Stretton Care Limited

Stretton Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 31 October and 8 November 2017. The first day of the inspection was unannounced.

Stretton Nursing Home provides accommodation, nursing and personal care for up to 50 people. At the time of our inspection, there were 42 people living at the home.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had been away from the service for a number of weeks at the time of our inspection visit. In their absence, we met with the managing director of the service. The nurses and senior staff team had overseen the day-to-day management of the service, during the registered manager's absence, with the support of the managing director.

Staff did not always fully understand, or fulfil, their individual responsibilities to protect people from abuse. The provider had, at times, been unable to maintain planned staffing levels over recent months, particularly on weekends. People's rights under the Mental Capacity Act 2005 were not always fully promoted. The provider lacked a clear overview of the status of people's DoLS authorisations and conditions on these were not always reviewed and complied with. Staff were not always invited to regular one-to-one meetings with senior staff or management, in accordance with the provider's supervision policy. Staff did not have the time with people to provide personalised care that was responsive to people's needs. The management, leadership and line management structure of the service was not as effective as it needed to be. The provider had not always notified us of safeguarding issues involving people who lived at the home in a timely manner. The records maintained in relation to people's care and support were not always accurate or complete. The provider's quality assurance had not enabled them to identify and address significant shortfalls in the quality of the care and support provided.

The risks associated with people's care and support needs had been assessed, recorded and plans put in place to manage these. People's medicines were handled and administered in accordance with good practice guidelines by registered nurses.

Staff received an induction and ongoing training to help them fulfil their duties and meet people's individual needs. People had enough to eat and drink, and any associated risks were assessed, recorded and managed. When people were unwell, they were supported to access professional medical advice and treatment.

Staff took a caring approach towards their work, and knew the people they supported well. People's views

about their care and support were welcomed and listened to. People were treated with dignity and respect.

People's friends and relatives contributed to the assessment and planning of their care. People's care files included details of their preferences and what was important to them. People had support to participate in one-to-one and group activities. People and their relatives understood how to raise concerns and complaints about the service, and felt comfortable doing so.

People and their relatives and friends were satisfied with the overall management of the service.

We found breaches of Regulations of the Health and Social Care 2008 (Regulated Activities) Regulations 2014 and a breach of the Care Quality Commission (Registration) Regulation 2009. You can see what action we told the provider to take at the back of the full version of the report.

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.

Staff were not always fully aware of, and did not always fulfil, their individual responsibilities to protect people from abuse. Agreed staffing levels were not always maintained, particularly on weekends. Staff helped people take their medicines safely and as prescribed.

Is the service effective?

Requires Improvement

The service was not always Effective.

People's rights under the Mental Capacity Act 2005 were not always fully promoted. Staff did not have the opportunity to attend regular one-to-one meetings with a supervisor or manager. Any complex needs or risks around people's eating and drinking were assessed, recorded and managed.

Is the service caring?

Good

The service was Caring.

Staff approached their work with kindness and compassion. People's involvement in decisions that affected them was encouraged. People's rights to privacy and dignity were respected.

Is the service responsive?

Requires Improvement

The service was not always Responsive.

People did not always received personalised care and support that was responsive to their needs. People's care plans were individual to them and covered a range of needs. People and their relatives were clear how to complain about the service.

Is the service well-led?

Requires Improvement

The service was not always Well-led.

Staff did not always benefit from effective leadership and line management. The provider had not always submitted statutory

notification in line with their registration with CQC. The records maintained in relation to people's care and support were not always accurate and complete. The provider's quality assurance activities had not enabled them to address significant shortfalls in the quality of the service.

Stretton Nursing Home

Detailed findings

Background to this inspection

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

We last inspected Stretton Nursing Home on 8 August 2016, when it was given an overall rating of Good.

This inspection took place on 31 October and 8 November 2017. The first day of our inspection was unannounced. The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

During our inspection visit, we spoke with seven people who lived at the home, nine relatives, and two friends visiting people at the home. We also spoke with a social worker, the managing director, three nurses, the cook, two activities coordinators, two senior care staff and one care staff.

We looked at five people's care files, medicines records, repositioning records, three staff recruitment records, staff allocation sheets, staff training records, accident records and records associated with the provider's quality assurance systems.

