community.

Staff had daily handover meetings and staff meetings to ensure they were up to date with any changes to people's care needs. Where health needs had changed referrals were made to the appropriate health professionals. Notifications were made when required.

Staff had training to support them in their role. The service undertook and supported staff to learn how to provide sensitive end of life care. People were also supported by the Chaplain to design their end of life plan if they wished to do so.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always Safe.

People did not always have accurate records that confirmed they received their medicines when required. Staff were not always administering medicines safely.

People were at risk of cross infection due to laundry not being stored as required when dirty or contaminated.

People were supported by staff that had checks undertaken prior to starting work.

People had risk assessments and support plans in place.

People were supported by staff who had a good understanding of abuse and who to go to should they have concerns for people's safety.

Is the service effective?

Good ●

This Service remains Good

Is the service caring?

Good ●

This service remains Good

Is the service responsive?

Good ●

This service remains responsive

Is the service well-led?

Requires Improvement ●

The service was not always Well-led.

Shortfalls found during the inspection were not always being picked up through the home's quality assurance system.

The home was part of the community and people and staff felt the manager was accessible and approachable.

People and staff had their views sought so that improvements could be made through feedback received.

Notifications were made as required.

Stratton House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on the 19 and 20 July and was unannounced on the first day. The inspection was carried out by two inspectors and an expert by experience on the first day and by the two inspectors on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us. We also reviewed if the service was displaying their rating.

Some people at the service may not be able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not speak with us.

During the inspection we spoke with seven people living at the service. We also spoke with three relatives, eight members of staff including the registered manager. We received feedback from one health and social care professional. We reviewed five people's care plans and support records and five staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

Systems were in place to ensure that people received their medicine on time. Medicines were managed safely. People received their medicines from staff who had received training. Medicines were stored safely and stock was managed to ensure only the amount needed was available. Medicines that required greater security were managed safely with accurate checking procedures in place. However, we found poor practice where staff prepared medicines from a ground floor room and take it to a person. Staff did not witness the person taking the medicines but had signed the medicines administration chart (MARs) to confirm the person had received and taken all their medicines. We found other missing records where some medicines had not been signed for the person's MAR charts. This meant it was unclear if the person had received their medicines as required. We raised this with the registered manager who confirmed that this was not their usual practice. After the inspection the registered manager sent us a medicines improvement action plan to address the concerns we had raised.

People were not always protected from the risk of cross infection due to contaminated laundry not being stored safely in communal bathrooms. For example, during the inspection we found three laundry trolleys that contained contaminated laundry that had not been properly put in a disposable bag to prevent cross contamination. The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections guidelines confirmed all dirty and contaminated laundry should be placed in red disposable bags to prevent the risk of cross infection and an outbreak occurring. We raised our concerns with the registered manager and the deputy during the inspection. The registered manager addressed this after the inspection and sent us the documentation to show the actions taken. People were however supported by staff that had access to liquid hand soap and paper towels in people's rooms. Staff used personal protective equipment such as gloves and aprons when supporting people with their care.

Recruitment procedures were in place and ensured people were supported by staff suitable to work with vulnerable people. Recruitment records for staff confirmed relevant checks had been carried out. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers to check upon their employment history and past performance.

People felt safe in the home. People were complimentary of the service and they commented, "I feel safe, they do all they can to help us and improve things if necessary." Another person said, "I always feel safe here, it is just a lovely environment and atmosphere to be in."

People were supported by staff who had attended safeguarding training and who knew how to keep people safe. One staff member told us, "The training is good, if I saw abuse I would report to my manager, social services, police or CQC." Another staff member talked about types of abuse and signs they would look out for such as, "Not answering call bells, shouting at residents, resident's money going missing or unexplained marks on a person." Staff were aware of the provider's safeguarding and whistleblowing policies and how or when to use them.

The registered manager ensured lessons were learnt from any accidents or incidents and reviewed these

with staff during supervision, handover and team meetings. The registered manager undertook investigations if required and liaised with other authorities if and when required.

