Stratford Bentley Ltd

Stratford Bentley Care Centre

Inspection report

Stratford Bentley Nursing Home
Saffron Meadow
Stratford upon Avon
Warwickshire
CV37 6GD

Tel: 01789414078

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07 March 2017

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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

We inspected Stratford Bentley Care Centre on 7 March 2017. The inspection visit was unannounced. When we last inspected the service we found the service was rated as Good overall.

Stratford Bentley is arranged on a single floor and provides personal and nursing care for up to 30 older people, including people living with disabilities and dementia. There were 22 people living at the home when we inspected the service.

A requirement of the service's registration is that they have a registered manager. 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 and associated Regulations about how the service is run. There was a registered manager in post at the time of our inspection visit.

People received medicines as prescribed to maintain their health and wellbeing. People were supported to access healthcare from a range of professionals inside and outside the home and received support with their nutritional needs. This assisted them to maintain their health.

People were protected against the risk of abuse as the provider took appropriate steps to recruit staff of good character, and staff knew how to protect people from harm. Safeguarding concerns were investigated and responded to in a timely way to ensure people were supported safely.

There were enough trained and supervised staff to care for people effectively and safely, and meet people's individual needs. Staff treated people with respect and dignity, and supported people to maintain their privacy and independence.

The provider, manager and staff understood their responsibilities under the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom. The manager had made applications to the local authority where people's freedom was restricted, in accordance with DoLS and the MCA requirements. Decisions were made in people's 'best interests' where they could not make decisions for themselves.

Staff knew people well and could describe people's care and support needs. Care records were up to date and provided staff with the information they needed to support people responsively.

People made choices about who visited them at the home. This helped people maintain personal relationships with family and friends who were important to them. People were supported to take part in social activities and pursue their interests and hobbies.

People knew how to make a complaint if they needed to. Complaints received were investigated and

analysed so that the provider could learn from them. People who used the service and their relatives were given the opportunity to share their views about how the service was run.

Quality assurance procedures were in place to identify where the service needed to make changes; where issues or improvements were identified the manager took action to continuously improve the service.

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.

There were enough staff available to care for people effectively and safely. People felt safe living at Stratford Bentley and were protected from the risk of abuse, as staff knew how to safeguard people from harm. The provider recruited staff of good character to support people at the home. Medicines were stored and managed safely, and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff completed induction and training so they had the skills they needed to effectively meet the needs of people at the home. People received food and drink that met their preference and cultural needs, and supported them to maintain their health. Where people could not make decisions for themselves, people's rights were protected. Important decisions were made in their 'best interests' in consultation with people that were important to them and health professionals.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and kindness. Staff knew people well, and respected people's privacy and dignity. Staff supported people to maintain their independence. Family members and friends were welcomed to the home, which helped people maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive.

People described staff as being responsive to their wishes. People were supported to take part in interests and hobbies that met their needs. People were able to raise complaints and provide feedback about the service, which was acted on by the

provider.

Is the service well-led?

Good

The service was well led.

The manager was accessible to people who used the service, their relatives, and members of staff. People were asked for their feedback on how the service could be improved, and feedback was acted upon. Quality assurance procedures identified areas where the service could improve, and the manager took action in response.

Stratford Bentley Care Centre

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 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 7 March 2017. The inspection was unannounced. This inspection was conducted by one inspector, a specialist advisor, and an expert-by-experience. An expert-by-experience is someone who has personal experience of using, or caring for someone who has used this type of service. A specialist advisor is someone who has current and up to date practice in a specific area. The specialist advisor who supported us had experience and knowledge in nursing care.

We reviewed the information we held about the service. We looked at information received from statutory notifications the provider had sent to us and commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are representatives from the local authority who provide support for people living at the home.

Some people had limited verbal communication skills, and so we spent time observing how they were cared for and how staff interacted with them so we could get a view of the care they received. We also 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.

We spoke with eight people who lived at the home and five people's visitors or relatives. We spoke with several members of staff including the manager, the provider, a nurse, a temporary activities co-ordinator, two members of care staff, and the chef.

We looked at a range of records about people's care including three care files, medicines records and fluid

charts. This was to assess whether the information needed and the care offered to each person was available.

