Mr & Mrs P E Pigott

Strand House Residential Care Home

Inspection report

The Strand
Starcross
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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

The inspection took place on 11 January 2017 and was unannounced. We last inspected the service in April 2014 and found it was compliant with the regulations. There were no breaches at the time of the previous inspection in April 2014 which was done under the previous set of standards. The inspection was carried out by one adult social care inspector.

Strand House is a very small residential care home which is registered to provide personal care for up to eight people over the age of 65 years. It does not provide nursing care. The home has been run as a family business for the last 28 years. The provider, who was also the registered manager, lived at the premises with her husband, who was also the maintenance person.

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.

At the time of the inspection, there were four people using the service and three vacancies.

Strand House was warm, clean and welcoming and had a very calm, peaceful atmosphere. People living there said they were content and felt safe and happy. The service is located in a small village and was actively involved with village activities such as the local schools' Harvest Festivals. Many relatives visited daily. They spoke highly of the care and support their relatives received at the service. ne person said, "Strand House is a lovely home. The staff are lovely … very caring and nothing is too much trouble."

Strand House was decorated and maintained to a very high standard. The open plan kitchen dining room had the feel of a home kitchen, where people were able to see the food being prepared and talk to the cook when eating. This was also the registered manager's own kitchen and she ate meals with people living there most days. This meant people could communicate directly with the registered manager and develop close relationships. People were also enabled to take part in activities such as cooking, baking and jam making.

Staff understood people's needs and supported people in a way which respected their wishes and preferred routine. People were protected because staff understood how to identify potential abuse and how to report this. Care and support was well planned to ensure every aspect of people's needs was met and any risks were identified. People's medicines were safely managed and people were supported to eat and drink a good range of healthy homemade food.

Staff recruitment processes ensured only staff who were suitable to work with vulnerable people were employed. New staff went through an induction programme. Staff felt valued and that they had sufficient training and support to do their job effectively. All staff were supported by having one to one supervisions and appraisals with the registered manager to help identify good practice and areas of learning.

The registered manager had a good understanding of the Mental Capacity Act 2005 and had systems in place to monitor capacity. All four residents had full capacity. She felt the staff could benefit from some refresher training in this legislation.

Staff were kind and compassionate towards people and had developed warm and caring relationships with them. Healthcare professionals supported people living at the service and the staff by regular visits. Staff supported and involved people and their families to express their views and make their own decisions, which staff acted on.

The registered manager operated well-established systems of quality assurance, including an effective complaints system, which ensured the home was well maintained. Records were kept up to date and people using the service and their families were fully involved in the care being delivered.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People were protected because staff knew how to recognise signs of potential abuse and how to report suspected abuse.

People's risks were assessed and actions taken to reduce them where possible.

People received care and support in a timely way as staffing levels were sufficient to support people in line with their assessed needs.

Staff had been safely recruited to meet people's needs.

People received their medicines on time and in a safe way.

Is the service effective?

Good

The service was effective.

People were cared for by skilled and experienced staff.

Staff had regular training and received support with practice by means of regular supervision.

The registered manager understood their responsibilities in relation assessing capacity in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) . Information about who had Lasting Power of Attorney needed to be updated in order to protect people.

People were supported to lead a healthy lifestyle and had access to healthcare services. Dietary requirements were well met and meal times were relaxed social occasions.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and care was organised around people's needs.

Staff were kind and compassionate towards people, and had developed warm and caring relationships with them.

Staff supported and involved people and their families to express their views and make their own decisions, which staff acted on.

Is the service responsive?

Good

The service was responsive

People received personalised care from staff who knew each person and their family.

There was a varied programme of activities. People were encouraged to socialise and the home was well engaged with the local community.

People and their relatives felt confident to raise concerns. There was a complaints process, although no formal complaints had been received.

Is the service well-led?

Good

The service was well led.

The home was well run by the registered manager who promoted a person centred culture. Staff worked proactively with other professionals for the benefit of the people they supported.

People, relatives and staff views were sought and taken into account in how the service was run.