People were supported by adequate numbers of staff. People, relatives and staff confirmed there were sufficient numbers of staff on duty. Comments included; "There are always people around to help you if you want them." During the inspection the service was calm and staff did not appear to be rushed. Staff responded promptly to people's requests for support. For example call bells were answered promptly and staff took their time to engage in conversation with people. We observed one member of staff patiently explain the menu choice to someone. Staffing levels at the service were regularly reviewed to ensure people were safe and that people received the support they needed. The registered manager confirmed when agency staff were required they requested those who people were familiar with.

People had risk assessments and support plans that were managed and reviewed regularly to ensure they were up to date and contained risk assessments for areas such as falls, mobility, skin integrity and malnutrition. When risks were identified, the plans guided staff on how to reduce the harm to people and how to keep people safe. At times some people were restricted to keep them safe, for example one person had bedrails to keep them from falling out of bed. This was carefully planned and staff had written guidance to make sure the rails were used appropriately. These plans were completed with the people's families and with input from other health and social care professionals. This ensured they were the least restrictive option in line with the Mental Capacity code of practice.

The environment in which people were cared for was safe and all health and safety checks were current and up to date. The fire plan confirmed important information relating to fire points and the lay out of the building. Evacuation mats for people were sited in the stairwells and staff had been trained to use various items of equipment such as fire extinguishers, evacuation mats, reading the fire panel and raising the fire alarm. Fire safety was discussed with people to ensure they understood what to do in the event of a fire. Each person had a personal evacuation plan in place. There was an emergency grab bag that contained a fire plan folder. Regular fire drills were completed to ensure staff knew what to do should there be an emergency. The management of the premises and equipment was current and up to date. Records confirmed that the testing of gas and electric safety, water testing and maintenance of the lift and equipment was all in place.

Is the service effective?

Our findings

The service remained Effective.

People were supported by staff that were competent and well trained. One relative told us, "I feel the staff are well trained here, they always seem to know how to support [Name] and I have every confidence in the service." The provider kept an electronic training record for each staff member along with a staff training matrix. The training matrix highlighted staff that were due a refresher training. New staff also completed five days induction and some shadowing sessions to ensure they had the skills and competencies appropriate to their role.

Staff had received training in, safeguarding adults, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), health and safety, infection control, medicines, food hygiene, first aid, equality and diversity, person-centred care and dignity and privacy.

People were supported by staff that were happy with the supervision and support they received. Supervisions were also an opportunity for staff to discuss any training and development needs, performance or any changes to the people they supported. One member of staff told us, "I can't fault management, they are supportive. In supervision I can discuss anything." Staff also received an annual appraisal.

Advice was sought from a range of professionals so that people's health care could be planned. Where people's care needs changed, such that they needed to be seen by a healthcare specialist, referrals were made. One person told us, "My legs have been healing a lot faster since I have been living here; moving here has made such a positive dramatic difference. Nurses come in to regularly to dress my legs; they always do this very well." During the inspection we spoke with a health professional. They told us, "Staff follow advice and guidelines. The manager is alert and makes referrals."

Each person was registered with a GP of their own choice. The care and support team also had close working relationships with other health care professionals such as occupational therapists, wheelchair services, physiotherapist, the dementia wellbeing team and District Nurses. Feedback from healthcare professionals was positive, "The manager is on the ball, we leave a certain amount of things to be done and they act on things quickly."

People's dietary needs were assessed and catered for. Kitchen staff knew peoples dietary needs well, for example people who were at risk of choking had their diets modified. One member of staff told us, "Textured food is served in the shape of the food it represents." People confirmed there were different meal options on the menu. One person told us, "There are always two main choices for lunch, though we can always get something different if you don't fancy what is on offer. I have chosen cheese on toast before, instead of the main food choice." There is a regular menu change and people participated in choosing their menus at the residents meetings. People told us they were happy with the meal choices. One person told us, "The food is lovely" and a relative said, "The food they get here is excellent."

