

Angels (Stratton House) Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



Overall summary

This unannounced inspection was carried out by one inspector on the 9 October 2014.

Angels (Stratton House) Limited provides accommodation and nursing or personal care to up to 24 older people. The care home specialises in the care of people living with dementia.

There is a registered manager in post. 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 and associated Regulations about how the service is run.

Summary of findings

The registered manager was supported by a deputy manager and a clinical lead. This gave clear lines of accountability and ensured senior staff were always available to people who lived at the home, staff and visitors.

People received care and support which met their needs and took account of their likes and dislikes. Staff working at the home had an understanding of up to date guidance about how to support people to make decisions. However some improvements were needed to make sure documentation gave clear evidence of how decisions had been made when someone lacked the capacity to make a decision for themselves.

Improvements were also needed to make sure that information available in the home was appropriate to the needs of people living with dementia. This included information about how to make a complaint, activities and social events.

People received care that was personalised to their needs and preferences. One person said “They seem happy for me to live as I choose. They couldn’t do more for me but also they let me be myself.”

There was a warm and welcoming atmosphere in the home. Throughout the day we saw staff interacted with people in a friendly and kind manner. Many people we spoke with commented on the kindness of the staff who

supported them. There were adequate numbers of staff to make sure people received care and support in a timely manner. We saw people who requested assistance were responded to promptly.

People were safe at the home because staff understood how to recognise and report any signs of abuse. Staff were confident that any allegations would be taken seriously and action would be taken to make sure people were protected.

Staff worked in accordance with the risk assessments that were in place to make sure people were able to take part in activities and their chosen routines with minimum risk to themselves or others.

People were very complimentary about the food. Comments included: “Food here is excellent” and “The food is good, there’s always a choice and there’s always cake and biscuits as well, You won’t starve here.” Throughout the day we saw people were offered plenty of hot beverages and everyone had access to cold drinks. At lunchtime we saw people received the support they required to eat and drink.

There were systems in place to monitor the quality of the service provided and plan on-going improvements. The home took part in local and national initiatives designed to develop and share good practice.

Summary of findings

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 safe. Risks of abuse to people were minimised by the robust recruitment procedure in place and the staff knowledge about how to report any concerns.

Risk assessments enabled people to take part in activities and chosen daily routines with minimum risk to themselves and others.

Medicines were safely administered by trained nurses who had received specific training and had been assessed as competent in this area.

Good



Is the service effective?

The service was not fully effective. Some improvements were needed to make sure clear documentation was in place to demonstrate where people had consented to their care and where decisions had been made in the person's best interests.

People had enough to eat and drink and received the support they required to maintain a good diet and healthy weight.

People had access to healthcare professionals to make sure their specific needs were effectively met.

Requires Improvement



Is the service caring?

The service was caring. People were supported by staff who were kind and respectful.

There was a warm and friendly atmosphere in the home and people were very comfortable with the staff who supported them. People were involved in discussions about their care and were able to make choices about their day to day lives.

Everyone had a bedroom where they could spend time alone, or with visitors, and people's privacy was respected.

Good



Is the service responsive?

The service was responsive but improvements were needed to make sure information was in a format that was appropriate to people living with dementia.

People received care and support that was responsive to their needs and personalised to their individual preferences.

People felt able to raise concerns and complaints were dealt with in a timely manner.

Requires Improvement



Summary of findings

Is the service well-led?

The home was well led. There was a management structure in place which gave clear lines of accountability and responsibility. It also ensured there were always trained nurses and senior staff available to offer advice and support to less experienced staff.

The management team were very open and approachable and demonstrated a good knowledge of the people who lived at the home and their individual needs.

There were systems in place to monitor the quality of the service provided and the home took part in local and national initiatives designed to ensure good quality care.

Good



Angels (Stratton House) Limited

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 9 October 2014 and was unannounced

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the home before the inspection visit. At our last inspection of the service on 18 November 2013 we did not identify any concerns with the care provided to people.

During the inspection visit we spoke with 10 people who lived at the home, three visiting relatives and seven members of staff. We looked around the premises and observed care practices throughout the day. We also looked at records which related to people's individual care and to the running of the home.

Is the service safe?

