

Strathmore Care Home Limited

# Strathmore 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 well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Strathmore Nursing Home is a care home providing personal care to older people and people living with dementia. The service accommodates 32 people in one adapted building, over 3 floors. At the time of the inspection 28 people were using the service.

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

Systems for managing medicines were not always safe. Systems in place to monitor the running of the service were not always followed in a timely manner. Environmental risks were not always identified and mitigated effectively.

People's personal information was not always stored securely. Systems for ensuring staff competencies were not always in place. We made recommendations about management of staff and protecting people's personal information.

Staff were trained to recognise potential risks and signs of abuse. Risks to people's safety and wellbeing were assessed and reviewed by managers. Staff used personal protective equipment (PPE) appropriately when supporting people.

The provider had procedures in place to receive feedback on how to improve support. Lessons were learned when concerns were raised, and these outcomes were communicated to staff. Staff worked well in partnership with other agencies to deliver effective support.

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.

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 and update

The last rating for this service was good (published 7 January 2020).

### Why we inspected

We received concerns in relation to the management of medicines and staff competencies. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of

this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of the full report. The provider has taken action to mitigate the risks identified.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Strathmore Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to managing medicines safely, environmental risk management, and the good governance of the service at this inspection.

We have made recommendations about improvements in monitoring of staff and the storage of personal data.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by an inspector, a medicines 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 and/or personal care as a single package under one contractual agreement dependent on their registration with us. Strathmore Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

What we did before the 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the nominated individual, and 4 support staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with 7 people receiving support and 6 relatives. We reviewed 3 people's care records and spoke to 2 visiting health professionals.

We reviewed records and audits relating to the management of the service. We asked the registered manager to send us documents before and after the on-site inspection. These were provided in a timely manner and this evidence was included as part of our inspection.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely. Staff administering medicines had not all had their competency checked to ensure they were safe to do so.
- Instructions for medicines given when required were not always available and when they were present, they did not contain person- centred information.
- Topical medicines had body maps in place to instruct staff where to apply, however staff did not always record when creams had been applied, so we could not be assured they were applied as prescribed.
- Medicines administration records (MAR) charts used to record the administration of medicines were not always completed by staff. For one person who was prescribed a weekly medicine we saw this was not always given on the same day. We could not be assured medicines were administered as prescribed.
- Thickening powder was not being stored safely and staff were not always accurately recording when thickener powder was added to drinks for people at risk of choking and aspiration. For one person we found thickening powder was being added to their drinks but there was no information available stating this was prescribed for them.
- Temperature monitoring of areas used to store medicines was not always being completed. When staff had recorded a temperature was out of the recommend range, there was no evidence staff had completed any actions to rectify this.

We found no evidence people had been harmed. However, medicines were not always safely managed which placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- Assessments of the risks to the health and safety of people were not always in date or reviewed.
- The service did not have a recent fire risk assessment completed by a relevant professional. Whilst it had been reviewed regularly, the last fire risk assessment was written in 2017. We noted there had not been any significant structural changes such as an extension.
- The registered manager did not always ensure environmental risk assessments were in date, reviewed, and relevant. Environmental risk assessments were written in 2004 and had not been reviewed since 2014.

We found no evidence people had been harmed. However, the assessment of health and safety risks were not always safely managed which placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider ensured regular maintenance and servicing of fire safety systems, gas, electrical systems, and equipment. Appropriate fire testing took place, and the fire exits were clearly marked and accessible.
- The provider had systems and processes in place to identify risks associated with people's care and support needs and actions were in place to reduce risks occurring.

#### Staffing and recruitment

- Whilst the provider had systems in place to ensure staff had the qualifications, competencies, skills and experience to delivery care safely, these were not always followed.
- The registered manager did not always complete competency checks in a timely manner to ensure staff were providing safe care.
- Whilst staffing requirements were calculated based on occupancy levels and people's dependency needs, the provider did not have a consistent dependency tool in place to support the registered manager to review people's needs appropriately. After the inspection the service sent evidence this had been rectified.
- We noted there was no impact of harm on people at the time of the inspection.

We recommended the provider consider current guidance on safe staffing levels and competencies and take action to update their processes accordingly.

- Staff were recruited safely by the provider, and all relevant checks had been carried out prior to them commencing their employment.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes to make sure people were protected from abuse. These were made available to staff and others.
- Staff completed safeguarding training as part of their induction and received regular updates. Staff understood their responsibilities for protecting people from abuse and for reporting any concerns they had about people's safety and treatment.
- Allegations of abuse were reported without delay to relevant agencies and there was good partnership working with them to make sure allegations were investigated.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- No restrictions were in place regarding visiting. We observed safe visiting arrangements were in place which helped to minimise the risk of the spread of infection.

#### Learning lessons when things go wrong

- The registered manager recorded and investigated concerns in a timely manner to keep people safe.
- Lessons learned were shared with staff to reduce the risk of issues reoccurring and to improve the quality of care provided.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's processes were not always robust in providing tools to enable staff and managers to complete their role effectively.
- The auditing systems for medicines and risk assessments were not effective in monitoring processes to identify risk. For example, fire and environmental risk assessments were out of date and this had not been picked up by the provider.
- Quality monitoring checks by the registered manager did not always lead to actions to address issues raised. For example, staff administering medicines had not all had their competency checked to ensure they were safe to do so.

Systems and processes to monitor the safety and quality of medicine administration and health and safety risks were not always robust. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- We reviewed the quality systems for safeguarding, complaints, and incidents and found relevant actions were followed up appropriately, in line with the providers quality audit processes.

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; Continuous learning and improving care

- The provider did not always take the right steps to protect data and identify risks to privacy.
- Some people's care records were not always stored securely when not in use. This had the potential to allow people to have access to personal information they were not entitled to.
- We noted there was no impact of harm on people at the time of the inspection.

We recommended the provider consider current guidance on data protection and take action to update their processes accordingly.

- The registered manager understood their responsibility under the duty of candour and was open and honest when accidents and incidents occurred.
- People were supported to access the complaints procedure, and details of investigations and outcomes of complaints made, were shared on a need-to-know basis.
- People felt comfortable raising concerns with managers and were confident they would be listened to.

One person said, "I cannot fault staff. I have never had to complain but I know the [registered] manager would sort it out if I needed them to."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people about their care and support needs and worked in partnership with others including people's relatives, staff members and health and social care professionals.
- The registered manager and staff created an open and positive culture at the service, which was person-centred and achieved meaningful outcomes for people.
- Relatives felt staff and the registered manager were engaging and responsive. One relative told us, "The registered manager is very good; he listens and acts upon things straight away."

Working in partnership with others

- The registered manager worked closely with other health and social care professionals to ensure people received consistent and timely care. District nurse and speech and language therapist referrals and input were in place as appropriate.
- The registered manager raised any relevant concerns with the local authority and CQC where appropriate and we saw evidence of audits of people's specific needs such as falls, fluid and nutrition, and repositioning charts.
- Healthcare Professionals felt the service was well-managed. One healthcare professional told us, "The registered manager is very responsive; referrals are completed appropriately, and staff have a good knowledge of people's care needs and health status."

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment <ul style="list-style-type: none"><li>● Medicines were not always safely managed which placed people at risk of harm.</li><li>● Assessment of health and safety risks were not always safely managed which placed people at risk of harm.</li></ul>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance <ul style="list-style-type: none"><li>● Quality monitoring checks were not consistently carried out and did not always lead to actions to address issues raised.</li><li>● The auditing systems for medicines were not used effectively in monitoring the safety of medicine administration processes to identify risk.</li></ul>