

Starmount Villa Residential Care Limited

Starmount Villa Residential Care Home

Inspection report

Browns Road
Bradley Fold
Bolton BL2 6RG
Tel: 01204 525811
Website:

Date of inspection visit: 29 April 2015
Date of publication: 01/07/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Starmount Villa Residential Care Home is a two storey detached house set in its own well maintained grounds and is situated on the outskirts of Bury and Bolton. The home is registered to provide personal care and support for up to 30 older people. This was an unannounced inspection that took place on 29 April 2015. There were 30 people using the service at the time of the inspection.

We last inspected the home on 15 November 2013. At that inspection we found the service was meeting all the regulations that we reviewed.

The home had a manager registered with the Care Quality Commission (CQC) who was present on the day of the inspection. A registered manager is a person who has registered with CQC to manage the service. Like registered providers they are 'registered persons'.

Summary of findings

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. The registered manager is also the co-owner of the home.

Staff were able to demonstrate their understanding of the whistle-blowing procedures and they knew what to do if an allegation of abuse was made to them or if they suspected that abuse had occurred.

We found people were cared for by sufficient numbers of suitably skilled and experienced staff who were safely recruited. We saw that staff received the essential training and support necessary to enable them to do their job effectively and care for people safely.

People who used the service told us they felt the staff had the skills and experience to meet their needs. People were happy with the care and support they received and spoke positively of the kindness and caring attitude of the staff.

We found the system for managing medicines was safe and we saw how the staff worked in cooperation with other health and social care professionals to ensure that people received appropriate care and treatment.

We saw there were risk assessments in place for the safety of the premises. All areas of the home were clean and well maintained. Procedures were in place to prevent and control the spread of infection.

Systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and gas supply.

People's care records contained enough information to guide staff on the care and support required. The care records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk. People and their relatives were involved and consulted about the development of their care plans. This helped to ensure the wishes of people who used the service were considered and planned for.

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

Staff we spoke with had a good understanding of the care and support that people required. We saw people looked well cared for and there was enough equipment available to promote people's safety, comfort and independence.

Food stocks were good and the meals provided were varied and nutritionally balanced. People told us they enjoyed the meals and that mealtimes were a pleasant experience.

To help ensure that people received safe and effective care, systems were in place to monitor the quality of the service provided. Regular checks were undertaken on all aspects of the running of the home and there were opportunities, such as questionnaires and meetings, for people to comment on the facilities of the service and the quality of the care provided.

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.

Sufficient suitably trained staff, who had been safely recruited, were available at all times to meet people's needs.

Suitable arrangements were in place to help safeguard people from abuse.

Staff were able to tell us what action they would take if abuse was suspected or witnessed. Staff were also aware of the whistle-blowing procedure.

The system for managing medicines was safe and people received their medicines when they needed them.

Risk assessments were in place for the safety of the premises. People lived and worked in a clean, secure, safe environment that was well maintained.

Good



Is the service effective?

The service was effective.

Appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff received sufficient training to allow them to do their jobs effectively and safely and systems were in place to ensure staff received regular support and supervision.

People were provided with a choice of suitable nutritious food and drink to ensure their health care needs were met.

Good



Is the service caring?

The service was caring.

People who used the service spoke positively of the kindness and caring attitude of the staff. We saw staff cared for the people who used the service with dignity and respect and attended to their needs discreetly.

The staff showed they had a good understanding of the care and support that people required.

Specialised training was provided to help ensure that staff were able to care for people who were very ill and needed end of life care.

Good



Is the service responsive?

The service was responsive.

The care records contained sufficient information to guide staff on the care to be provided. The records were reviewed regularly to ensure the information contained within them was fully reflective of the person's current support needs.

Good



Summary of findings

In the event of a person being transferred to hospital or another service, information about the person's care needs and the medication they were receiving was sent with them. This was to help ensure continuity of care.

The provider had systems in place for receiving, handling and responding appropriately to complaints.

Is the service well-led?

The service was well led.

Systems were in place to assess and monitor the quality of the service provided and arrangements were in place to seek feedback from people who used the service.

Staff spoke positively about working at the home. They told us that management gave them help, support and encouragement.

Good



Starmount Villa Residential Care 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.'

This inspection took place on 29 April 2015 and was unannounced. The inspection team comprised of one adult social care inspector 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. The expert by experience who joined the inspection had experience of working with health and social care services.

Before this inspection we reviewed the previous inspection report and notifications that we had received from the service. We also contacted the local authority commissioners of the service to seek their views about the home. They told us they had no concerns. Prior to our inspection of the service, we were provided with a copy of a completed provider information return (PIR); this is a document that asked the provider to give us some key information about the service, what the service does well and any improvements they are planning to make.