Our findings

The provider had suitable arrangements in place to make sure people were protected from the risks of abuse and avoidable harm. People told us they felt safe at the home. One person told us “I feel safe here because the staff are nice and kind.” A visitor said about their relative “There is no question they are safe here, I have no concerns on that front.”

Staff said they had receiving training about recognising and reporting abuse and all were able to tell us what they would do if they had any concerns. Staff were confident that any concerns raised with a member of the management team would be dealt with to make sure people were protected. The provider had notified the Care Quality Commission and other relevant authorities when incidents had occurred or concerns had been raised with them.

The risks of abuse to people was minimised because the provider checked staff were suitable before they commenced employment. The registered manager told us on their PIR they had a robust recruitment procedure in place which included seeking references for prospective employees and carrying out appropriate checks. During the inspection we looked at three staff personal files which all gave evidence of the robust procedure described by the provider.

There were risk assessments in place to maintain people's individual safety whilst enabling them to make choices and maintain their independence. Many people who lived at the home were unable to use the call bell system to summon assistance but still liked to spend time alone in their bedrooms. The nurse in charge told us staff regularly visited these people to make sure they were comfortable and safe. Throughout the day we observed staff visiting people in their personal rooms.

One person had a risk assessment in place which said they needed to be accompanied by a member of staff when they wished to go outside to smoke. We saw this person spoke with staff when they wanted a cigarette and staff went with them to an outside smoking area. This showed staff worked in accordance with risk assessments to enable people to maintain their wishes with minimum risk to themselves or others.

There were adequate numbers of staff on duty to make sure people were safe. Staff duty rotas showed there were always adequate numbers of staff on duty to provide people with this personalised support. One member of staff told us, “We have enough staff. We are kept busy but I think there's enough staff to meet everyone's needs.” Staff responded promptly to requests for support and we did not observe anyone waiting for long periods of time when they asked for help. One person we visited in their personal room had a pressure mat in place because they had been assessed as being at high risk of falls. This was a floor mat which was linked to the call bell system and alerted staff when the person moved around their room. During our visit we stepped on the mat and the person said, “You've set the mat off. Someone will be here in a minute they are always really quick.” A member of staff appeared very promptly to check if the person required attention.

Two people who lived at the home were assessed as requiring one to one staff support during the day to keep them safe. On the day of the visit we noted both people had a member of staff with them throughout the day.

All medicines in the home were administered by trained nurses who had received relevant training and had their competency assessed by a senior member of staff. We saw there were suitable secure storage facilities for people's individual medicines including medicines which required refrigeration and those that required additional security. We looked at the medication administration records and controlled drugs register and found them to be well maintained and correctly signed. This meant there was a clear record of what medicines had been administered to each person. One person told us, “The nurse brings me my tablets, I trust them to give me the right ones and it up to me if I take them or not.”

People received medicines to meet their needs. Some people were prescribed medicines on an ‘as required’ basis. We looked at the records relating to these medicines and saw the reason that someone may need these medicines was clearly recorded. At lunch time we heard the trained nurse asking a person if they required pain relief and making tablets available in line with the person's decision.

Is the service effective?

Our findings

The registered manager told us in their PIR that all staff undertook an induction programme when they began work. This made sure they had the skills needed to effectively care for people who lived at the home. The home specialised in the care of people living with dementia and the PIR also told us there were regular training sessions about dementia to make sure staff were fully informed about best practice when caring for people. Staff we spoke with, and records seen confirmed staff received a full induction and had regular training in subjects which were specific to people who lived at the home. One member of staff told us “The manager is really good about training and we also get leaflets and booklets to keep us up to date with things.”

There was a calm and relaxed atmosphere in the home. We saw staff responded promptly and efficiently to people to avoid them becoming distressed or upset. We heard staff quietly and clearly explaining things to people to minimise confusion. We saw staff always asked for people’s consent before they assisted them and accepted people’s response. At lunch time a member of staff asked a person if they would like to go with them to the dining room. The person declined the offer of support and although the staff member used gentle encouragement the person continued to decline. This decision was respected by the staff a member. A little while later another member of staff approached the person and asked them the same question and they accepted and were happy to be assisted to the dining room.

All staff received regular formal supervision. This was an opportunity for each member of staff to meet with a senior member of staff to discuss their role and share information. We saw records of formal supervision and noted a wide variety of issues were discussed according to the staff members’ role. We saw that trained nurses received supervision around their clinical skills and knowledge and there were opportunities to identify training needs.

