

Strathmore Care Home Limited

# Strathmore Nursing Home

## Inspection report

51 Seymour Road  
Bolton  
Lancashire  
BL1 8PT

Tel: 01204309795

Date of inspection visit:  
03 December 2019

Date of publication:  
07 January 2020

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Strathmore Nursing Home is registered to provide residential and nursing care for up to 30 people, over two floors. The home is situated in a residential area close to Bolton town centre. At the time of the inspection there were 26 people receiving a service.

### People's experience of using this service and what we found

People felt safe at the home. Systems were in place to deal with any concerns raised and all staff completed training around safeguarding adults and children. General and individual risk assessments were completed, reviewed regularly and updated as required. Health and safety checks were in place. Medicines were managed safely at the home. The home was clean and fresh, with no malodours present.

Staff were recruited safely and there were sufficient staff to meet the needs of the people who used the service. Staff training was on-going.

People's needs were assessed thoroughly prior to admission. All relevant care plans were in place and these were reviewed and updated as required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were well cared for and supported. Staff were kind and compassionate and displayed a good knowledge of the people they supported. People were treated with sensitivity and their dignity and privacy were respected at all times.

Care files included information about people's preferences, wishes and choices. There were regular residents' and families' meetings and a monthly newsletter was produced. People's communication needs were recorded and addressed by staff.

A range of stimulating activities were on offer and people were encouraged to follow their interests. The home welcomed visits from various local religious groups. The service worked well with other professionals and agencies. People were supported at the end of their lives according to their wishes.

People felt the registered manager was approachable and accessible and also felt they could raise any concerns at any time. There had been no recent complaints received by the service. A number of compliments had been received.

There were regular audits and checks throughout the home to help sustain quality of service provision. Regular questionnaires were completed by visiting professionals, family members and people who used the

service to gain their feedback.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 16 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Strathmore Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one 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.

#### Service and service type

Strathmore Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and four relatives about their experience of the care

provided. We spoke with the provider and five members of staff including the registered manager, a nurse, an assistant practitioner, the activities coordinator and a care assistant. We also spoke with two visiting professionals. We attended a pre-arranged residents' and families' meeting to observe this event.

We reviewed a range of records including care files for three people and multiple medication records. We looked at three staff files in relation to recruitment. We looked at training records, staff supervision notes, health and safety records, meeting minutes audits and other records about the management of the home.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home. One person said, "Yes, the care makes me feel safe they check on you at night, they are very caring, nothing is too much trouble. The fire alarm is checked every Monday morning". Another person told us, "Oh yes, I certainly do feel safe, I am so well looked after."
- There were up to date policies and procedures with regard to safeguarding adults and children.
- Any safeguarding concerns were documented and reported as required.
- All staff completed safeguarding training and this was updated on a regular basis. Staff were aware of the whistle blowing policy and were confident to report any poor practice they may witness.

Assessing risk, safety monitoring and management

- General environmental and individual risk assessments were completed, reviewed regularly and updated as required.
- Health and safety and fire safety checks were in place and certificates obtained as required.
- Each individual had a personal emergency evacuation plan in their files and in the reception area. These outlined the level of assistance each person would require in the event of an emergency.

Staffing and recruitment

- Staff recruitment procedures remained robust. We looked at three staff files which included all relevant documentation. All included Disclosure and Barring Service checks which help ensure people are suitable to work with vulnerable people.
- People's dependency levels were assessed prior to admission. Rotas were flexible to accommodate changing needs. We asked people if there were enough staff to meet their assessed needs, comments included, "Oh yes, I think [there are enough staff] as normally in here there are four staff in the lounge" and "Yes definitely, it is one of the things I, like about the place."

Using medicines safely

- Medicines systems were managed safely and records were complete and up to date.
- Staff responsible for administering medicines were required to undertake training on a regular basis, along with training on syringe drive and enteral feeding, which refers to intake of food via the gastrointestinal tract.

Preventing and controlling infection

- The home was clean and fresh, with no malodours present.
- The most recent external infection control audit had resulted in a score of 87%. Issues identified had been addressed to comply with the requirements set out.
- Staff completed infection control training and wore personal protective equipment, such as plastic gloves

and aprons, when carrying out personal care to help prevent the spread of infection.

Learning lessons when things go wrong

- Records of safeguarding concerns, accidents and incidents were analysed for trends and patterns and lessons were learned and improvements made where necessary.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's health, care and support needs were assessed thoroughly prior to admission.
- All relevant care plans were in place and these were reviewed and updated as required.

