

# Western Health Care Limited

## Stroud House

### Inspection report

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### 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

### Care service description

Stroud House is a residential care home which provides accommodation and care for up to 25 older people, who may also be living with dementia. The home is in a rural location near Petersfield. There is access to gardens. At the time of this inspection there were 22 people living at the home.

### Rating at last inspection

At the last inspection, the service was rated good.

### Rating at this inspection

At this inspection we found the service remained good.

### Why the service is rated good

People were kept safe because arrangements were in place to protect them from risks to their health and welfare, including the risks of abuse. Arrangements were in place to manage medicines and comply with guidelines relating to the prevention and control of infection.

Staff received training and supervision to maintain and develop their skills and knowledge to support people according to their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were supported to maintain their health and welfare.

Staff had developed caring relationships with people they supported. People were encouraged to take part in decisions about their care and support and their views were listened to.

Care and support were based on assessments and plans which took into account people's abilities, needs and preferences. People were able to take part in leisure activities which reflected their interests. The service was responsive to people's concerns and ideas.

There was a warm, friendly and home-like atmosphere. Formal and informal systems were in place to make sure the service was managed efficiently and to monitor and assess the quality of service provided. The provider worked in cooperation with other agencies, and had an improvement plan to sustain the quality of care provided.

Further information is in the detailed findings below

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Stroud House

## Detailed findings

### Background to this inspection

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

The inspection took place on 5 November 2017 and was unannounced. A single inspector carried out the inspection.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with one person living at Stroud House who was able to share their experiences with us. We observed care and support other people received in the shared areas of the home, and spoke with three visiting family members who were closely involved with their relation's care and support.

We spoke with the registered manager and two members of staff. Other members of staff helped us with answers to individual questions about people's care and support.

We looked at the care plans and associated records of three people, including their medicines records. We reviewed other records, including the provider's policies and procedures, internal and external checks and audits, quality assurance survey returns, training, appraisal and supervision records, and recruitment records. The registered manager and registered provider sent us other records in the days following the inspection, including a fire risk assessment and follow up records.

# Is the service safe?

## Our findings

Visitors we spoke with were all satisfied their family members were safe at Stroud House. One visitor told us they had never had any concerns about safety.

Systems, processes, and staff training were in place to protect people from risks including avoidable harm and abuse. Staff knew about the risk of abuse, and how to report concerns. Staff were confident they would be able to raise any concerns and that concerns would be handled promptly and effectively by the registered manager.

There were risk assessments in place which covered both individual risks associated with people's care and support and risks associated with the premises and equipment. These were reviewed and updated regularly. Staff knew how to support people in line with their risk assessments.

There were sufficient staff to support people safely in the home and accompany them on excursions in the community. Staff told us their workload was manageable, and we saw they could carry out their duties in a calm, professional manner. The provider carried out the necessary checks before staff started work. Staff files contained evidence of proof of identity, a criminal record check, employment history, and good conduct in previous employment.

Arrangements were in place to receive, record, store and handle people's medicines safely and securely. Records were complete and filled in according to the provider's guidance. Staff explained to people what their medicines were for and made sure they took them as prescribed.

There were audits and checks in place to protect people against the risks of infection. The home was clean and there were no unpleasant odours. Staff took appropriate precautions, including protective clothing.

Records showed staff reported accidents and incidents. The registered manager reviewed these to identify possible areas where people's service could be improved. There were arrangements in place to pass on guidance about supporting people safely to staff.

## Is the service effective?

### Our findings

Visitors told us their family members received effective care and support. One visitor said Stroud House was "ahead of the curve" when it came to effective healthcare.

People's care and support were based on thorough assessments and plans designed to take into account all aspects of the person's needs. Senior staff visited people before they came to live at Stroud House to get a clear understanding of their needs. Assessments and plans were reviewed and updated regularly.

Staff were supported to obtain and maintain the skills they needed to care for people according to their needs. Staff were satisfied the training they received prepared them to support people effectively. There was an induction process for new staff based on the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life.

The provider supported people to eat and drink enough and to maintain a healthy diet taking into account their preferences and wishes. Assessments were in place where people were identified as being at risk of poor nutrition. Staff made mealtimes an enjoyable experience. Meals were appetising, and people were offered choices of menu.

