

Aura Care Living LTD

Stratton Court

Inspection report

Gloucester Road
Stratton
Cirencester
GL7 2LA

Tel: 01285283132

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29 November 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 26 and 29 November 2018 and was unannounced.

Stratton Court 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. At the time of our inspection Stratton Court was not providing nursing care.

Stratton Court accommodates sixty people in one adapted building. At the time of our inspection visit there were four people using the service.

Stratton Court did not have a registered manager in post. The current manager's intention was to apply for registration. 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.

Safe recruitment procedures were not always followed before staff were appointed to work at Stratton Court.

Risks to people receiving care had not always been assessed and plans put in place for staff to follow.

Effective systems were not always operated to monitor and improve the quality of care people received.

Improvements were needed to ensure when decisions about people's care were made on their behalf the principles of the Mental Capacity Act 2005 (MCA) would always be followed.

Peoples medicines were safely managed although some improvement was needed to managing medicines for occasional use.

There were sufficient staff to meet people's needs. We found the environment of the care home was clean and had been well maintained.

Staff received training and had the knowledge and skills to carry out their roles. People were supported to eat a varied diet.

People received support from caring staff who respected their privacy and dignity. People received individualised care to meet their needs. Staff were positive about the support they received from the new manager.

Further information is in the detailed findings below. We found breaches of The Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risks to people had not always been assessed to ensure guidance was available to support staff to mitigate these risks.

People had received their medicines as prescribed but improvement was needed to ensure guidance relating to people's occasional medicines would be available to staff.

There were sufficient staff to meet people's needs. Safe recruitment procedures were not always followed before staff were appointed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Improvements were needed to ensure when decisions about people's care were made on their behalf the principles of the Mental Capacity Act 2005 (MCA) would always be followed.

People were supported by staff who had the knowledge and skills to carry out their roles.

People had access to a varied diet and their nutritional and hydration needs were met effectively.

People could access healthcare services and specialist services when required.

Is the service caring?

Good ●

The service was caring.

People benefitted from positive relationships with the staff.

People were treated with respect and kindness.

People's privacy, dignity and independence was understood, promoted and respected by staff.

Is the service responsive?

Good 

The service was responsive.

Peoples care was individualised and met their needs and preferences.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

Is the service well-led?

Requires Improvement 

The service was not consistently well led.

People were supported by a service that used quality assurance processes to improve the service people received. However, improvement was needed to embed these systems and ensure they would be effective in identifying shortfalls and driving improvement.

The manager promoted a positive culture that was open, inclusive and empowering that achieved good outcomes for people.

Staff told us that the new manager was supportive and they were making improvements to the service.

Stratton Court

Detailed findings

Background to this inspection

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

This inspection took place on 26 and 29 November 2018 and was unannounced. This was the first inspection of the service. The inspection was carried out by an inspector and an inspection manager. We spoke with two people who used the service, the manager, three directors, the maintenance manager, the cook and three members of care staff.

We reviewed records for four people using the service and looked over the premises of the care home. We examined records relating to staff recruitment, training and the management of the service. Before the inspection, we reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

Is the service safe?

Our findings

People were at risk of being cared for by unsuitable staff because safe recruitment procedures were not always followed before staff were appointed to work at Stratton Court. We looked at recruitment files for three members of staff. While one had been recruited safely there were shortfalls with the recruitment of the two other staff. One member of staff had been employed using a DBS from a previous employer which had relevant information included. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. The information had not been assessed in relation to any risk to people using the service before the applicant was employed. The registered manager told us the staff member was working under supervision while a new DBS was being sought. The two staff had previous roles working in care services. There had been no attempt to gain information about the staff's conduct in some of these roles and the reason for leaving these roles were not verified.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safety checks were completed routinely to ensure equipment used by people would remain safe to use. Where people required the use of equipment and aids such as hoist, shower chairs and toilet chairs staff received moving and handling training to equip them with the necessary knowledge and skills to use these safely. For example, in the case of moving people with the aid of a hoist staff had been trained in safe moving and handling techniques. The knowledge of staff was demonstrated during the inspection, with regard to their awareness of and raising a potential issue for referral to an external healthcare specialist. However, people's care plans did not always include, comprehensive information to show how risks to people when using equipment had been assessed and reviewed. Guidance had not always been made available to staff to know how to support people with the use of their individual equipment safely if they did not know people well. This placed people at risk of receiving unsafe care.

Some people required medicines to support them to occasionally manage their health or behaviour to reduce the risk of harm to themselves or others. Protocols were not in place for staff to follow when these medicines might be required and what action to take if the medicines were not effective. This meant that 'as required' medicines might not be administered appropriately or other methods for de-escalating people's anxiety might not consistently be explored before medicines were used. Guidance in relation to people's occasional pain medication was also not in place.