The provider had systems in place to monitor the quality of care provided. They made continuous changes and improvements in response to findings.

Strand House Residential Care Home

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 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 11 January 2017 and was unannounced. A second announced visit took place on January 19, 2017. The inspection was carried out by one adult social care inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report. We also looked at statutory notifications and other statistical information relating to the service. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern

Methods used during the inspection included talking to four people using the service, two relatives and two visiting health care professionals. Five staff were interviewed which included the registered manager. Four care files were looked at in depth and a range of records, including the staff rota, minutes of staff meetings, medicines administration records, accident record book and one staff recruitment file. We looked at a range of policies including those on safeguarding and making complaints.We observed a staff handover meeting and lunch and supper being served.

After the inspection we asked the registered manager to forward some documents which were in the process of being updated, such as a matrix of staff training undertaken. This was received promptly with full details.

Good

Is the service safe?

Our findings

People all said they felt safe. People living at the service appeared very relaxed, content and happy. People were protected from the risks of potential abuse because staff confirmed that they had received safeguarding training which was regularly updated. Records confirmed that training in safeguarding adults had been undertaken by all staff, with a date set for an updated session. Staff were also able to describe what they would do if they had a concern and understood the whistleblower policy of the service.

Premises safety was maintained by use of items such as radiator guards, window restrictors and thermostats to control the temperature of water in bedroom basins. On the first day of inspection we found the water temperature in one room exceeded the HSE recommended temperatures. (No hotter than 44 °C should be discharged from outlets that may be accessible to vulnerable people). By the second day of inspection this had been remedied by fitting thermostatic mixing valves (TMVs). A series of safety checks took place which were scheduled according to need and undertaken by external contractors on electrical items, including the fire alarm system. The stair lift was checked twice a year and the boiler and central heating system heating was serviced annually.

Accidents and incidents were recorded and appropriate action taken. For example, one person was referred to the GP after a fall and then received a physiotherapist assessment and remedial treatment to help them recover.. The registered manager was able to explain actions taken following recent incidents. For example, one person had experienced a serious behaviour change. Their care manager and family were contacted, and a meeting arranged for professional social care assessment. Once a reassessment had been undertaken, an agreement for a move to more suitable accommodation took place with the agreement of all concerned including the person themselves. This demonstrated that the service managed incidents proactively and positively in order to protect people's dignity and rights.

Each care plan contained a detailed series of risk assessments for each person living at the service. Risk assessments covered issues such as falls, weight, manual handling, oral health and catheter care. There were accompanying plans for each different topic with guidance on management of each issue. These risk assessments ensured that people could remain as independent as possible as staff were clear how to support each individual person.

The service followed safe recruitment practice. The registered manager kept a list of people who had applied to work in the service. If required, an advert was placed in the local village newsletter. An informal interview process took place first which enabled an informal assessment of aptitude. In the case of a suitable applicant, an application form was then completed. We saw that staff files included application forms with details of previous employment and qualifications. Appropriate references were requested and received and checks made with the disclosure and barring service (DBS). All of this was completed before the applicant started work. New recruits were then on a one month trial period which could be ended by either side before being offered a permanent contract. This meant the registered manager did all that was reasonably practical to try to ensure only people who were suitable to work with vulnerable adults were recruited to keep people safe.

People were supported by sufficient staff with the right skills and knowledge to meet their individual - needs. Staff turnover had been very low with only one new member of staff recruited in the previous two years. Two staff had been working at the service for more than 15 years. This had enabled them to develop strong relationships with people, especially those who had been at the service for a long period of time. There were two staff on duty on the day of inspection with the registered manager in a supportive on-call role. The rota confirmed that there were always two staff on duty on each shift. The registered manager was on sleep in duty overnight and available if required. With only four to seven people living at the service, this was sufficient to meet people's personal care needs and keep them safe.

People using the service were able to demonstrate confidently their use of the call alarm system, whether in the communal areas such as a sitting room, or in their individual bedrooms. This meant they could access help readily if required.
There was a small downstairs conservatory looking onto a highly accessible, south facing garden with seating.