There were opportunities to share information and learning to ensure all staff were able to provide care in line with up to date guidance. Some staff attended training sessions outside the home and team meetings were used to share learning. There were also regular in house training sessions

to make sure staff could meet the needs of people living with dementia. Staff said they also kept up to date by reading relevant research and discussing issues in their formal supervision.

People who lived at the home and visitors were confident staff had the skills to effectively meet their needs. One person said “Staff are very good, most have been here a long time and they know what they are doing.” A visitor told us “I have every confidence in the staff skills. Nothing has given me any reason to doubt their abilities.”

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and worked in accordance with the principles of the act to make sure people’s legal rights were respected. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant

Staff told us they offered choices to people and involved relevant people to help them to make decisions in a person’s best interests if they were unable to make a decision for themselves. However some improvements were needed to make sure decisions made in a person’s best interests were clearly recorded. One care plan we read said that a pressure mat was in place to minimise the risk of falls. There was no documentation to state if the person had the mental capacity to consent to this equipment or if the decision to use it was made in their best interests. We discussed this with the management of the home who said they would review documentation to make sure there was clear recording about how a decision had been arrived at.

Some people who lived at the home had been assessed by outside professionals using the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

The provider had involved an Independent Mental Capacity Advocate (IMCA) where appropriate. Staff were aware of the people’s legal status and any conditions in place for each individual.

There were regular reviews of people’s health and the home responded to changes in need. We looked at the care

Is the service effective?

records for three people. All showed people had access to healthcare professionals according to their specific needs. We attended a handover meeting between staff working in the morning and those commencing work for the afternoon. Each person who lived at the home was discussed to make sure staff coming on duty knew about any changes to the person's needs. This meant that care could be adjusted to each person's needs.

A visitor told us how the home had supported their relative when they had been physically unwell. They said "They really went downhill physically last year. The nurses were great and did everything that was needed. Now they are physically well again."

People were given enough to eat and drink and were able to make choices about meals. Everyone said the food in the home was good. Comments included: "Food here is excellent" "There's always plenty to eat and drink" and "The food is good, there's always a choice and there's always cake and biscuits as well, You won't starve here." Throughout the day we saw that people were offered hot beverages and everyone had access to cold drinks.

We observed the main meal of the day. We saw that people were shown two meals to enable them to make a choice. The food was well presented and portion sizes were ample. Staff assisted and encouraged people to eat their meal.

People were able to choose where they ate. In the morning one person told us they liked to eat their meals in their room and we saw a tray being taken to their room at lunchtime. Another person liked to walk around constantly and did not sit down to eat their meal. Staff ensured they had food which they could eat whilst moving around. Although everyone was offered a choice of meal we noted there were no condiments or sauces available to people which meant they could not flavour their meal according to their preferences.

Staff recorded people's food intake to enable them to monitor how much people ate. Care plans we read contained nutritional assessments and showed people were regularly weighed. Weight records were monitored by trained nurses. Where concerns were identified action was taken to improve the person's nutritional intake. We saw that one person had lost weight and the GP and dietician had been involved to offer advice and support. The advice given had been followed and the person's weight had gradually improved and stabilised showing that the care and support given were effective.

We recommend that the provider reviews the Mental Capacity Act 2005 to make sure best interests decisions are being carried out and recorded appropriately.

Is the service caring?

Our findings

People received support from staff who were caring. People we spoke with commented on the staff's kindness. One person told us "The staff are very kind, they couldn't do more for you." Another person said "The staff are nice and helpful. They are always kind and gentle."

Two members of staff had recently attended a three day training course entitled 'Enabling Compassionate Care' and there were plans to cascade the learning from the course to all staff members. We saw there was information in the office about the content of the course for staff to read. In the main hallway a dignity tree had been created which enabled people to write notes about what dignity meant to them and stick them to the tree. We saw that people, staff and visitors had added their thoughts to the tree. This allowed the provider to collect people's views and for information to be shared with staff.