Staff were aware of the need to ask for people's consent and we heard them asking people for their

agreement before providing any care. An assessment of their capacity to make informed decisions was made and they were encouraged to say how they wanted to be looked after. Their preferences were respected. Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for a person when they lacked the capacity to consent to treatment or care. At the time of this inspection two people in receipt of a service lacked the capacity to make decisions regarding their care and support. All application for DoLS had been made to the Local Authority as required.

Is the service caring?

Our findings

The service remained Caring.

Throughout the inspection people confirmed they were supported by kind and caring staff. People told us, "I feel very lucky to be here. It is very homely I think we are more like a big family. I feel the staff are really good, caring and they know me." Another person told us, "Staff are very kind." Another person said, "I like the carers, they always listen and are very friendly - they always talk to you." Another person said, "I love living here. I knew I was going to end up living in a care home. Though I have to say, this is the best home. They are very good. I am always listened to and involved, all of the staff are so wonderful, patient and calm."

People felt valued and part of the home. One person told us, "When we get our birthdays we have a celebration in the dining room, we do get made a fuss of with a birthday cake as well." The registered manager told us when it was people's birthday people could pick what they wanted to do that day and what they wanted for dinner. During the inspection we observed one person go out on a birthday day trip of their choice.

Another person had painted throughout their life. These were displayed in their room and throughout the service. The service had celebrated this person's talent and had set up a community art exhibition where local people could visit the service and see the person's paintings.

Staff demonstrated a caring attitude that put people at the centre of the service. The atmosphere was jolly and upbeat and people were asked how they were throughout the day. Staff addressed people by their preferred names and these were recorded in people's care plans. There were lots of conversations between people, staff and the activity co-ordinator. People spent time in the communal lounge and other areas of the service.

People were treated with dignity and respect. People told us, "I feel my privacy is respected, staff don't just come into my room without permission." During the inspection we observed staff knock on people's doors before entering. One staff told us, "We knock on people's doors." They went on to say whilst providing personal care, "We make sure we cover people with towels."

During the inspection we observed people's privacy being respected. Staff conversations with people were held in private or so that they could not be over heard. One person told us, "I like to spend time alone as I am quite a private person. Staff respect this."

Staff were able to demonstrate a good understanding of equality and diversity. One member of staff told us, "People are diverse. People have different needs but you respect that. Needs and choices around gender, race, pregnancy, sexuality, religion, disability. Equality says we all deserve to be treated as equals." The staff team felt the service had a positive culture in the way that it supported people and their own diverse needs.

People felt supported with their individual needs and staff could describe how they supported people. One

person told us, "All of the carers know I have a problem with my hearing, so they support this and speak louder so I can hear them." One relative told us, "My [Name of person] is visually impaired. The staff always take the time to support [them] into the lounge so [they] can be with other people. This has helped [them] to feel part of the home and helped [them] settle in more."

A Chaplain visited twice a week to support people with their emotional and spiritual needs. Within these visits the Chaplain provided spiritual, emotional and general opportunities for people to discuss their wellbeing. People were happy with the support provided by the service on subjects such as loss, religion and end of life. One person told us, "We always celebrate the lives of those that have passed away, with their friends and family. These are difficult discussions to have sometimes." Another person told us, "I have different people from religious groups that visit. It is nice to keep in contact they are always made to feel welcome when they visit." The service had an annual remembrance where people were encouraged to bring a flower to remember someone they had lost.

People's independence was supported by the use of technology. During the inspection we observed people using their computerised hand held devices such as tablets, mobile phones and e-books. The registered manager told us that people enjoyed contacting relatives with video calling. One person said, "I can see my grandchildren, it's not the same of course but I get to see and speak to them." Another person said, "I like to keep my own company and can read on my [hand held device] anywhere and whenever I want to". This meant that people could retain relationships important to them. A loop system was installed in the service which meant people with a hearing impairment were not restricted to one area and could independently access different parts of the service.