There were safe medicines administration systems in place. Staff confirmed that they had all received training in the safe administration of medicines.

Medicines were stored in a separate room which could only be accessed by a keypad and a hidden code. A thermometer was placed within the room to ensure the temperature was kept at a safe level. There were locked cabinets fixed to the walls and a separate fridge in a different location for those medicines requiring refrigeration. Medicines were administered to each person in turn using individually labelled packs. Records were kept using the medicine administration record (MAR). These were checked regularly by the registered manager to ensure there were no signature gaps. Creams were managed safely by checking dates opened and date of expiry. Medicine was returned promptly to the pharmacy where no longer required. A record was kept of homely remedies which listed the remedy and kept a running balance of who was using what and why. Homely remedies are items which can be bought without a prescription such as cough medicine.

Good

Is the service effective?

Our findings

People or their relatives were involved in care planning and their consent was sought and recorded in their individual care plan. Assessments were often done with relatives in attendance. People confirmed that they felt fully involved in decisions being made about their care. However, the registered manager was not sure how many people had given lasting Power of Attorney (LPA) to a relative. A health and welfare LPA is where a person delegates to a trusted person the legal power to make decisions about their health and welfare and or finance if they lose the capacity to do so themselves This meant the legal position relating to consent was not always clear so that people were protected from unauthorised decisions being made on their behalf.

After the first day of inspection, the registered manager wrote to all relatives asking for them to clarify whether they had POA and whether it was for finance or health and welfare. This information would enable staff to check that no one was making decisions on behalf of a relative without due authorisation.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had a good understanding of the Mental Capacity Act 2005 and had systems in place to monitor capacity. People were being regularly assessed in terms of their mental capacity. At the time of the inspection, all people were deemed to have capacity and were free to come and go as they pleased. We saw one person leave for a lunch outing during our inspection.

Staff involved people in all day-to-day decision-making and were aware of the need to always gain people's consent. However, staff were not all able to describe accurately the principles of the MCA and its relevance to their practice. The registered manager had booked training to update staff in the requirements of the MCA. This was scheduled to happen two weeks after our inspection visit.

People their relatives and visiting professionals all spoke very positively about the staff. They said they believed they had the necessary skills and aptitude to meet people's needs. Staff confirmed that they had received a range of training during their induction and offered regular opportunities to update and widen their skills and knowledge.

The registered manager had created a training matrix to ensure that each individual member of staff received the mandatory training, regular updates and any additional optional training. Three out of a total of seven members of staff had achieved a level three health and social care qualification. Training in

additional topics such as dysphagia awareness and End of Life care had been undertaken by staff.

The registered manager had organised a bespoke induction course for the new member of staff employed. This had been delivered by an external trainer which covered essential topics such as first aid, falls response, prevention of pressure ulcers, safeguarding and moving and handling. Previous induction had been based on the previous set of standards. The registered manager said they intended to look at the new Care Certificate from Skills for Care for any future inductions. The care certificate is a national training in best practice for staff new to care.

Staff received a six monthly supervision with the registered manager. This was an opportunity for them to discuss the performance, training needs and any concerns or ideas they had. The registered manager undertook full-time care duties and worked alongside staff. This gave them the opportunity to understand observations in supervision with staff to discuss the practice

Staff reported that they felt this ongoing ad hoc supervision worked well and that the registered manager was extremely supportive: One member of staff said, "(the registered manager) is so supportive…she's always here for us all." There was an annual appraisal process which the registered manager was currently reviewing. The registered manager discussed the benefits of setting annual objectives to motivate staff to develop their careers.

People said they liked the food and were able to make choices about what they had to eat. A member of staff said, "They can choose what they want for the evening for example, sandwiches or a light supper." One person said, "The food is very good. I have a small appetite, but enjoy what I have. The staff are always encouraging me to eat more!"
Another person said they particularly enjoyed being able to have their breakfast in bed. "I have my porridge in bed, that's my choice. I can come down any time I like." A relative said, "They go out of their way to encourage (name) to eat healthily."