We found there had been some delay in drawing up a risk assessment for one person in relation to their risk of falls and another person's risk of choking. The manager took immediate action to complete these.

Risks to people receiving care had not always been assessed and plans put in place for staff to follow. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at Stratton Court. One person told us "I always feel safe because staff will help me if needed." Each person also had a Personal Emergency and Evacuation Plan (PEEP) in place so that staff knew about people's physical constraints and what to do in case of a fire or evacuation from the building.

People were protected from the risk of abuse because staff had the knowledge and understanding around how to safeguard people. Staff had attended training in safeguarding adults and had good knowledge of the service's safeguarding procedures. Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

People were protected from risks associated with the environment of the care home such as legionella, fire, water temperatures, call bells and equipment through checks and management of identified risks. A plan was in place to deal with any emergency that may affect the delivery of the service.

Adequate staffing levels were maintained. The manager explained how the staffing was arranged to meet the needs of people using the service. Agency staff had not been used for four months which meant people were always cared for by staff familiar with their needs.

The latest inspection of food hygiene by the local authority for the care home in November 2018 had resulted in three out of a possible total of five stars. A re-inspection of the food hygiene arrangements was expected. Regular infection control audits were completed. We found the environment of the care home was clean and had been well maintained. Regular checks were made and recorded on the cleanliness of the care home environment.

A system was in place to investigate accidents and incidents and the manager could describe the actions taken following each recorded accident or incident. The manager was looking for a suitable format to record any actions taken following such incidents to ensure staff could refer to action taken when reviewing their effectiveness in reducing recurrences.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who 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 capacity to make decisions, any made on their behalf must be done so in their best interests and in the least restrictive way possible. A person 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DOLS).

Whilst we saw that staff asked for people's consent before carrying out tasks, staff and the manager were not always clear in their responsibilities to complete mental capacity assessments and best interest decisions to meet the legal requirements of the MCA regarding consent. For example, there was a copy of a 'do not attempt resuscitation' form (DNAR) for a person that had been signed by their relative but, there was no evidence that the relative had the legal power to do so. Staff told us this person had variable mental capacity. However, no mental capacity assessment had been undertaken for this person in relation to this decision or other decisions about their care to ensure that staff would know how to support them to enhance their decision-making ability.

The provider had identified that their mental capacity assessment process required improvement prior to our inspection. The manager told us they will be working with the local authority to address the inconsistencies we found and to gain clarity about their role and responsibilities in completing mental capacity assessments. This was an area that required improvement.

People using the service were supported by staff who had received training for their role. Staff had received training such as, person centred care, moving and handling, basic life support and communication. Records of staff training confirmed this. One person told us the staff were "very competent".

All staff were still completing their induction and they told us the guidance and training they had received were sufficient to enable them to undertake their roles effectively. They told us they had regular one to one meetings with the manager to monitor their progress. One staff member told us "There is more than enough support. The manager is always available if I have any questions". Another staff member said "The manager knows people well so will provide support and help if I need it." There was a staff supervision and annual appraisal plan in place for when staff had completed their induction.

People had enough to eat and drink throughout the day and their nutritional needs were being met. A choice of meals was provided and the menu changed every two weeks. One person told us they felt the standard of the meals had declined. The provider was in the process of recruiting a new cook who will be reviewing the menus with people. Catering staff 's could describe people's preferences and how they would ensure people received the meals they enjoyed. They were also familiar with people's dietary requirements and how food needed to be prepared for people at risk of choking.

People were given time to eat and were not rushed in any way. There was some social interaction and the setting was very pleasant and like an ordinary home. Where people's weight was a concern regular weight monitoring had not always taken place. The manager had identified this shortfall and at the time of our inspection people had been started to be weighed again.

The physical environment at the home was tastefully decorated and comfortable. The provider told us they wanted to create a high standard of living for older people. There was a spacious lounge and entertainment area where people could meet their relatives away from the communal areas. There was also access to an outside space and some of people's bedrooms had doors that opened onto the gardens.

Some adjustments would need to be made to ensure the facilities were always suitable to meet the physical and specialist needs of the people who might live there in the future and make more suitable to promote people's independence.

Is the service caring?

Our findings

People had developed positive relationships with the staff. One person commented, "They are attentive, they check I'm alright". Throughout our inspection, staff referred to people with kindness and affection. Staff understood the small things that made a difference to a person's day for example, supporting them to have breakfast in bed because this gave them pleasure.

