

Morris Care Limited

Stretton Hall Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection was carried out on 11 March 2015 and was unannounced. At our previous inspection on 3 June 2013 we found that they were meeting the required standards.

Stretton Hall is a care home that provides accommodation and personal care for up to 50 older people, some of whom live with dementia. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

The provider had policies and procedures to ensure that people who could not make decisions for themselves were protected. People's human rights were protected because staff understood the policies and legislation and how to apply them.

People told us they felt safe at Stretton Hall and were protected from abuse. Staff knew how to identify if people were at risk of harm and knew what to do to ensure they were protected.

Staff were recruited through a robust procedure. Staff were appropriately trained and skilled and provided care in a safe environment. They all understood their roles and responsibilities, as well as the values of the provider.

Summary of findings

The staff had also completed extensive training to ensure that the care provided to people was safe and effective to meet their needs. Nurses had the clinical skills they needed to ensure people's health needs were met. Staff had effective support, induction, supervision (one to one meetings with line managers) and training.

Staff understood the needs of people and we saw that care was provided with kindness and respect. People and their relatives spoke well of the home and the care they or their relatives received. Staff took time to talk with people or provide activities such as music to movement, reminiscence and attending church services. People had their individual needs met. Staff knew people well and provided support in a timely manner. There was sufficient food and drink available and people were assisted to eat and drink in a calm and sensitive way.

Staff and management reflected on their practice regularly. This enabled them to learn from events and incidents to ensure people received effective care. This also empowered staff to express their views and resolve any issues or problems which had arisen during their work.

Nurses assessed the health and care needs of people.

They provided clear verbal and written guidance for staff to meet these needs. Staff responded to people's changing health needs and sought the appropriate guidance or care by health and social care professionals. Medicines were managed safely to ensure people received them in accordance with their needs.

Staff were clear on how to identify and report any concerns relating to a person's safety and welfare. The registered manager responded to all concerns or complaints appropriately.

The senior management, staff and relatives discussed how to best support people living with dementia and what activities and changes to the home would best suit the needs of people living there. People and staff were positive about the registered manager and their leadership.

Summary of findings

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 supported in a way that ensured their needs were met safely.

Staff knew how to recognise and report allegations of abuse.

People's medicines were managed safely.

Staff who worked at the service had been through a robust recruitment process.

Is the service effective?

Good



The service was effective.

People were supported appropriately in regards to their ability to make decisions.

Staff received regular supervision and training relevant to their roles.

People were supported to eat and drink sufficient amounts to help them maintain optimum health.

Is the service caring?

Good



The service was caring.

People were treated with kindness and dignity.

People who lived at the home were encouraged to be involved in the planning and reviewing of their care by staff who knew them well.

Privacy was promoted throughout the home.

Is the service responsive?

Good



The service was responsive.

People who lived at the home and their relatives were confident to raise concerns and had them dealt with swiftly.

People received care that met their individual health and social needs.

Is the service well-led?

Good



The service was well led.

There were systems in place to monitor, manage and improve the quality of the service.

People who lived at the service, their relatives and staff considered the leadership of the registered manager was visible and fair.

There was an open and empowering culture in the home.

Stretton Hall Nursing 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating. This visit was carried out by one inspector on 11 March 2015 and was unannounced.

Before our inspection we reviewed information held about the service including statutory notifications and enquiries

relating to the service. Statutory notifications include information about important events which the provider is required to send us. We contacted health care professionals and commissioners of care for their views.

During the inspection we spoke with ten people who lived at the home, four relatives, five members of care staff, two qualified nurses, and the registered manager. We viewed four people's care files, two staff files, duty rota, management quality reports and medication records. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us that they felt safe. One person said, “I feel safe as staff help me to get about and that’s reassuring,” and “I feel safe as staff understand what help I need and know how to do that as I am nervous. I can’t use my buzzer very well so they have given me a wrist strap buzzer. I feel much more confident now with this.” Another person said, “There are always staff about the home so I know I am secure,” and “There’s a fire alarm test this morning, so that means we will be safe if there’s a fire.”

Staff had a good understanding and knowledge of abuse and how to recognise it. They knew people’s needs well and were able to describe the individual changes in people’s mood or behaviour and other signs which may indicate possible abuse or neglect. They understood the procedure to follow to pass on any concerns and felt these would be dealt with appropriately by senior staff. They were quite certain that if senior staff didn’t act on information that they would take it further. All staff we spoke with had completed safeguarding training and were encouraged by the manager and nurses to report any concerns. Staff knew the whistleblowing procedures and said they would not hesitate to use them. The registered manager had sent information to the CQC as required by law if any abuse had been identified.