Is the service responsive?

Our findings

The service was responsive to people's individual needs. People were central to the care planning process which was person centred at all times.

Staff worked to remove barriers between themselves and the people they supported. One staff member told us, "We are one big happy family." Every lunch time the coordinator arranged a 'Mad Moment.' This was 30 minutes of people and staff including the management interacting with each other through games, exercise, singing or just conversation. We observed this activity during the inspection. People and staff were seen to enjoy being together and we heard compliments given to people and there was positive banter between people and staff. Staff supported people to join in for example; one staff member helped one person to read their cue card so they could fully participate. One member of staff told us, "'Mad moments' break the barriers between staff and residents. They get to know us as people not staff. Like we know about them, their families and their lives." This built a trust and a sense of community, fun and mutual respect between people and staff.

The activity coordinator and staff worked with people and found ways to support people to learn how to lead a full and active life. One of the managers told us how a group of people had come together to look after guinea pigs at the home. One person told us, "I enjoy listening to the music and the piano, [Staff] play on the piano beautifully. I like the guinea pigs and love the garden as well, though I haven't been out too much as it has been quite windy." Every week there is a church service, a book reading session, chair exercises, a sing along session and shopping trips and trips to the botanical garden. One person who was visually impaired was supported to knit triangles for bunting to decorate the knitted Bible exhibition. Not only did they practice a skill but were able to explore their faith through taking part in the exhibition. The activities coordinator said enthusiastically, "I complete a leisure check list so I know what people's preferences are, what they enjoy doing. This helps me work out what might be meaningful for residents." The activities coordinator and the registered manager showed us some newsletters that detailed many activities that people had participated in, which demonstrated how wide the range of activities were that people enjoyed.

Staff recognised the importance of supporting people to maintain contact with friends, family and their local community. At the inspection we observed one person calling their friend using their mobile phone. The registered manager told us family are welcome at the home and are invited to various celebrations and festivals. For example family contributed books and attended the launch of Stratton Houses' Community Library which is managed by residents and volunteers.

Family and friends told us how they were involved in the running of the service. The registered manager was passionate that people were at the heart of the home. They said, "I want people to feel that this is their home and that we work in their home. It isn't ours." The service had a 'Quality Circle.' This was a group of residents, Bath College students, volunteers and family. This group had designed the garden. One person told us "I can't do as much gardening as I would like, because of my physical health so now I give advice about the garden and what should be done." The new garden is now wheelchair accessible with a sunny

seating area, a covered walkway, more flowers and raised flower and vegetable beds.

People were supported to follow their dreams and aspirations. The registered manager told us one person participated in a 250 mile cycling fundraising challenge from Lands' End to Bath on a floor paddle. This challenge raised over £1000 which went towards the redevelopment of the garden. The person and the home were recognised in the local newspaper and have been awarded the Police Crime Commission Pride Award 2018. This gave people a sense of purpose and achievement.

People's social, cultural beliefs and religious preferences were actively encouraged by staff. Staff were confidently able to describe and understood people's differing religious beliefs. There was a Methodist service every week and one person who was Catholic had a regular mass service. People told us, that they were not forced to attend church service or to ascribe to a religion. Staff told us "Some people who describe themselves as earthiest had formed their own forum called the ethic club." The registered manager confirmed the 'Ethic Club' discusses contemporary topics of mutual interest. This ensured people remained mentally stimulated and continued to observe as well as practice the values which matter to them.