People's privacy, dignity and independence were respected. Staff knocked on people's door and waited for a reply before entering their bedrooms. People living with dementia were encouraged in a gentle manner to do things and staff were aware of the need for patience. One staff member told us "We know when people feel anxious and how to approach them so that we do not need to resort to medicine to keep people calm."

People were supported to maintain their family and close relationships. One person told us how their family and guests were always made to feel welcome.

People were involved in decisions about their care on a day to day basis. Staff offered to help people, talking to them by their name. They asked people what they wanted before carrying out a task, for example when helping a person to use the toilet or whether a person wanted something to drink. People were confident that staff would do what they asked and would respect their choices. We heard of several examples how staff supported and advocated people's decisions relating to how they wanted to manage their health and where they wanted to live.

At the time of our inspection visit, there were no people using an advocacy service at Stratton Court. Advocates help people to express their views, so they can be heard. The manager did not have current information about suitable advocacy services but knew where to obtain this and had liaised with the local authority when this was needed.

Is the service responsive?

Our findings

People told us that staff knew them well and provided care that met their preferences. One person told us "They know I like my own company and let me be." Another person's care plan noted that they liked their bedroom door left open and we saw staff ensured this happened. A handover meeting was held at the change of each shift so staff would be up to date with people's changing needs. Staff we spoke with were familiar with people's needs and had identified when people's needs changed and appropriate health care professionals had been contacted for guidance. For example, when one person had fainted, staff were concerned that they might be de-hydrated and contacted the GP promptly.

Due to the low occupancy at the time of our inspection visit, formal organised activities were not taking place. People pursued their own interests individually such as crosswords, watching television, shopping or using the cinema room in the care home. People had access to local religious services and we heard from staff how people had benefitted from this.

The manager was aware that the range and availability of daytime activities for people was an area that required further development as the service grew to ensure activity plans would be implemented to meet people's social and recreational needs.

People's individual needs were met in other ways. For example, people's rooms were personal to them and adapted to their wishes with their home effects and photos. Whilst the room fixtures and fittings were the same people's bedding was individual. One person spoke highly of the position of the room that they chose and told us. "I like it here because I can sit here and look at the garden. Staff fill the birdfeeders so I can look at the birds."

People were cared for at the end of their life with the support of local health services. Staff had received training in end of life care with additional training planned. Positive comments had been received from a family of a person who had received care at the end of their life.

There were arrangements to listen to and respond to any concerns or complaints. One of the two complaints received was still under investigation at the time of our inspection visit. Information about how to make a complaint was given to people and their relatives when they moved in to Stratton Court.

Is the service well-led?

Our findings

The vision of the service was described as, "To put our residents at the heart of everything we do". The registered manager described the challenges of running a new service particularly the recruitment and retention of staff. The manager was working to fill empty beds at the care home, planning to re-establish nursing care and was building a relationship with the local care home support team. The manager had contacts with local hospitals with a view to offering beds to people preparing to leave hospital.

The manager was accessible and approachable for people using the service and staff. Staff were complimentary about the manager's leadership. In order to keep in touch with how the needs of people using the service were being met, a copy of the twice daily shift handover was sent electronically to the manager.

At the time of our inspection, Stratton Court did not have a registered manager in post, the previous registered manager having left. 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 current manager was planning to apply for registration to ensure the provider met their regulatory responsibilities.

Systems to check and improve the quality of the service provided were in place but required some improvement to be effective. A range of audits were completed on areas such as medicines, wheelchair safety, care and dining. The manager described how the audits were still under development and relevant staff were receiving guidance in completing these. Shortfalls had not always been identified and when identified had not always resulted in sustained improvement. For example, a medicine audit completed on 13 October 2018 had not identified that people's occasional medicine records required improvement and that handwritten medicine records were not always double signed as per good practice guidance. This audit had identified that medicine room and fridge temperatures were not always recorded however we found that further improvements to temperature records were needed. Care plan audits were completed but had not identified that people's equipment had not always been assessed for safe use. Care plan audits had also not identified that improvement was needed to ensure people's care records would be reviewed routinely and would include comprehensive information about, for example, people's choking risks when receiving respite care. This meant prompt action had not always been taken to address shortfalls in the service and the risk of these to people.

The provider did not always operate effective systems to monitor and improve the quality of care people received. These concerns were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

A director of the registered provider had completed an audit visit and report with another audit planned for December 2018. In addition, a visit and report had been completed by a representative of an associated care provider examining areas of the service provided. The manager was working on a service improvement plan

which was shared with us following our inspection visit. This covered areas such as staff training, medicines management and nutrition management.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with people's care and treatment).

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people receiving care had not always been assessed and plans put in place for staff to follow.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always operate effective systems to monitor and improve the quality of care people received.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People using the service were not protected by the operation of safe staff recruitment procedures.