Staff support: induction, training, skills and experience

- The induction programme for new staff was thorough. Staff new to care were required to complete the Care Certificate. This is a set of standards that care workers are expected to adhere to.
- Regular refresher courses for training regarded as mandatory were in place.
- Staff supervisions were carried out regularly and annual appraisals were completed with staff, to provide a forum to discuss their practice, skills and any training and development needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People enjoyed the meals. Comments included; "Good, we have cooked meals cooked fresh every day"; "We get good portions and it is healthy we get lots of nice veggies."
- We observed the lunchtime meal, served in pleasant surroundings by staff who were supportive and helpful. The food was served promptly, and looked appetising and nutritious.
- Staff completed regular training in food hygiene. The latest food hygiene rating for the service was five, which is the highest rating.
- There were care plans in place around nutrition and hydration, which outlined people's preferences, any issues or special dietary requirements and guidance for staff. Staff completed food and fluid charts and weight records for people who needed to be monitored in this area.
- Care plans were in place around oral hygiene and people were supported in this area as required. We saw evidence of people being referred and supported to attend dental appointments.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans evidenced good communication between the service and other agencies and professionals to help ensure good, joined up care. People were supported to attend health appointments and referrals were made when needed. Staff reacted promptly when people were unwell.
- Outside services were brought in as necessary. One person said, "If you aren't well the doctor comes in to see you, a podiatrist comes in to see to my feet, if you can't get out an optician and audiologist comes to see you here."
- The home used the Bolton red bag scheme. The red bag contains an individual's care information, medication records and their medication. The aim is to improve the experience of people when they were

admitted to hospital and reduce their length of stay by speeding up the discharge process and improving communication between hospitals and nursing homes.

Adapting service, design, decoration to meet people's

- The premises were decorated tastefully and well maintained. People who lived at the home were included in choosing aspects of the surroundings. New chairs had been ordered for the lounge and people who used the service had chosen the colours they wanted.
- Signage around the home was good, clear and dementia friendly and helped people find their way around the premises.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Written consent for issues such as the use of photographs and the sharing of information was kept in care files and signed by the individual or their representative, as appropriate. Verbal consent was sought by staff when offering care and support.
- Care files evidenced good MCA assessments and clearly recorded best interests decision making, including input from all relevant parties. DoLS were in place for those who required them and were reviewed and re-applied for as necessary and any conditions were met.
- Staff undertook MCA training within their induction and refresher courses on a regular basis. Those we spoke with demonstrated a good understanding of the principles of the MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well cared for and supported. One person said, "I like it when they [staff] come to your room at night and ask if you are OK, do you need anything and wish you goodnight, that means a lot to me." Another person told us, "They [staff] look after me, they chat to me. They make up for family not being here." A relative said, "They [staff] are very caring. When [relative] is upset they sit with her and are responsive to her needs." A professional told us, "Staff are always really friendly, really caring."
- We observed staff throughout the day supporting people in a kind and encouraging way. Staff were cheerful and friendly and displayed a good knowledge of the people they supported; they handled equipment, such as hoists, efficiently and were courteous to both people who used the service and their families. Staff responded quickly to any requests for help and support.
- All staff were required to complete training in equality and diversity and were made aware of the service's commitment to treating people equally.

Supporting people to express their views and be involved in making decisions about their care

- There was a service user guide which included the service's philosophy, aims and objectives, services, policies, activities, complaints procedure and safeguarding information.
- Care files we looked at evidenced full involvement of people who used the service and their relatives in decisions around health and well-being and care and support offered.

Respecting and promoting people's privacy, dignity and independence

- We saw people were treated with respect and their dignity and privacy were respected at all times. Staff knocked on people's doors and waited to be admitted. They asked if people wanted assistance and respected people's wishes.
- People told us privacy and dignity were respected. One person said, "Yes they [staff] do [respect privacy and dignity], if people are nervous they put the screen up, we are treated with dignity."
- There was a dignity policy in place and this was included in the staff induction procedure. The service held an annual Dignity in Action day and a Dignity week. There were three dignity champions in place who were responsible for keeping up to date with good practice and ensuring other staff had all the relevant information.
- Staff promoted independence with encouragement and support. One person told us, "I can do so much, taking my clothes off, but I need help with buttons if they are fiddly and I need help getting into bed. I try to be as independent as I can."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were given choices wherever possible. One person said, "I like getting up early and they [staff] get me up in the morning, if I want to stay up I can."
- Care files included information about people's preferences, wishes and choices. We asked if people were aware of their care plans. One person told us, "Yes, there is a copy of it. Every night they [staff] bring it into my room to update it with what has happened that day."
- There were regular residents' and family meetings which were well attended. People told us, "Yes, we have one this afternoon to discuss Christmas decorations". We attended the meeting and heard lively discussions around meals, Christmas and New Year celebrations, events and activities. People contributed with suggestions around centre pieces for the tables and decorations.
- A monthly newsletter was produced which included birthday greetings, celebrations, upcoming events and activities and a word search puzzle.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs and methods of communication were outlined within their care files and included non-verbal cues and expressions.
- The service was able to produce information in large print, easy read or pictorial representations. Each individual's particular needs were taken into account and communication methods devised for each person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were documented in people's care plans, along with their reaction to the activities and the effect on their well-being.
- There was an activities coordinator and a number of outside visitors and entertainers attended the home. People told us, "We do all sorts of activities, we have the nursery children in, we play games, they bring their favourite toy and talk about it, we do movement exercises using a DVD, quizzes, bingo every Friday, singers, arts and crafts."