People's care files contained "This is me" records which were designed to make sure other services received all the necessary information about their care. This meant information about the person went with them if they were transferred, for instance to hospital.

People had access to other healthcare services when needed. There were records of visits by GPs, district nurses, and other clinical specialists. People attended outpatient services and visits by sight and hearing specialists.

Visitors told us they appreciated the "comfortable and homely" atmosphere. There were areas where people could go outside safely if they wanted to, a separate activities room and a shared lounge and dining area. There was a certain amount of adaptation to assist people with their independence and needs, including signs with the person's name and photograph on their door, and items in the shared areas which could be used to prompt reminiscence.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes are called the Deprivation of Liberty Safeguards. The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005. The manager had applied for authorisation under the Safeguards where they considered a person might be deprived of their liberty. Where people had capacity and could communicate their wishes, staff were mindful of their responsibility to obtain consent to people's care.

## Is the service caring?

### Our findings

One visitor told us they thought staff were "unbelievably" caring and went "above and beyond", for instance by coming in on their day off if there was a special event at the home. Another visitor said there was always somebody for their family member to talk to if they needed emotional support.

We saw staff engaging with people in a friendly, cheerful way, explaining things to them, and encouraging and praising them. Staff made sure people could understand them by making eye contact and speaking clearly. Staff had time to engage with people and checked frequently if there was anything they could do for them.

There was a key worker system in place which meant people had an identified member of staff who made sure they were involved in decisions about their care and support. Staff were aware of ways to involve people. One person with hearing difficulties had guidance in their care plan so that staff spoke in a way that made it easier for the person to lip read. Other techniques which had been used included using signs and pictures to help people to make their views known.

Staff supported people to be as independent as possible, for instance by walking behind them when they moved around the home to guide them and intervene if necessary to keep them safe. There was a family atmosphere in the home which meant people were treated as individuals. When people needed support, the registered manager and staff responded immediately.

## Is the service responsive?

### Our findings

Visitors and one person using the service we spoke with were satisfied people's care and support met their needs and took into account their individual preferences and wishes. One visitor said staff automatically did the right thing and kept meticulous records. Another visitor said their family member's support was adapted to their preferred routine.

People received care and support which met their needs and took into account their wishes. The registered manager and staff knew people well and supported them according to their care plans and assessments. The registered manager monitored the care people received on a daily basis because they spent time on the floor assisting people.

People's wellbeing was maintained because they were supported to take part in activities and pastimes according to their interests and preferences. These included trips and excursions in the provider's minibus, arts and crafts which were used to decorate the home, and visiting domestic animals. Activities provided links to events outside the home, such as the poppy appeal, pumpkin carving for Halloween, and a firework party.

There was a complaints procedure in place. It had last been used more than a year previously. Visitors told us any concerns they had were listened to and acted on. One visitor told us the registered manager was approachable, and always listened.

The service had supported people to remain at the home during their last days. The registered manager told us they had drawn up individual care plans in consultation with the person's GP and a community nurse. Feedback from the relation of a person who had been supported at the end of their life commended staff for their compassion and respect for the person's dignity.

## Is the service well-led?

### Our findings

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 a clear vision to deliver personal and individual care in a home-like atmosphere. Staff spoke of Stroud House as people's home, where they were the visitors. Visitors described the home as comfortable and homely. Both visitors and staff described the atmosphere as happy.

The registered manager used formal and informal methods to make sure staff were aware of their responsibilities to deliver a quality service. These included team meetings, supervisions and appraisals. The manager involved staff in reviewing people's care plans. Staff told us they felt supported and listened to.

The registered manager involved staff, visitors and people using the service by means of surveys. As a result improvements had been made to the laundry service, and to the layout of the shared lounge and dining area. The surveys covered care practices, food and drink, the home environment, activities, and management. One comment read, "I have never had any doubt that Stroud House is the best care home for my father."

There were systems in place to learn and improve. The registered manager had an improvement plan which was supported by the registered provider. This included plans to appoint a staff dignity champion, and to make the environment friendlier for people living with dementia.

The provider worked with other agencies to provide support to staff where they needed to make reasonable adjustments under the Equality Act. The registered manager had a close working relationship with other healthcare services including GPs, community nurses and the community mental health team.