There was a warm and friendly atmosphere in the home. People looked very relaxed and comfortable with all staff. Throughout the day we heard lots of laughter from staff and people who lived at the home. We saw kind and caring interactions between staff and people. We saw a member of staff assisting a person to walk using a walking frame. The member of staff used gentle encouragement and praise to assist the person to walk independently. They also used physical reassurance to make sure the person knew they were there and were safe. When this person reached their chair they looked very pleased and thanked the staff member for their help. We watched a member of staff assisting a person to get comfortable in a chair. The member of staff used humour to encourage the person and by the time the person was sat comfortably both were smiling and giggling.

Staff knew people who lived at the home well. We heard staff chatting to people about their likes and interests and laughing together. We saw visitors were made welcome and involved in discussions. A number of people commented on the family type atmosphere in the home. One person told us "The staff are like family. When they go home they say good night and ask me if I want them to

bring anything in the next day. I expect they do it to everyone but it makes me feel special." A visiting relative said "It's just like being part of a family. I always feel welcome and they can't do enough for me or my relative."

People told us they were able to make choices and decisions about their day to day lives. We saw that people were able to choose how and where they spent their time. One person told us "I do as I please really." Staff told us about one person who did not like to get up and dressed until lunch time. When we met this person they said "They seem happy for me to live as I choose. They couldn't do more for me but also they let me be myself."

People who lived at the home, or their representatives, were involved in decisions about the care and support they received. Family members told us they were always involved in reviews of care and were consulted about changes. One visitor said "Communication is brilliant. They keep me involved in everything." At the time of the inspection the staff were supporting a person who was making decisions about their future care. We saw that health and social care professionals and an Independent Mental Capacity Advocate had been involved to support the person in their choices.

People's privacy and dignity were respected. Everyone who lived at the home had a bedroom where they could spend time alone if they wished to. We saw that bedroom doors were always kept closed when personal care was being carried out to protect people's privacy and dignity. We saw staff knocked on doors and always asked if the person was happy for them to go in. One person said "This is my room and staff respect that."

The home employed both male and female care staff and we saw that people had been asked if they had any preference about the gender of the person who supported them with personal care. One person said "They are good about helping you with washing and dressing. It's up to you who helps you but they are all kind."

Staff were aware of issues of confidentiality and we noted that staff never spoke about a person in front of other people who lived at the home. When staff spoke with us about people at the home they spoke in a very caring and respectful manner.

Is the service responsive?

Our findings

People received care that was responsive to their needs and took account of their wishes and preferences. However some improvements could be made to make sure information available was in an appropriate format for people to easily understand.

The home specialised in the care of people who were living with dementia and some signage was available to support people to move around independently. Bedroom doors were marked with people's names and some had pictures on to assist people to identify their own room. There was information about activities that had been arranged but this was out of date and quite small. There was no picture information about activities which may have been more easily understood and enabled people to identify what activities they would like to join in with. There was no clear information about what day or year it was which would assist people to orientate themselves to the date and time of year. We saw that the days' menu was written on a large board outside the kitchen but the wording was not supported by pictures to assist people who could no longer understand written language.

The registered manager informed us that a senior member of staff visited anyone wishing to move into the home. This allowed the staff to make sure they were able to meet the person's needs and expectations. One person told us the deputy manager had visited them and told them all about the home before they moved in. Each person who moved to the home received an information pack about the home and the facilities offered. It also included a copy of the home's complaints procedure. The complaints procedure was not written in an easy to read format which would have been more accessible to many people who were living with dementia.

Staff had clear information to enable them to provide personalised care to each individual who lived at the home. We read three care plans, all were very personal to the individual and contained information about people's likes and dislikes as well as their needs. Care plans also contained information about people's preferred daily routines to ensure staff were aware of how people liked to spend their time.

One person we met told us all about their likes and hobbies and the way they liked to be supported by staff. When we

read the person's care plan it was reflective of the information the person had given us. This meant staff had information about the person to enable them to provide care which was personal to their needs and wishes.

Each care plan we saw contained a completed copy of the Alzheimer's Society 'This is me' document. This is a short document which gives personal information about the individual which can be shared with other professionals who may need to provide care or support to the person. This meant that anyone involved in the person's care would have clear information about the person, their abilities and needs and could provide appropriate care and support.

People who lived at the home, their friends and relatives had opportunities to share their views about their care and the running of the home. People were invited to attend care reviews and there were annual satisfaction surveys. We looked at the results of the most recent survey and saw there was a high level of satisfaction with the service offered by the home.