If advised by the community nurse, fluid charts were set up to monitor fluid intake for people who were at risk of dehydration. We observed people with drinks to hand and ready access to the kitchen. We saw staff offering drinks throughout our visits.

Relatives described how confident they felt, based on their experience, that staff would call either the GP or community nurse team promptly should their relative require access to any sort of healthcare support. On day one of the inspection, we observed healthcare professionals visiting to deliver a service to people living there.

People all had their weight monitored regularly. As a result of this monitoring, one person was currently having their weight scrutinised more closely, having lost several pounds. The person involved had been encouraged to accept amendments to their diet but was reluctant. Staff had consulted with relevant healthcare professionals regarding possible causes and remedies for this.

Good

Is the service caring?

Our findings

Everyone confirmed that Strand House offered a very caring environment. People living at the home said they were very happy there and felt well cared for by the staff. One person said, "I'm very contented here, because they're all ever so kind… I've got no fault to find with any of them."
Another person said, "I don't think I could wish for more, I'm well fed, I'm nice and warm and they are all very kind, so I couldn't ask for more."

One relative said "This home is relaxed, happy and always has a caring atmosphere. Most importantly, I feel totally relaxed with the care (name of relative) receives." Another commented, "I really like it here, it feels very warm, friendly, like a home from home."
"They (staff) all know her… They're very lovely with her."

Professionals visiting the home praised the staff for their caring attitude. One person said "They address people on a personal level… I'm aware that they are always on top of whatever needs to be done, so I know I can rely on them to keep up the level of care." A second healthcare professional said "there's a sense of intimacy… The smells in the kitchen are amazing… The place has a snug, homely feel."

People's care was not rushed, enabling staff to spend quality time with them. For example, we saw people being supported to use a chairlift in a relaxed way and at their own pace, with friendly conversation from attentive staff. Staff were seen to check on people sitting alone in the lounge and offered them activities or refreshments.

Staff were usually recruited from the local village. People living at the service were often themselves local people and had therefore often already developed relationships in the village with members of staff before they moved into the service. As many staff members and residents have stayed in the home for a number of years, this had enabled some very long-term relationships to be developed.

Staff said they enjoyed working in the home because of the caring atmosphere. One of them said "I think it's a lovely place, everyone is treated like family."

The registered manager acted as a role model for treating people with dignity and respect and had incorporated these principles into training. One member of staff said "(name of registered manager) is an amazing person…she does everything for the residents here with such love". Another commented, "on our induction we covered how to treat people… we need to always be courteous and respectful of their wishes."

A person visiting the home said, "I would put my granny here… It's the respect and dignity the staff give to all the ladies… They know them all, all clients are completely different but they're all treated as individuals. Staff are fully aware of all the different personalities."

Family and friends were able to visit the home without restriction. One of them said, "It's very much open house here." Because the registered manager was often on duty, relatives said they were able to discuss the

care of their loved ones very readily.

Good

Is the service responsive?

Our findings

The detailed care planning process demonstrated that people had been consulted about their care and the plans being put in place to meet their individual needs. As one member of staff said, "Listening to clients is the most important thing."

One visitor confirmed this personal approach, explaining how staff took pains to meet individual preferences. They commented; "If the staff know a resident needs a certain thing, (from a shop) they just go and get it for them."

Each individual bedroom looked distinctly different as all were decorated with a range of personal photographs and memorabilia. These items were used by staff to start conversations and reminisce with people about their previous lives and families. As this was a very small service, the favourable ratio of staff to people living at the service meant that care staff had time to get to know people very well. One person working at the service said, "I love working with these ladies because you get to know them so well. We sit and have a chat about their life and get involved in their history." Another member of staff said "I love it here because I actually have time to care…to get to know the ladies and their families."

Care plans reflected people's individual needs and choices and were regularly reviewed by the registered manager with the involvement of people living at the service and their relatives. A handover meeting between staff at the beginning of each shift ensured that important information was shared and recorded to monitor people's progress.