We spent time in the communal areas of the home to observe how staff supported and responded to people. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

The majority of staff we spoke with had received training from the provider to help them understand how to protect people from abuse. They gave us examples of the kinds of things that would give them cause for concern, such as sudden changes in people's behaviour or unexplained marks and bruising. They told us they would immediately report any witnessed or suspected abuse to a nurse or the management team. One staff member told us, "My first port of call would be the sister in charge. If I didn't feel it was going further, I'd go to [managing director]. If they weren't acting on it, I'd go to CQC, social services or the police." The provider had procedures in place, designed to ensure that staff understood how to alert them to any abuse concerns, in order that these could reported to the appropriate external agencies and investigated.

However, one member of staff had little insight into the risk of abuse, the different forms of abuse, and how to identify abuse in the workplace. They told us they were awaiting training on this topic. We discussed this issue with a nurse who confirmed the staff member in question now had access to online safeguarding training. In addition, following the inspection visit, the provider made us aware of two serious allegations of abuse involving people who lived at the service, which a number of staff had been aware of, for some time, but had failed to report to them. We were not assured staff fully understood their individual responsibilities to prevent, identify and report abuse.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the provider ensured there were enough staff on duty, at all times, to keep people safe and to meet their needs.

The majority of people's relatives and friends we spoke with expressed some concern about the home being short-staffed at times, particularly on weekends. One relative told us, "At the weekend, you hardly see anyone." Another relative said, "They (staff) are sometimes running around because there are not enough staff on." Most staff were also concerned about agreed staffing levels not always being maintained. One staff member explained, "More often than not, we're running below (agreed staffing levels). It always feels like everyone is rushing around, and it's hard to get help when we need it." Another staff member said, "We feel under pressure and stressed out. Staffing levels are not always maintained, and weekends are worse."

People's relatives and staff highlighted the impact of fluctuations in staffing levels on people's care and support. This included people having to wait for help to get up in the morning, and restrictions upon people's access to baths and showers. During our inspection visit, one person complained to us about the delay in the support they needed from staff to get dressed that morning. They told us, "Look what time it is and I am still not dressed!" Another person said, "The staff are very busy; look at them! They're always doing something; it's hard to get their attention. Where are they now?" We saw staff had difficulty, at times, in monitoring people appropriately, and in meeting people's competing needs and requests for assistance.

The 'staff allocation sheets' we looked at confirmed planned staffing levels were not always maintained. We

discussed the concerns raised in relation to staffing levels with the managing director. They acknowledged there had been difficulties in maintaining staffing levels over the last three to four months, due to staff sickness absence and staff vacancies. They told us, "Staff are overworked. We are understaffed and things get missed." They explained that regular agency staff were used to cover unexpected staff absence whenever possible, but that this had proved difficult on weekends. The provider was actively seeking to fill the current staff vacancies, and had taken other steps to improve staff retention and reduce shortfalls in staffing. These included increasing the rate of pay, altering the staff sickness policy and efforts to employ additional 'bank staff'.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at Stretton Nursing Home. One person described how the security of the building and access to the staff call system helped them feel secure. People's relatives and friends were confident people received safe care and support at the home. They were particularly reassured by the caring attitude of staff. One relative explained, "Staff are always very helpful. We are confident when we leave (the home)." People and their relatives were clear how to raise any concerns about their own, or others, safety and wellbeing with the provider, if they needed to.

Risk assessments had been completed, recorded and kept under review, to protect people's safety and wellbeing. These took into account the foreseeable risks to individuals, such as the risk of pressure sores, falls, deterioration in health, malnutrition and dehydration. Plans were in place to manage the identified risks. For example, one person who was at risk of falls, had a low-profile bed, movement alarm, crash mat and use of a mobility aid to help keep them safe. We saw examples of how staff balanced people's safety with the need to promote their independence. For example, two members of staff enabled one person to independently transfer from an armchair to their wheelchair, through verbal prompts and reassurance. However, we found risk assessments did not always clarify whether further control measures were required to keep people safe. In addition, it was not always clear when people's risk assessments were due for review. We discussed these issues with the managing director. They assured us they would review the relevant documents, and provide staff with additional support on the completion of risk assessments. Staff understood the purpose of, and the need to follow, people's risk assessments. We saw staff working in accordance with risk assessment as, for example, they helped people move around the home, and eat and drink safely.

In the event people were involved in an accident or incident, staff recorded and reported these events to the provider. The provider monitored these reports to ensure lessons were learned, and further action taken, where necessary, to keep people safe. For example, following reports of one person slipping out of their lounge chair, a bespoke 'riser recliner chair' had been organised for them, which had significantly reduced their falls.