During this inspection we spoke with six people who used the service, four visitors, the chef and two kitchen assistants, the activities coordinator, two care staff, the registered manager and the provider. We did this to gain their views about the service provided. We looked around most areas of the home, looked at how staff cared for and supported people, looked at four people's care records, eight medicine records, three staff recruitment and training records and records about the management of the home.

Is the service safe?

Our findings

Inspection of the staff rosters, discussions with staff, people who used the service and their visitors showed there were sufficient suitably experienced and competent staff available at all times to meet people's needs. One person told us, "I am very happy here and yes I certainly feel as safe as houses. They [staff] are really excellent and respond almost immediately".

We looked at three staff personnel files and saw a safe system of recruitment was in place. The recruitment system was robust enough to help protect people from being cared for by unsuitable staff. The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire, a job description and at least two professional references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We looked around all areas of the home and saw the bedrooms, dining room, lounges, bathrooms and toilets were clean and there were no unpleasant odours. One person we spoke with told us, "I have a lovely room on the front with a garden view".

Records showed risk assessments were in place for all areas of the general environment and policies and procedures were in place in relation to ensuring compliance with health and safety regulations. The records also showed that the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. We looked at the maintenance record book that showed the maintenance person visited the home at least three times a week to undertake checks on such things as water temperatures and small electrical equipment. This helps to ensure the safety and well-being of everybody living, working and visiting the home.

We looked to see what systems were in place in the event of an emergency. We saw procedures were in place for dealing with any emergencies that could arise, such as utility failures and other emergencies that could affect the provision of care. We also saw that personal emergency evacuation plans (PEEPs) had been developed for all the

people who used the service. These were kept in the 'grab file' in the staff office to ensure they were easily accessible in the event of an emergency. Inspection of records showed that a fire risk assessment was in place and regular in-house fire safety checks had been carried out to check that the fire alarm, emergency lighting and fire extinguishers were in good working order and the fire exits were kept clear.

We also saw, located in a prominent position on the main corridor, a cardiac defibrillator. The registered manager told us the defibrillator had been donated by the North West Ambulance Service and that 27 of the 35 staff had undertaken training by paramedics in the use of the equipment.

We saw infection prevention and control policies and procedures were in place, regular infection control audits were undertaken and infection prevention and control training was an essential part of the training programme for all staff. On site laundry facilities were provided. The laundry looked clean and well organised. We were told that the registered manager was the designated lead person who was responsible for the infection prevention and control management. We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. Alcohol hand-gels were available and hand-wash sinks with liquid soap and paper towels were available in the bedrooms where personal care was carried out. This helps prevent the spread of infection.

We saw that suitable arrangements were in place to help safeguard people from abuse. Inspection of the training plan showed all staff had received training in the protection of adults. Policies and procedures for safeguarding people from harm were in place. These provided guidance on identifying and responding to the signs and allegations of abuse. The staff we spoke with were able to tell us what action they would take if abuse was suspected or witnessed.

All members of staff had access to the whistle-blowing procedure (the reporting of unsafe and/or poor practice). Staff we spoke with were familiar with the policy and knew they could contact people outside the service if they felt their concerns would not be listened to. Having a culture of openness where staff feel comfortable about raising concerns helps to keep people who use the service safe from harm.

Is the service safe?

The care records we looked at showed that risks to people's health and well-being had been identified, such as poor nutrition and the risk of developing pressure ulcers. We saw care plans had been put into place to help reduce or eliminate the identified risks.

We looked to see how the medicines were managed. We saw a detailed medicine management policy and procedure was in place. We checked the systems for the receipt, storage, administration and disposal of medicines.

We also checked the medicine administration records (MARs) of eight people who used the service. We found that medicines, including controlled drugs, were stored securely and only authorised, suitably trained care staff had access to them. The MARs showed that people were given their medicines as prescribed, ensuring their health and well-being were protected. One person who used the service told us they required 'painkillers' three times a day and they always received them when they needed them.

Is the service effective?

Our findings

The people we spoke with told us they felt the staff had the right attitude skills and experience to meet their needs or those of their relative. Comments made included; “I can emphatically say there is not the slightest problem. My [relative’s] health and care are better than even I could give her. Now I can sleep at night and not worry” and “All I can say is the staff are wonderful. I am more than happy and you won’t find anything wrong here”.

We asked one of the senior care staff to tell us how they ensured people received safe care and treatment that met their individual needs. We were told that people had a comprehensive needs assessment before they were admitted to the home. This was to help the service decide if the placement would be suitable and also to ensure the person’s individual needs could be met by the staff.

