

Stretton Care Limited

# Stretton Nursing Home

## Inspection report

Manor Fields  
Burghill  
Hereford  
Herefordshire  
HR4 7RR

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Tel: 01432761066

Website: [www.strettonnursinghome.co.uk](http://www.strettonnursinghome.co.uk)

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Stretton Nursing Home is a residential care home providing personal and nursing care to up to 50 people. The service provides support to older people with dementia. At the time of our inspection there were 26 people using the service.

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

Medicine records and checks were not always sufficient, detailed or recorded. Risks were not always identified and mitigated. The provider had effective safeguarding systems and processes in place to keep people safe. The number of experienced and knowledgeable staff was sufficient to meet people's needs. Staff followed the infection control procedures the provider had in place. Incidents and accidents were monitored, and lessons were learned when things went wrong.

The provider's systems and processes to provide oversight of the service delivery were still in development. The provider had improved their relationship with external professionals. A positive person-centred culture was promoted, and the manager promoted learning and development.

People's needs and choices were assessed, and care was reviewed regularly. The staff team received regular refresher training to meet people's needs. People were supported to eat healthily and drink fluids to maintain their health. People were supported to access healthcare services and activities to promote their wellbeing.

Care was person-centred with people's privacy, dignity and equality maintained. People were involved in their care and supported to express their views. The staff made every effort to get to know people and understand what was important to them.

Care was personalised, and people were supported to effectively communicate their needs and preferences. The provider had a complaints procedure in place to manage and respond to any complaints they may receive. People were supported to maintain relationships with their families and to engage in activities that interested them.

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 requires improvement (Published 19 December 2019).

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### Follow up

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 effective?

The service was effective.

Details are in our effective findings below.

**Good** 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Requires Improvement** 

# Stretton 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.

#### Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Stretton 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. Stretton 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 the Care Quality Commission 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 not a registered manager in post, there was a manager in place who had recently applied for registration with CQC.

#### 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 (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 5 people who lived at the home and 9 people's relatives. We also spoke with the manager, the senior care co-ordinator, 2 registered nurses, the chef, 1 laundry assistant, 1 care assistant, an external professional, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at the care records for 5 people and multiple medicines records for people living in the home. We checked the care people received matched the information in their records. We looked at records relating to the management of the service, including audits and recruitment checks carried out within service.



# 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 requires improvement. At this inspection the rating for this key question has remained 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.

Our last inspection found systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12, however there were further improvements needed.

### Using medicines safely

- Aspects of medicine management required improvement. Administration times of 'time sensitive' medicines were not always recorded. Nursing staff were able to tell us the required times of these medicines and told us medicines were administered on time. We found no evidence people had not received their medicines on time. The manager immediately implemented a new system to record the exact administration times of these medicines.
- Checks to ensure Patch medicines that staff applied to people's skin remained in place as prescribed were not recorded. Staff checked transdermal patches regularly to ensure they remained in place. The manager and quality improvement nurse were aware of this and were implementing a system to record regular checks of people's transdermal patches on their new electronic system. We found no evidence people had not received their medicines as prescribed.
- Our last inspection found gaps in medication administration records. During this inspection medication administration records were accurately completed.
- Protocols for 'as and when required' medicines were very detailed and included clear reviews of the medicines when they had been required. Medicine ordering and checking procedures were robust with accurate stock records.

### Assessing risk, safety monitoring and management

- Aspects of risk management required improvement. The manager had not identified all potential environmental risks to people. We found some windows did not have window restrictors in place to prevent falls from height and some wardrobes were not secured to the wall. The manager took immediate action to order the required window restrictors and immediately secured the wardrobes to the walls during our inspection to ensure they did not topple over and hurt people.
- Individual topical cream risk assessments had mistakenly been archived before they were added to the new electronic medication system. The manager immediately retrieved peoples archived assessments, which were accurately detailed, and added to the electronic system. Staff were aware of the risks associated

with topical creams that contained flammable ingredients and knew how to manage them to keep people safe.

- Individual risk assessments met the specific needs of people to keep them safe. For example, we saw assessments to manage diabetes and skin integrity risks contained the information staff needed to provide safe care.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they were safe in their home. One person told us, "I'm happy here, I feel safe and know the staff well."
- The provider had clear safeguarding and whistleblowing systems which the staff knew how to effectively use to keep people safe.
- The provider and manager had reported safeguarding concerns to the local authority, when necessary, in line with their policy.

Staffing and recruitment

- Our last inspection found there was not always sufficient numbers of staff on duty. This inspection found there were sufficient staff on duty to meet people's individual needs.
- People told us there was a sufficient number of staff to meet their needs and keep them safe. One person told us, "If I press the call bell they (staff) come quickly."
- The provider continued to recruit staff safely through the requirement of references and application to the Disclosure and Barring Service (DBS). A DBS check enables a potential employer to assess a staff member's criminal history to ensure they were suitable for employment.

Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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

- In line with current government guidance there were no restriction placed on visiting and visitors could access the home freely.

Learning lessons when things go wrong

- The provider had implemented a new procedure to review and analyse accident and incident records for reportable incidents as well as identify any trends so action could be taken to reduce the risk of avoidable harm.



- Staff told us any actions taken following incident and accident analysis were shared with them at handover, team meetings and updates to risk assessments.
- Learning opportunities were shared with staff via staff meetings, discussed in staff supervision, staff meetings and by staff memos. One member of staff told us, "Previously we had issues with communication, but this is better now."

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Training and induction for staff had improved since our last inspection. A training programme was in place to continually develop staff knowledge and skills. The manager told us they were addressing any gaps in staff knowledge as a priority.
- Staff told us they received an induction and were required to complete a range of training which the provider considered mandatory including the Care Certificate. A staff member said, "I complete regular training and I am up to date with everything." The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- People told us they had consistent staff supporting them who knew their needs. One person told us, "I like it here, I see the same staff here mostly and I get on well with them,"

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

- People's nutritional, skin and mobility needs were assessed using evidence-based tools to identify risks which informed staff how to manage people's care.
- The manager completed an initial assessment of people's needs before the service began to provide support. The outcome of the initial assessment informed people's care plans and risk assessments to ensure their needs and protected characteristics, as required by the Equality Act 2010 were met as soon as they began receiving the service.
- People's preferences and choices were promoted by staff on a daily basis. One person told us, "I'm happy staying in my room, I like my room." Another person said, "I sit out in the lounge every day, I like to take part in activities, I love flower arranging."

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

- People were involved in choosing their food menus. They were supported to choose healthy food options and what they would prefer to drink throughout the day. One person told us, "I recently asked the chef to cook liver and onions, [Chef] made it, it was lovely."
- The chef and care staff understood people's dietary needs and meals were prepared and served in line with people's needs and preferences.
- Staff received training in food hygiene and safety to ensure meals were prepared safely. Staff maintained records of what people ate and drank to ensure people ate a healthy balanced diet and maintained hydration

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

- Staff worked closely with people's GP's and district nurses. Advice and input from healthcare professionals was included in people's care plans.
- People were supported to access healthcare services and activities to promote their wellbeing.
- The manager told us when needed they made appointments for people to visit healthcare professionals and supported them to do so, though most professionals visited people in their home.
- Staff identified when people's health deteriorated and informed relatives and sought medical advice from relevant health professionals. Information about people's care was recorded on an emergency grab sheet which reflected their current needs, this was available for health professionals to use in an emergency.

Adapting service, design, decoration to meet people's needs

- The home was undergoing significant improvement work to redesign and adapt the environment to be more modern and functional to the needs of people. The improvement work was also being undertaken to make the home safer.
- People were encouraged to personalise their bedrooms with photographs, furniture and other personal possessions. A relative said, "They have recently updated all the fire alarms, [relative's] room has just been decorated, [relative] has new carpets and they allowed us to personalise the room."

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- All staff we spoke with had a good understanding of the principles of the MCA and people were supported wherever possible to make their own decisions, in line with the MCA principles.
- DoLS applications had been made when required to keep people safe. Any conditions associated with their DoLS authorisations were identified in people's care plans and there was clear guidance for staff.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

- At our last inspection the provider had not understood the importance of ensuring staff had time to provide compassionate support when people needed it. This inspection found improvements. Staff had the time to spend with people and the provider had employed activity staff who spent time with people undertaking activities of interest to them.
- People were treated well and respected by the staff. One person said, "It's a very nice home, nice people and I have lovely room. Staff are reassuring and make me feel at home."
- The staff and manager promoted compassion, empathy and respect to people living in the service.

Respecting and promoting people's privacy, dignity and independence

- Our last inspection found people did not consistently have their dignity respected. This inspection found improvements had been made and people received care and support that respected their privacy and dignity. Staff spoke respectfully about how they maintained people's dignity when providing personal care. One person told us, "Staff do respect my privacy and dignity, staff do talk with me and tell me what they are doing."
- Relatives spoke positively about how staff respected and promoted their family member's dignity and privacy. A relative told us, Staff are very friendly, and they make me feel part of the family so to speak. We made the right choice choosing this home for sure." Another relative said, "[Staff] knock on [person's] door and always say hello to [person]. [Staff] always seem very pleasant."
- Staff treated information about people confidentially. Staff had received training in data protection and all records relating to people were kept safely locked away. Records could only be accessed by those who had permission to do so.