People and their relatives and friends were satisfied with the support staff gave people with their medicines. We saw the provider had systems and procedures in place to ensure people received their medicines safely and as prescribed. People's medicines were administered by registered nurses who underwent associated competency checks. Medicines were stored in a secure manner, and up-to-date medication administration records (MARs) were maintained. The nurses had guidance on the use of non-prescribed and 'when required' medicines, in order that they were clear about the circumstances in which to use these.

Requires Improvement

Is the service effective?

Our findings

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.

We checked whether the service was working within the principles of the MCA. We found the provider and staff understood people's rights under the MCA, but were not fully promoting these. People's care files contained a range of mental capacity assessments in relation to specific decisions about their care and support. These included decisions taken about people's medicines, incontinence, nutrition and hydration and the use of mobility and falls-prevention equipment. However, where people lacked mental capacity to make specific decisions, there was a lack of evidence of best-interests decision-making. Therefore, we were not assured the decision-makers had taken followed the appropriate steps, and applied the 'best interests checklist', in order to ensure the decision reached was in the person's best interests.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw one person's DoLS authorisation had recently expired, and that no new application for a DoLS authorisation had been made to the local authority. We queried this with the managing director. They acknowledged there was no clear overview, at present, of the current status of people's DoLS authorisations. As a result, they could not assure us all necessary applications for DoLS authorisations had been made, or that the conditions placed on current DoLS authorisations were being complied with.

Upon starting work at Stretton Nursing Home, staff underwent the provider's induction training to help them settle into their new roles. This provided new staff with the opportunity to complete initial training, read people's care plans and work alongside more experienced colleagues. Following induction, staff participated in a rolling programme of training based upon the provider's assessment of their learning and development needs. Most staff spoke positively about their induction and ongoing training with the provider. One staff member told us, "I've updated all my skills this year, and done all my mandatory training." Another staff member described the benefits of their end-of-life care training, which, they told us, had enabled them to better support people in their final days.

Aside from training, staff were, according to the provider's supervision policy, to be invited to four one-to-one meetings with a manager or supervisor per year. The purpose of these meetings included the opportunity to receive constructive feedback on their work, and to enable staff to share any work-related issues or concerns. However, staff told us they had not attended regular supervision meetings. One staff member told us, "They (supervision sessions) have been too few and far between." Another staff member said, "I did ask for feedback on my work, but I haven't had this." The managing director acknowledged staff supervision meetings had lapsed, and assured us they would be held on a more consistent basis moving

forward.

People and their relatives and friends had confidence in the knowledge and skills of the staff at Stretton Nursing Home, and their ability to meet people's needs. One relative told us, "There is no doubt that [person's name] is being well looked after at the moment." We found staff had good insight into people's individual needs and how to provide effective care and support.

Most of the people, relatives and friends we spoke with were satisfied with the food and drink on offer at Stretton Nursing Home, and the support people received from staff to eat and drink. One person told us, "There's plenty of fruit and vegetables." Another person said, "The food is good; I haven't got any complaints." They went on to say, "You get good lunch every day." A relative said, "It's like home-cooking. They (staff) come around in the morning and you've got a couple of choices." One person's friend praised the patient and professional manner in which staff assisted their friend to eat. They told us, "It takes nearly an hour. They (staff) are very good and patient."

People's nutritional needs and any risks associated with their eating and drinking had been assessed and recorded. Plans had been put in place to manage these needs and risks, with appropriate specialist input from the local speech and language therapy team. For example, one person was provided with thickened fluids and puréed meals due to assessed difficulties in swallowing. The provider's cook told us communication between care staff and kitchen staff was good. They demonstrated good insight into people's special diets, food-related preferences and any food allergies.

We saw staff supported people to eat safely and comfortably during the lunchtime meal. For example, two members of staff helped one person to move themselves into a more upright position in their chair to ensure safer eating. People had access to drinks, use of appropriate eating aids and physical assistance to eat, where they needed this.

People, their relatives and friends were satisfied with the support staff provided to access healthcare services and, when required, urgent medical advice and treatment. One person's relative told us, "They (staff) are not reluctant about calling the GP, and that's reassuring." We saw a GP reviewing people's current health needs with the assistance of a nurse. People's care files included details of their medical histories, along with records of the range of healthcare professionals involved in their care.

Good

Is the service caring?