We were shown the induction programme that all newly employed staff had to undertake when they first started to work at the home. It contained information to help staff understand what was expected of them and what needed to be done to ensure the safety of the staff and the people who used the service. We were also shown the training plan that was in place for all the staff. It showed staff had received the essential training necessary to safely care and support people using the service. The care staff we spoke with confirmed to us that they had received the necessary training to allow them to do their jobs effectively and safely.

Records we looked at also showed systems were in place to ensure staff received regular supervision and appraisal. On the day of the inspection we saw some staff arriving at the home to attend their supervision meetings with the registered manager and one of the senior care staff. Supervision meetings help staff to discuss their progress at work and also discuss any learning and development needs they may have.

We asked the registered manager to tell us what arrangements were in place to enable the people who used the service to give consent to their care and treatment. We were told that any care and treatment provided was always discussed and agreed with people who were able to consent. The people we spoke with confirmed this information was correct. People told us they were able to make decisions about their daily routines and were able to consent to the care and support they required. Comments

made included; “I am free to come and go as I please and whilst I have only been here a short while I am settled and happy” and “They [staff] always ask me what I want to do and I can honestly say they look after me the way I want to be looked after”.

From our observations and inspection of care records it was evident that some people were not able to consent to the care provided. We asked the registered manager to tell us how they ensured the care provided was in the person’s best interest. We were told that if an assessment showed the person did not have the mental capacity to make decisions then a 'best interest' meeting was arranged. A 'best interest' meeting is where other professionals, and family if relevant, decide the best course of action to take to ensure the best outcome for the person who used the service.

We asked the registered manager to tell us what they understood about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is essentially a person centred safeguard to protect the human rights of people. It provides a legal framework to empower and protect people who may lack capacity to make certain decisions for themselves. DoLS are part of the MCA. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty where this has been legally authorised. What the registered manager told us demonstrated they had a good understanding of the importance of determining if a person had the capacity to give consent to their care and treatment.

The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. We were told that one person who used the service was subject to a DoLS. The registered manager told us they were aware of changes to the law whereby people in a care home might be considered as being deprived of their liberty. We were informed that they were taking the necessary action to ensure any restrictions placed on people were legally authorised. Records we looked at provided evidence that the registered manager had followed the correct procedure to ensure any restrictions to which a person was unable to consent were legally authorised under the DoLS.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their

Is the service effective?

health care needs were met. We looked at the kitchen and food storage areas and saw good stocks of food were available. Staff told us that food was always available out of hours. We looked at the menus. They showed that the meals provided were varied and nutritionally balanced. The breakfast menu was served 'restaurant style' with a buffet of croissants, brioche, fruit juices, fresh fruit, jams, toast, cereals and tea or coffee. We were told a cooked breakfast was available. We saw home-made cakes were served for mid-morning and afternoon drinks.

One person from the inspection team joined people for the lunchtime meal. There was a choice of meal and dessert and the meal was described by the team member as "excellent". We saw it was a relaxed and pleasant dining experience; people dined in the large conservatory that had access to the patios and gardens and staff were attentive to people's needs. One person told us, "Lunch is the highlight of the day". Another person told us, "The food is lovely, very nice indeed".

We saw that the home had recently received a '5 Star Food Hygiene' rating from the local environmental health office.

We were told that to enhance the dining experience for people 'themed days' were included in the calendar whereby authentic food and music were provided. We were told the most recent themed day was to celebrate the Chinese New Year.

Records we looked at showed that following each meal staff completed records for those people who required monitoring of their food and fluid intake. The care records we looked at showed that people had an eating and drinking care plan and they were assessed in relation to the risk of inadequate nutrition and hydration. We saw action was taken, such as a referral to the dietician or to their GP, if a risk was identified.

The care records we looked at also showed that people had access to external health and social care professionals, such as GP's, community nurses, specialist nurses, opticians and dentists. .

Is the service caring?

Our findings

People who used the service were very complimentary about the staff. Comments made included; “If I am not well I know room service will be provided” and “They are all so very kind and considerate”.

We saw people looked well groomed, well cared for and they wore clean and appropriate clothing. Several of the ladies wore make up, perfume and jewellery. We commented on the lovely smell of perfume in one of the lounges. Staff told us the registered manager ensured that the ladies who had no relatives or visitors were, if they wished to, provided with a perfume of their choice.

Visitors we spoke with told us, “Visiting is anytime within reason and we are always made welcome” and “Anytime [visiting], even night time if requested for any special reason”. During the inspection we saw visitors either sitting with people in their own rooms, in the lounge areas or sitting out on the patio.