People told us there were always enough staff on duty. One person said, “If I ring my bell, day or night, they come really quickly and are always happy to come.” Staff told us that they felt there were sufficient numbers of staff with relevant skills to meet people’s needs. Throughout the inspection we saw that people were given assistance when they needed it and they were not left waiting too long, with

call bells answered promptly. The home consisted of several different floors and a unit for people living with dementia. Each of which had dedicated care and nursing staff responsible for people’s care and welfare.

We viewed the staff roster and we saw that planned staffing levels had been maintained across the home. The registered manager told us that they occasionally used agency staff but were usually able to cover shifts using their own staff. This meant that people’s needs were met by staff that people knew.

People were supported by staff who had undergone a robust recruitment procedure. Staff told us they had undergone a full interview with pre-employment checks. We saw that checks required by law had been carried out and staff were not allowed to start without them in place. This included criminal record checks, references and a full employment history review.

Staff were clear on how to manage accidents and incidents. The registered manager told us the process to review incidents. We saw records that confirmed events were monitored to identify any trends and action plans were developed to reduce risks.

One person said, “The nurse helps me to take my medicines and explains what they are for.” Another person told us, “If I have pain then the nurse talks to me about it to decide how many tablets I should take. They are very good like that.” We observed medicines being administered in two areas of the home and saw that people were provided with adequate levels of support. Staff washed their hands and took each person their medication and asked if they wanted fluid to help them swallow it. They waited with the person whilst they took the medication. We found that medicines were managed effectively and stored safely. People received their medicines safely and in accordance with the prescriber’s instructions.

Is the service effective?

Our findings

People told us they felt they were supported by appropriately skilled staff. We saw that staff had received appropriate training for their role. There were opportunities for further training to develop them personally. Staff told us they received the training they required to carry out their roles through electronic learning on the computer and practical sessions. All had completed training for awareness in dementia care and found it really helped them provide care and support tailored to people's individual needs.

Staff told us they received regular supervision and appraisal. We saw records that confirmed supervision sessions had taken place. Staff said they could talk about any concerns to do with their work and the people they were supporting, as well as look at their training needs. Comments included, "We are encouraged to learn and pass on that learning to other staff," and "You can talk easily in supervision, we are well supported." Staff told us they enjoyed working at Stretton Hall and they were a "Happy and confident" team.

One person commented that, "Staff offer me choice about things, whether its food, what I want to do or what clothing I wish to wear." People's ability to make decisions had been assessed. Where support was needed for a person who was unable to make decisions independently, the process was clearly documented to guide staff. We saw that staff offered choice and clearly explained what they were doing.

We saw that consent had been considered for administering medications. Staff spoke of their understanding of verbal and non-verbal consent and for when people were unable to give consent because they lacked capacity to do so. We saw that decisions were made for people by a multi professional team in the person's best interests. We saw in the care files that these issues were regularly reviewed and updated. This meant people were protected by the provider's effective decision making procedures.

The registered manager told us that Deprivation of Liberty safeguards (DoLS) authorisations had been applied for in

line with published guidance. They said that although people had access to areas outside the home, authorisations had been obtained in cases where people may need to be prevented from leaving in order to keep them safe. This meant that the service was working in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People told us that the food was very nice and that they could make requests for something different to the menu. People were supported to eat and drink sufficient amounts and told us they enjoyed the food. We saw that there was adequate choice and variety and meals looked appetising. The lunch time was a peaceful event and visitors assisted their relative to eat if they wished.

Where needed, staff assisted people to eat or drink in a patient and sensitive manner. Staff said, and people confirmed, that they offered a choice of hot or cold drinks mid-morning and afternoon. We observed people being offered cups of tea and juice. People were encouraged with their eating and food was served to each table at the same time and staff worked at their pace. Staff were aware of people's dietary needs and preferences and food was prepared accordingly. For example, one person had a puree diet. People who were at risk of not eating or drinking sufficient amounts were monitored closely to ensure their needs were met. Where there were concerns, this was passed onto the appropriate medical professional such as a dietician or GP.

People had regular access to health and social care services when required. We saw that people had visits from GP's, a memory nurse, the specialist mental health team and were supported to attend hospital where necessary. Social workers, opticians, GP's and chiropodists were involved making sure that people's needs were regularly reviewed and met.

Health and social care professionals and commissioners told us that the staff always responded to people's needs and felt they supported people well. They told us that staff approached them for advice promptly if needed. People were supported to maintain optimum health and receive on-going health care services.

Is the service caring?

Our findings

People told us they had good relationships with the staff at the home and were very positive about how kind and responsive they were. One person told us, “It’s lovely here and the staff are so kind. If you can’t be at home it’s the next best place to be.”

People told us they were involved in making decisions about how they spent their day and the care they received and that staff knew them well. An experienced staff member mentored a new staff member and we heard them pass on their knowledge about each person’s preferences.

One staff member told us, “We know the people we look after well. We care for them and make a homely home.” We found that people received support by a staff team that had invested in providing a good standard of care and who wanted to establish meaningful relationships.