Our findings

People and their relatives and friends told us staff adopted a caring approach towards people's care and support. One person told us, "They (staff) always help you and nothing is too much trouble for them." A relative said, "They (staff) have all been very friendly and very caring. [Person's name] has settled in very well." Another person's friend told us, "They (staff) all really like [person's name]; that's a nice feeling. They aren't treated like a burden." A social worker said, "Staff are very attentive towards [person's name], and they know them really well. They've all got people's best interests at heart."

We found staff knew people well, and had good insight into their individual care and support needs. Staff discussed the people they supported with affection and respect. People were clearly at ease in the presence of staff, who they readily engaged in conversation and approached for assistance. Staff greeted people warmly, listened to them and took interest in what people had to say to them. They showed their concern for people's wellbeing as, for example, they supported and encouraged people with limited mobility to move around the home safely.

The people we spoke with were satisfied with the level of involvement they had in care planning and other decisions that affected them. They felt able to share their views about the service they received when they needed to, and felt confident they would be listened to. People's care files included information about their individual communication needs and preferences, to help staff promote effective communication. In addition, the provider distributed annual feedback surveys as a further way of gathering and addressing people's views on the service.

People and their relatives and friends felt staff respected people's rights to privacy and dignity. One person described how staff accompanied them into the bathroom when they showered, in case they needed assistance to wash, but gave them privacy within the shower cubicle. The staff we spoke with understood the importance of treating people with dignity and respect, and described how they put this into practice in their day-to-day work. This included protecting people's modesty during personal care, and remembering to knock on their bedroom doors before entering. One staff member told us, "It's really about respecting them as people and listening to what they want to do." Staff also recognised the need to promote people's independence. One person told us, "I like to be independent – I do as much as I can. It (the frame) keeps me independent – I don't need a stick then."

Requires Improvement

Is the service responsive?

Our findings

As a result of current staffing arrangements at the service, and difficulties in maintaining agreed staffing levels, the care and support provided was not always responsive to people's needs. Staff shortages had, for example, caused delays in the support people received to wash and dress in the morning, and had limited their access to baths and showers. We saw staff struggled, at times, to monitor people appropriately, respond to their requests for assistance and to answer call bells in a timely manner. One staff member told us, "It's like going round in circles today." One person, who had been assessed as being at risks of falls, repeatedly attempted to get up from their armchair. The staff response to their requests for help was delayed, as staff were occupied with other tasks, including the administration of people's medicines. Another person repeatedly called out for staff assistance, whilst they were lying in bed in an awkward position. Staff did not initially go into the person's bedroom, to confirm the assistance they needed, until we raised this issue with them.

People's relatives and friends were satisfied with the level of involvement they had in care planning and other decisions affecting their family members or friends who lived at the home. They told us they approached staff and management, as and when they needed, to discuss these matters, with confidence they would be listened to. The provider involved people and their relatives in the initial assessment of people's care and support needs. Meetings or reviews to discuss any changes in people's individual needs were then organised as required.

We saw people's care plans were individual to them and covered a range of needs. This included people's health needs and any long-term medical conditions, their pressure care and their mobility needs. Care plans were reviewed on a regular basis, by the allocated nurse, to ensure they remained accurate and up to date. Staff showed insight into, and understood the purpose of, people's care plans. We saw staff working in accordance with people's care plans as, for example, they supported people to eat safely and comfortably.

People's care files also contained a completed 'This is me' document. "This is me", is a recognised assessment tool to help staff supporting people with dementia understand their needs, interests, preference, likes and dislikes. When planning people's care and support, consideration was given to their cultural and religious needs. During our time at the home, we saw a number of people receiving Holy Communion.

People expressed mixed views about the support they received to follow their interests and participate in social activities. One person felt there were sometimes few activities on offer, adding, "I've always been used to an active life and I don't enjoy just sitting around." However, another person was pleased with the range of activities organised at the home, adding they particularly enjoyed listening to the visiting musicians.

There was a general consensus amongst those we spoke with that activities provision was improving through the efforts of the home's three activities coordinators. One relative told us, "[Activity coordinator] is a ball of energy. They are always thinking up things to do." A staff member said, "We've got more activities now than we've ever had." We saw the activities coordinators engaged with people on a one-to-one basis.

We also saw people making dream catchers, planning activities for Remembrance Day, watching TV and listening to music.