The home had tried holding formal meetings for people who lived at the home and relatives but the registered manager told us these had not been very successful. In response to this the provider had looked at more inventive ways of encouraging people's views in a less formal setting and had hosted informal social afternoons. These were known as 'cupcake café.' The cupcake café was held once a month and was a chance for people who lived at the home, their friends and relatives to get together with the homes' management and staff for afternoon tea and chats. One person told us "I like the afternoon tea sessions it's a chance for everyone to get together and talk." A visitor said "The cupcake café is great. There's always staff and managers about you can talk to. It's a good way of discussing things and making suggestions. Also the cakes are really good."

Visitors said they would be comfortable to make a complaint if they had any concerns about the care offered. One visitor told us "The manager is easy to talk to. If I had any worries they would sort it out." Another visitor said they had made a complaint and it had been promptly responded to and they were happy with the outcome. We looked at documentation relating to formal complaints and saw that they were responded to in a timely manner.

Is the service responsive?

As previously stated the complaints procedure which was given to people who moved into the home was not in a format that could be easily followed by many of the people who lived there. This could mean that people would not know how to make a formal complaint.

We recommend that the service explores the relevant guidance on how to make communication systems used by people living with dementia more ‘dementia friendly.’

Is the service well-led?

Our findings

There was a registered manager in post, a deputy manager and a clinical lead. This ensured people always had access to a member of the management team if they wished to share ideas or concerns. We saw that people who lived at the home and visitors were very relaxed and comfortable with members of the management team. One person said “The bosses are always about if you want them.” A visitor told us “They always acknowledge you when you come in. I feel I could talk to any of them.”

Staff told us the registered manager operated an open door policy and they would not hesitate to discuss issues or ask for advice. The registered manager wrote on their PIR ‘The Manager and Deputy Manager are clearly seen on the floor supporting staff and residents daily.’ During the inspection we saw all members of the management team in the home and all demonstrated an excellent knowledge of the people who lived there and the staff team. We saw the management team chatting and laughing with people who lived at the home and making themselves available to personal and professional visitors.

There was a trained nurse and a senior carer on each shift. This ensured that staff working had clear direction and were supported by more senior staff. Staff told us communication in the home was good and they felt well supported by the management and their colleagues. Staff we observed were competent and happy in their roles. One person who lived at the home said “They’re a happy bunch, they seem to really like us all.”

There were systems in place to ensure staff had the skills and knowledge required to provide good quality care. There was a training programme at the home which made sure staff kept their skills and knowledge up to date. The management of the home had forged good links with local professionals to make sure they remained up to date with local developments and initiatives. A member of the management team met regularly with staff from a local acute hospital to share good practice and ideas. One member of staff told us they were currently in discussions

with a local school to enable the home to take part in ‘The Archie Project.’ This is a local intergenerational community project which aims to make communities more dementia friendly.

There were regular staff meetings where staff were kept up to date with plans for the home. Minutes of meetings showed these were also used to share ideas and for staff to make suggestions.

The provider had systems to regularly monitor the quality of care offered and ensure the premises were safe and meet the needs of the people who lived there. On the day of the inspection the carpet in the main lounge was being replaced. We were told the colour and style of the new carpet had been chosen in line with current research about the best environments for people living with dementia.

The home had completed the ‘National Gold Standards Framework.’ This is a comprehensive quality assurance system which enables care homes to provide high quality care to people who are nearing the end of their lives. The home had been awarded ‘Commended’ status which is the second highest level of the award.

All incidents and accidents which occurred in the home were recorded and reviewed by the registered manager. We saw that where a number of accidents had occurred appropriate action had been taken to ensure the person involved received appropriate support. For example people who had a number of falls were seen by their GP and referred to more appropriate professionals if necessary.

There were monthly audits of care practices and documentation. The management team also worked alongside other staff to enable them to observe and monitor practice on an on-going basis. If shortfalls were identified these were raised with all staff at team meetings. The minutes of one staff meeting showed that shortfalls had been found in some documentation relating to people’s food and drink and all staff were asked to improve their recording. At this inspection we saw staff completed food and drink charts promptly and the records we read were clear and well maintained.