Staff were aware of what activities each person enjoyed doing. For example, one person was known as "the Scrabble Queen" whereas another person did not enjoy Scrabble but preferred to watch quiz programmes. A range of activities was on offer including chair based exercise on a fortnightly basis, a tea party with singalong, and various entertainments and fundraising events.

The service had strong links with the local community as it is located in the heart of the village. Each year generous donations were made from various harvest festival services. Staff helped people living at the service to make pickles, pies, cakes and marmalade out of the donated fruit and vegetables. On another occasion, people living at the service helped staff to prepare soup which was sold with a roll on Children In Need day. This meant many visitors came into the service and socialised with the people living at the home. This offered meaningful activity and the chance to mix with a wide range of people, thereby reducing social isolation.

There had been no official complaints made, but the complaints policy was on display in the hall with a clear explanation of how to use it. Complaints were treated seriously and as opportunities for learning. The registered manager was able to describe an incident when she had received an informal complaint from someone living at the service about a member of staff. The process involved confidential interviews with everyone involved. A successful resolution was achieved by a simple change in practice to the running of the service. The person who had made the complaint confirmed that they were happy with the outcome.

One visitor said, "I've never heard of anything untoward happening here or any complaints."

Good

Is the service well-led?

Our findings

The ethos of the home was for people to live as if they were in a family. The registered manager and the provider lived at the service. The kitchen/ dining room was used by them as their main kitchen. When asked about their values and leadership style, the registered manager said the important thing was "being here". The registered manager was a constant presence in the home. This enabled them to be highly accessible to people living in the service, to their families and staff. This ensured good timely communication and a rapid response to any issues arising. One person living at the service said, "I know who to speak to when I have a problem. Any problem that I have had has always been resolved satisfactorily."

The registered manager acted as a role model for all staff in demonstrating person centred practice. They were observed treating each person as an individual and talking to people with care and compassion. One visitor commented as follows "The registered manager is so lovely… she's got a very good heart… she's very kind."

People, relatives and health professionals all confirmed that the registered manager was very approachable, with a relaxed informal leadership style. Comments from staff included the following, "(The registered manager) is open to anything, she's easy-going, she's always there, you can talk to her about anything." A second staff member said, "She's very relaxed, she has a gentle approach, she's very gently spoken."

People and those important to them had opportunities to feedback their views about the home and the quality of the service they received. There was an annual questionnaire which was sent to people living at the service, their families and friends. The most recent survey was sent out in November 2016. The registered manager used the feedback from these surveys to act on suggestions made. Changes which were implemented as a result of feedback included garden furniture with higher seats to make it easier for people to sit down and stand up again, a raised toilet seat for the downstairs toilet and chair based exercise sessions.

Staff were able to contribute suggestions for change at regular staff meetings, such as how to engage people in helping to raise money for charity by taking part in community events.

The registered manager produced an annual newsletter which listed all the improvements made since the last newsletter. Families were continually encouraged to engage with the service and invited to regular social events. Staff explained that they brought their own children to the Christmas party by invitation, as people living in the service enjoyed the company of younger children. Regular visits took place from the vicar and people were encouraged to attend community events such as singing with the Local Community Association.

Quality assurance systems were in place to monitor the quality of service being delivered. For example, the registered manager carried out audits of all policies on an annual basis to check that they were still current and relevant. Care plans were reviewed on a monthly basis. New requirements coming from the Care Quality Commission (CQC) were communicated to and discussed with staff, either informally or at staff meetings. A

checklist was used to confirm that all staff had read important information. For example, when it was identified that one member of staff had not signed to say they had read and understood information about duty of candour, the registered manager immediately made contact with that member of staff and followed up to ensure that the principle were understood. The registered manager was aware of their responsibilities to notify CQC of incidents, accidents and deaths.

Another auditing mechanism was a record of falls, known as the 'Falls Calendar'. This was used to identify people who were having frequent falls. One example was given of a person who fell regularly. A referral had been made to the occupational therapist, who had assessed the need for assistance and issued a walking frame. The calendar showed the falls rate for this person had dropped dramatically. This was a good example of how an effective system had been set up and used to monitor and improve the quality of care.