People and their relatives and friends knew how to bring concerns or complaints to the attention of staff and management. One person told us, "I'd go to [housekeeper]. They are very understanding and very fair." A relative said, "If we've got a problem, they (staff) always answer all our questions." Another relative told us, "The staff are all very easily approachable." The provider had a complaints procedure in place to encourage fair and consistent handling of complaints. The managing director explained they had not received any recent complaints about the service.

Requires Improvement

Is the service well-led?

Our findings

The registered manager of the service was not available at the time of our inspection visit, and had been away from work for a number of weeks. In their absence, we met with the managing director of the service. The nurses and senior staff team were overseeing the day-to-day management of the service, during the registered manager's absence, with the support of the managing director.

During our inspection visit, we looked at records staff maintained in relation to the care and treatment of people living at the home. We saw staff provided support with repositioning to people assessed as being at high risk of developing pressure sores who were unable to reposition themselves. We found the records maintained in relation to this important aspect of people's care were not always accurate or representative of the support provided. We discussed this issue with the managing director who acknowledged these records were not being correctly completed by staff. They assured us staff would be given additional support in relation to the expected completion of people's repositioning charts. We also found the monthly observations of people's blood pressure and pulse were not always completed on a consistent basis. One person's observations had not been completed for a three-month period. People's activity records and one person's behaviour chart were, similarly, incomplete and so could not be relied on.

The majority of staff expressed concerns over the management of the service. These concerns centred on a lack of clear leadership and inadequate line management, particularly since the registered manager had been away from work. One staff member told us, "It's not well-managed. I don't feel I've got a line manager." They went on to say, "You have no one above you. None of us see each other as being in a hierarchy." Another staff member said, "Knowing who's in charge of me has been the issue." They added, "There's a lack of clarification in management, as in whose role is whose." A further member of staff told us, "We haven't got anyone to talk to sort things out."

We discussed staff members' concerns about the recent management arrangements with the managing director. They acknowledged the impact of the registered manager's recent absence upon the service. They were in the process of recruiting a deputy manager and senior lead nurse to further strengthen the management team, and to support the registered manager upon their imminent return to work.

We looked at how the provider assessed, monitored and addressed the quality of the service people received at Stretton Nursing Home. We saw the managing director carried out monthly visits to the service, as part of which they sought feedback from people and their relatives, and checked on key aspects of the service. These included staff training and recruitment practices, the maintenance of the premises, and fire safety arrangements. The registered manager also completed regular audits in relation to the management of people's medicines and infection control procedures. In addition, any incidents, accidents or complaints were monitored on an ongoing basis. However, these quality assurance activities had not enabled the provider to address the shortfalls in quality we identified over the course of our inspection, including the failure to meet the requirements of the MCA.

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

2014.

During our inspection visit, we became aware of a safeguarding issue involving a person who lived at the home, which the provider had failed to notify us of. They had, however, reported the concern to the local authority. The managing director was aware of the requirement to submit notification of this nature, but explained that they had failed to do so due to an oversight. Following the inspection visit, we received notifications regarding two further safeguarding issues involving people at the home, which the provider had delayed in sending to us. Statutory notifications ensure that the Care Quality Commission (CQC) is aware of important events affecting people, and play a key role in our ongoing monitoring of services.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Most staff spoke positively about the support and guidance provided by the registered manager, up until their absence from work some weeks ago. One staff member explained, "I've always had a good relationship with [registered manager]." They added, "They have always been approachable and have dealt with anything." Another staff member said, "[Registered manager] has turned this place around. I have nothing but respect for them. Their management skills are spot-on." A social worker told us, "[Registered manager] is brilliant. They have always been able and willing to answer any questions we may have." Staff understood the purpose of whistleblowing, and told us they would report any serious misconduct within the service.

People and their relatives and friends expressed satisfaction with the overall management of the service. One relative told us, "[Registered manager] is very good. They are efficient and very pleasant." They went on to say, "I couldn't do any better than they are doing." Another relative said, "[Person's name] is happy here. We're happy with them here. We have peace of mind." People and their relatives described an open, ongoing dialogue with the staff and management, which enabled them to raise any issues or concerns as needed.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify CQC of a safeguarding issue involving a person who used the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Staff did not fully understand and fulfil their individual responsibilities to prevent, identify and report abuse.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance systems and processes had not enabled them to identify and address significant shortfalls in the quality of the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not always deploy suitable number of staff to make sure people's care and treatment needs were met.