#### Improving care quality in response to complaints or concerns

- There had been no recent complaints, but the complaints procedure was clearly outlined within the service user guide. People told us if they had a concern they would speak to staff or the registered manager and it would be dealt with immediately.
- A number of compliments had been received by the home. Comments included; "I write on behalf of my family to thank you for the care, kindness and friendship you have shown my [relative] over the last two and a half years" and, "Heartfelt thanks for all the genuine love and care shown to [relative] and myself during [relative's] stay."

#### End of life care and support

- People had been encouraged to complete an advance care plan so that their wishes for when they were nearing the end of their life were documented.
- The home had previously held an accreditation for end of life care. Some staff had recently completed the Six Steps end of life training. Six Steps is the North West End of Life Programme for Care Homes. This means that people who are nearing the end of their life can remain at the home to be cared for in familiar surroundings by people they know and trust.
- Many thank you notes had been received from relatives whose loved ones had been cared for at the end of their lives respectfully, compassionately and according to their wishes.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a statement of purpose which outlined the aims, objectives and philosophy of care of the service, which was inclusive and aimed to ensure equality and diversity.
- Equality and diversity was covered in the staff induction and training was on-going. The registered manager led by example in treating people with kindness and compassion. Staff demonstrated an inclusive and respectful attitude.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was aware of their duty of candour and was open and honest with people who used the service, their families and other relevant agencies.
- All relevant policies and procedures were in place at the service and up to date.
- Notifications of significant events, such as serious injuries, deaths and safeguarding concerns, were submitted to CQC as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A recent residents' and families' meeting had included a discussion around a publication produced by Age Concern. This centred around lesbian, gay, bi-sexual and transgender people and their experience in residential and nursing homes and had been made available for people to read if they wished.
- The home welcomed visits from local religious groups for those who wished to take part in these activities.
- People felt the registered manager was approachable and accessible as her office was near to the entrance and they saw her each time they visited. A relative said, "Yes, we have chatted to [registered manager] and if there is anything on our mind we will chat to her." Another relative said, "[Registered manager] is certainly hands on, if they are short staffed on nurses she gets the uniform on and looks after people."
- Staff told us they were well supported by the management and felt confident to approach them about anything at any time.

Continuous learning and improving care

- We saw evidence of regular audits and checks throughout the home. The home was part of the Bolton Care Homes Excellence scheme, which aims to improve the health, care and experience of the people of Bolton.

As part of this, monthly quality assurance information was submitted, analysed and used to help improve care delivery at the service.

- Significant event analysis was completed following the death of any individual at the home. This allowed the service to look at what went well, what could have been done better and to learn how to improve practice in the future.
- Regular questionnaires were completed by visiting professionals, family members and people who used the service. We looked at the results of the most recent questionnaires. All were positive about all aspects of the care provided. Professionals comments included; "Staff always helpful and I feel we work well and in a coordinated way together" and "Staff are proactive. I feel able to discuss patients with them to find best care plan for them". Family members had said, "Everybody is welcoming friendly and caring to all residents" and, "Staff always listen".

#### Working in partnership with others

- The service worked well with other professionals and agencies. A visiting professional told us, "[The home is] really good. One of the better ones. They refer to us appropriately and follow our advice". Another visiting professional said, "My experience is that residents are happy. People placed here haven't wanted to leave. The registered manager is very efficient and if I ring I can get hold of her."
- The management attended monthly quality and safeguarding meetings held by the local Clinical Commissioning Group. These meetings were to share good practice with other homes and learn from them.
- The home's assistant practitioner had accessed the 'My Home Life' leadership support and development programme. This helped develop their management role and encouraged the sharing of good practice.