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

- People told us they were supported to express their views and make decisions about their care. We observed staff asking people if they would like to join the activities available and what they would like to eat and drink.
- Wherever possible, people and their relatives were involved in planning their care. A relative told us, "We were asked our views on care for [person], the transition has gone really well, and we are really happy so far."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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 received care and support that met their needs. People and where appropriate, their relatives were involved in their care planning. One relative told us, "We had a facetime care plan meeting. When we did that, I was saying we need to get him out of his chair, and they did that. Since then, [care plan] has been rewritten as his circumstances have changed."
- Our last inspection found the management team had identified care planning documents were not suitable to support staff to provide person centred care. This inspection found people's care plans were reflective of people's current needs, including their protected characteristics, for staff to provide person-centred care. The plans were comprehensive, covering all aspects of people's lives such as health, independence, goals, skills and abilities, and guided staff on how best to support people.
- The management team had introduced a new electronic recording system which provided staff with improved access to people's care plans. The management team used their new system to regularly review people's care plans and update them as needs changed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The management team were aware of the accessible communication standards, and there was clear direction for staff about people's communication needs.

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

- People told us their family relationships and friendships were promoted by the manager and staff team. One person told us, "My [family] visit regularly."
- People enjoyed the activities that were available to occupy their time. Activities co-ordinators knew people's interests and encouraged and arranged both group and 1 to 1 activities that were of interest to people. For example, bingo and planting flowers. One person told us, "I go to communal areas for singing and dancing. I like ping pong, we play games day once week, enjoy movie and hot chocolate night." Another person said, "I have my hair done on a Thursday. We had a get together for the coronation which I enjoyed."

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

- The provider had a complaints policy in place. The manager had a system for reviewing complaints and responding to concerns.
- People and their relatives told us they knew how to make complaints if they needed to. One relative told us, "I haven't found anything wrong to complain about." Another relative said, "I have only had one issue, [manager] was very apologetic and I was assured they were putting procedures in place."
- We saw where complaints had been investigated and the complaints policy was followed by management team.

#### End of life care and support

- At the time of inspection, staff were supporting end of life care. The plans for this care placed the person at the centre of their care, ensuring their wishes, and family's wishes, were at the forefront of the service 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 inadequate. 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.

At our last inspection there was continuous systemic failure in the effectiveness of governance systems. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17, however there were further improvements needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- Our last inspection found the provider failed to have systems in place to oversee the clinical governance at the home. This inspection found improvements had been made. A new manager was in place and the provider had employed a quality improvement nurse. Together they had implemented new audit systems and supported nursing staff to further develop their skills and abilities through training and supervision.
- The new manager had implemented audit systems as part of the new electronic system they had introduced to the home. These audits required further development to be effective and provide sufficient oversight of medicines and environmental risks. For example, audits had not identified the need to record the administration time of 'time sensitive' medicines or that some windows did not have restrictors fitted.
- Our last inspection found the provider had failed to take action when shortfalls were identified by other professionals. This inspection found the provider worked closely with other professionals and the manager took action where needed following meetings and consultations. A professional said, "The manager and the staff are far more transparent, and the staff are much more empowered and clearer on what they are doing and how they are managing people's needs."

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

- People and relatives, we spoke with were positive about the service they received. A person said, "It's nice living here, I have no complaints at all." A relative said, "We have no problems with the care at all. [Relative] appears happy and settled. We are happy with the home and the care." Another Relative told us, "I can't praise them enough. It still has the feeling of being a lovely family care home. It's just a nice place, it's where I'd want to go."
- The manager promoted a positive culture where they supported and empowered their staff team. A staff member told us, "[Manager] is the best manager we have had, [manager] is getting things done. I really

enjoy it here; my mum is moving here soon."

- Staff felt able to raise concerns with the manager without fear of what might happen as a result. One staff member said, "[Manager] is a really supportive manager, [Manager] has given me so much confidence, they have offered me so much advice and support."

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

- The manager understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The manager was working in accordance with this regulation.

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

- We found the staff and manager involved people in their care. For example, regular meetings were held with people for their views to be heard.
- Regular meetings and supervisions with staff were held where they were updated on developments and received feedback. Staff were encouraged to be involved in the development of service delivery.
- People and relatives were encouraged to input to the development of the service through residents' meetings and surveys.

Continuous learning and improving care

- Our inspection findings show lessons had been learnt and improvements had been made since our last inspection to benefit people. The manager was invested in continuous learning and improving care. The manager had clear detailed improvement action plans they were working towards.
- The manager told us they have recently moved to an electronic records system and are considering moving to an electronic medicine system to add additional safeguards and more robust recording of people's medicines.