People and their relatives we spoke with felt fully involved in all aspects of their care and support. One relative said, "I had been my [Relative's] carer for the last three years, so moving [Relative] into a care home was quite daunting. However, the staff here have really worked with me and suggested I gradually phase my visits, so [Relative] could settle in properly. Everyone has been very supportive during my [Relative's] move here." Staff were extremely knowledgeable about each person's plans and could describe how they supported the person

A professional visiting the service said it focused on providing person-centred care and it achieved positive results. We also received the following feedback from staff, "We treat people as individuals, and one person here does not like group activities and likes to stay in their room. The activities coordinator arranges 1:1 befriending activities with volunteers so they can do what they like." This meant people were supported to ensure they did not experience isolation. Consideration was given to the needs of people who had sensory impairment and personalised adaptations were made. Staff told us, "One [Person] seemed very quiet and didn't talk much, [They] had limited hearing. We made some large font prompts which we now use when we talk to [Them], now [Person] is talking more and responds appropriately to express their wishes". This reflects that the staff team understand the individuals they support well and what works for those individuals.

People and staff were supported well by the home with sensitive subjects such as death and end of life planning. The service had supported staff who had limited experience with dealing with people at the end of their life. The Chaplain arranged a staff visit to the local funeral parlour. This meant staff had first-hand experience of the care and dignity given to people after they had passed away. One staff commented, "I am not scared any more, some people don't have family, I can be there for them till the very last." People had their end of life wishes explored and recorded in their care plan.

People were listened to and their ideas and suggestions were put into practice where practicable. The provider had an appropriate policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. People were reminded about how to use the policy through the regular newsletters. People did not express any complaints about the service. One person said, "I have had no reason to complaint, I have every confidence it would be dealt with appropriately if I raised one."

Is the service well-led?

Our findings

The quality assurance manager undertook regular audits and checks throughout the home. Audits included different topics such as, dignified care, safeguarding and consent, medicines safety, staffing and recruitment, person centred care, environment and nutrition and hydration. There was a clear action plan that confirmed areas that required improvement.

The medicines audit had not been effective in identifying unsafe practice relating to administration of medicine which we observed at the inspection. The infection control audit had also not identified shortfalls relating to safe handling of laundry to prevent the risk of cross infection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a clear staffing and management structure. A quality assurance manager was responsible for overseeing the service. All staff were aware of their roles and responsibilities and there was a detailed handover at the beginning of every shift. The handover covered, staffing, activities, changes to people's wellbeing, visitors, future events and anything important that day. This meant staff were familiar and up to date with any changes to the management of the service and people's care needs.

People and staff felt the management of the service was positive and the management was approachable. Staff told us, "We work together. What we aim for is a happy friendly relaxed home." Another member of staff told us, "I love working here. It's like a family we all get together and help each other out." One person told us, "I know who the manager is, he is very approachable and part of this home. He is very polite."

People and staff had their views sought through an annual satisfaction survey. One person told us, "We have had surveys, I always fill them out. I think we have an excellent lady in laundry, everything comes back neat and tidy." 96% of people were happy living at the service. 100% were fully satisfied with the care they received. Feedback on improvements required where in the areas of here the service people's meal time experience, the laundry service, people having choice and being able to speak to staff. The registered manager confirmed all feedback received was part of improving people and staffs experience of the service. They confirmed improvements included, people choosing the condiments on the tables at lunch time and the table clothes. The head chef had also introduced an improved menu for people in line with their likes and dislikes.

The service was part of its local community. People were given the opportunity to remain part of the community and the community was encouraged to visit the home. The service had good links with local schools, nurseries, colleges and worked in partnership with other organisations. The service had a local library outside the entrance which was run by people using the service. The service also had an annual apple pressing day open to the public where they could come and have their apples from the services' garden pressed into apple juice. The service also had volunteers and students who were able to gain experience and support people within the home.

People, relatives and staff all had regular meetings. People and relatives had opportunities to attend meetings at the service. One person told us, "I have attended resident's meetings and always make a point of thanking staff for everything they do here." Minutes confirmed topics such as improvements to the service's decoration and carpets. Staff attended team meetings these were an opportunity to raise concerns relating to changes to people care and support. Staff also had access to information from the provider on the staff notice board in their staff room.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met: People who use services and others were not protected against the risks associated with cross infection and unsafe administration of medicines because the quality assurance systems failed to identify these shortfalls.</p> <p>Regulation 17 (2) (a) (b)</p>