Staff were attentive and caring. Although staff were very busy all the time they responded to individual requests with good manners and patience. We observed people

and staff relaxing together during some activities. Staff were respectful and people told us they felt important and valued. We saw that people enjoyed conversations and gentle banter with staff who encouraged them and explained anything they didn’t understand.

People told us that staff treated them with dignity and promoted their privacy. One person said “They are always calm, they never raise their voices.” Staff described how they preserved people’s dignity by ensuring personal care was carried out in private with bedroom doors, and if necessary, curtains closed. Staff promoted people’s independence where appropriate and safe. Staff were seen to knock on people’s bedroom doors before entering. This meant people were treated in a dignified and respectful way.

The staff had put up a ‘memorial tree’ plaque which was on the wall by the lift. Names of people who had passed away were added to this tree and an annual service was conducted each year. This showed that staff cared for individuals and remembered them.

Is the service responsive?

Our findings

People who lived at the home and relatives told us that they felt involved in the planning of their care and staff valued their input. One visitor told us that staff were supportive when their relative moved in, “Staff told me to bring in whatever we wanted or needed and then they went through asking how my relative wanted to be helped.” Another relative told us, “They took ages going through things with us, they really wanted to know all about us.”

We saw that care was provided in a way that met people’s needs and was adapted to support them appropriately when those needs changed. For example, changes to pressure relieving equipment that a person needed. We saw staff knew how to respond to people’s changing needs. For example, one staff member said how one person was feeling frail so they left them in bed to rest longer. We saw another staff member walk around the unit with someone who was unsettled but also wanted someone to walk and talk with.

Staff said they encouraged people to make choices and be involved in their care. One staff member said, “We always involve people. Before they come in we create a pre-assessment to make sure we can meet their needs, and then when they come in we involve them in what they can do.”

Two people told us they knew how to raise a concern if they needed to. We saw that the registered manager had thoroughly investigated all complaints and provided people with a response. The registered manager shared information about concerns and complaints with staff to ensure that lessons were learnt where necessary. This meant that people could raise concerns and be confident that they would be listened to with the appropriate action being taken.

People told us they enjoyed the activities provided at the home. They told us that staff asked them what they liked and tried to support their hobbies and interests. The provider was a member of the national association for providers of activities for older people. There was a list of activities on offer pinned to the notice board. People told us they could join what they wanted to. The programme also provided for one to one engagement with people who were less inclined towards group activities or who were unable to join in. We saw that people joined in a yoga activity and there was lots of laughter and we saw that people had fun. We saw there was a working post box in the garden. This meant that interests, hobbies and activities were part of the culture of the service and people benefitted from having plenty of opportunity to get involved.

Is the service well-led?

Our findings

People told us that the registered manager was kind and helpful. One person said, “The manager is good and she comes to see us.” Relatives also told us that the registered manager was approachable. One relative said, “The manager is brilliant, so supportive and gets everything sorted.”

The registered manager told us that they spent time on the units, speaking with people, guiding staff and identifying any areas that required improvement. One person told us, “I see the manager walking around” and “They help me make decisions.”

Staff told us that the registered manager was approachable and they liked their leadership style. They told us that the registered manager was regularly out on the floor, observing practice and giving guidance. Staff shared the registered manager’s view that people came first and told us that they were proud to work at Stretton Hall.

One staff member said, “The manager and nurses are very good, very knowledgeable as well as supportive and available. I feel I can go to them and they will sort things, they are really good.” Another staff member said, “You can talk to them and they are always approachable.” Staff said they shared the values of the registered manager and the other staff. They said they felt well led and confident in the nurses and registered manager. One staff member said, “We work as a team and help each other.”

Staff knew what was expected of them in their roles. There were three levels of care staff. Some had been given

different responsibilities. The registered manager held regular team meetings and shared findings of audits and feedback with the staff. We attended an end of life best practice meeting and also a nurses meeting. This meant that good practice was recognised and promoted by raising staff awareness.

The provider carried out visits which looked at all areas of the home and included speaking with people who lived there, staff and relatives. Any areas identified as needing improvement were developed into an action plan after consultation with people. For example, relatives had raised an issue about the layout of the unit that provided care for people living with dementia. The senior management team from head office had visited and discussed the issue with them. There was also an acknowledgement that the décor and signage could be more dementia appropriate. Plans were being developed to improve these aspects of the accommodation. This showed that relatives were listened to and action taken to improve the service.

We saw that regular audits of systems in the home were carried out. Outcomes were recorded and any action plans developed to remedy shortfalls. We saw the minutes of a February 2015 resident meeting were in a folder on display in the hallway. These were open and transparent about the fact that recruitment had been a challenging time for the service, given the rural location, but was being addressed.

Results of recent satisfaction surveys were also available. People could share their experience and be informed of the overall results.