A discussion with staff showed they had a good understanding of the needs of the people they were

looking after. Staff told us; “We need to ensure that people maintain their independence as much as possible” and “Compassion, affection and listening is so important”. We saw staff cared for the people who used the service with dignity and respect and attended to their needs discreetly. The atmosphere in the home was relaxed but ‘chatty’. We saw that staff knocked and waited for an answer before entering bathrooms, toilets and people’s bedrooms. This was to ensure people had their privacy and dignity respected.

We asked the registered manager to tell us how staff cared for people who were very ill and at the end of their life. We were told that two of the care staff were ‘end of life champions’ who had successfully completed the Six Steps end of life training. We were told that the Six Steps programme guarantees that every possible resource is made available to facilitate a private, comfortable, dignified and pain free death. Staff we spoke with told us that the ‘champions’ shared their knowledge and expertise with them. The registered manager told us that families, if they wished to, could hold the ‘funeral tea’ at the home and no charge was made.

Is the service responsive?

Our findings

People told us that staff responded well to their needs. Comments made included; “I couldn’t be better cared for” and “They make sure that if I’m ill the doctor is called”. We spoke with a visiting health care professional who told us, “The staff are always helpful, quick to request advice and assistance and they comply with any instructions given”.

We looked at the care records of four people who used the service. The care records contained enough information to guide staff on the care and support to be provided. There was good information about the person’s social and personal care needs. People’s likes, dislikes, preferences and routines had been incorporated into their care plans. We saw the care records were reviewed regularly to ensure the information reflected the person’s current support needs. We saw evidence in the care records to show that either the person who used the service and/or their family had been involved in the care planning and decision making.

We were told that in the event of a person being transferred to hospital or to another service, information about the person’s care needs and the medication they were receiving would be sent with them on a hospital transfer form.

We looked to see what activities were provided for people. We saw there was a weekly activities plan displayed. We

were told that one activities organiser was employed for 16 hours per week. In addition the home employed other activity persons to undertake specific activities within the home on certain days of the week. We were shown some of the arts and crafts that the people who used the service had made. Staff told us that a singer visited the home every week and that people really enjoyed singing along. We were told, and were shown photographs, of some of the themed activities that took place such as The Annual Garden Party, Ladies Day at Ascot and the Mother’s Day Champagne Afternoon Tea.

During our inspection we saw staff delivering the voting forms to those people who wished to have a postal vote for the forthcoming local and general elections. This showed that staff were respectful of and responsive to people’s need to stay involved in community issues.

Staff told us they had enough equipment to meet people’s needs. We saw that adequate equipment and adaptations were available to promote people’s safety, independence and comfort.

The complaints procedure was displayed and we saw the provider had a clear procedure in place with regards to responding to any complaints and concerns. People we spoke with told us they would feel able to raise concerns with any of the staff, especially with the owners of the home. There was also a suggestion box that was prominently situated for people to use if they wished.

Is the service well-led?

Our findings

Inspection of duty rosters showed that the registered manager and the provider regularly worked at the home for six days of the week. The registered manager was present on the day of the inspection.

The registered manager told us there was to be a change in the structure of the management team. We were told that two of the senior care staff, following completion of their management training, were to be appointed deputy managers. This was to ensure that, in the absence of the registered manager, clear lines of accountability and responsibility would be identified.

We asked the registered manager to tell us how they monitored and reviewed the service to ensure that people received safe and effective care. We were told that regular checks were undertaken on all aspects of the running of the home. We saw evidence of some of the checks that had been undertaken, for example on medication records, care plans, infection control, hoist slings and the specialised beds in use. We saw that where improvements were needed, action was identified, along with a timescale for completion.

We saw that 'handover' meetings were undertaken on each shift to help ensure that any change in a person's condition and subsequent alterations to their care plan was properly communicated and understood.

Records we looked at showed that weekly management meetings were held. The staff we had discussions with spoke positively about working at the home. They told us the help, support, and encouragement they received from the providers made working at the home a pleasure. One comment made was, "It's been a wonderful eight years. I hope it continues. I simply love it here".

We were told that formal meetings for people who used the service were held regularly. We saw evidence to show that the last meeting had been held on 1 March 2015 and had been well attended by people who used the service and their relatives. The registered manager told us there was an 'open door policy' at the home and that people could speak with the management or other staff members whenever they felt they needed to. People we spoke with confirmed that this information was correct.

We saw that management sought feedback from people who used the service and their relatives through annual questionnaires. We looked at some of the responses to the 27 questionnaires that were sent out from June to September 2014. The comments made were very positive about the service and facilities provided.

We saw the provider had Investors in People accreditation. Investors in People is a management framework for high performance through people and recognises excellence in the provider's management effectiveness and the involvement and empowerment of employees. It also recognises the support provided to the employees in their personal and professional development. Quality staff development benefits the quality and safety of care provided to people who use the service.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.