We reviewed records of the checks the manager and the provider made to assure themselves people received a quality service. We also looked at staff records to check that safe recruitment procedures were in operation, and that staff received appropriate support to continue their professional development.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe at the home. The relationship between people and the staff who cared for them was friendly. People did not hesitate to go to staff when they wanted support and assistance. This indicated they felt safe around staff members.

The provider protected people against the risk of harm and abuse. The provider notified us when they made referrals to the local authority safeguarding team where an investigation was required to safeguard people from harm. They kept us informed with the outcome of the referral and actions they had taken. Staff attended safeguarding training regularly which included information on how staff could raise issues with the provider. Staff told us the training assisted them in identifying different types of abuse and they would not hesitate to inform the manager if they had any concerns about anyone. They were confident the manager would act appropriately to protect people from harm. One staff member said, "I would tell the manager, they would then escalate any concerns." The manager understood their obligations for managing safeguarding concerns and reported them to the CQC and the local authority.

People were protected from the risk of abuse because the provider checked the character and suitability of staff prior to them working at the home. For example, criminal record checks, identification checks and references were sought before care staff were employed to support people. Nurses also had their registration checked before working at the home.

The manager had identified potential risks relating to people who used the service, and care plans had been written to instruct staff how to manage and reduce potential risks to each person. Risk assessments were detailed, and reviewed regularly. Risk assessments gave staff clear instructions on how to minimise risks to people's health and wellbeing. For example, one person was at risk of falling, and could injure themselves. There were plans for staff to follow on how the person should be assisted to move around, and what equipment should be in place to minimise the risk of them falling. In another person's care records we saw they were at risk of falling out of bed. Measures had been put in place to reduce the risk of this happening, with the use of a rail to the side of their bed. The appropriate risk assessments were in place to ensure this was the least restrictive method of assisting the person to make sure they were unable to fall from their bed.

The provider had taken measures to minimise the impact of some unexpected events happening at the home. For example, emergencies such as fire were planned for, so that any disruption to people's care and support was reduced. There were clear instructions for staff to follow in the event of emergencies.

We observed there were enough staff to care for people effectively and safely during our inspection visit. Call bells were answered promptly and staff were available at all times in the communal lounge area of the home. In addition to the nurses and care staff, the manager was available to cover care and nursing duties if required. One staff member told us, "There are enough staff here, we all work well as a team."

We asked the manager how they determined there were enough staff to meet people's needs, they told us they did this by using information they gathered from staff, and from reviewing the numbers of people at the

home, and people's dependency needs. The manager also worked some shifts at the home, as did the deputy manager, to ensure staffing levels and staff practice was safe and effective.

In addition, the manager conducted audits into how long staff took to answer call bells during busy periods. The manager told us they had sufficient numbers of permanently employed care staff to assist. They added, "We only use agency staff if there is no other option, for example, for nursing staff or when staff are unexpectedly off through sickness. We are usually able to cover shifts from permanent members of staff."

We observed medicines being administered. Staff who administered medicines were trained nurses, and had received specialised training in how to administer medicines safely. Nurses confirmed this included checks on their competency and regular refresher training. Each person at the home had a medication administration record (MAR) that documented the medicines they were prescribed and when each dose should be given. MAR records contained a photograph of the person so that staff could ensure the right person received their medicines. This was important as the home could ask staff to administer medicines who might not know the people there. Daily checks were undertaken by nurses to check people received their medicines as prescribed, and medicines were stored safely.

Some people received medicines that were prescribed on an 'as required' (PRN) basis, such as pain relief. This meant the medicines should only be given when people were in pain. There were protocols (plans) in place to give staff information on when they should give people these types of medicines.

Where people could manage their own medicines they were encouraged to do so, to promote their independence. Some people received medicines that were prescribed at specific times of the day, to control their health. The times of day were not at mealtimes, or when other people received their medicines. We found the manager and nursing staff had made special arrangements for people to have their medicines when they needed them, as prescribed. We saw one person being given their medicines, the nurse made sure the person understood what their medicine was for, and was offered a drink so that they could swallow the medicine with ease.

Good

Is the service effective?

Our findings

People told us the care and nursing staff had the knowledge and skills they needed to support them effectively. One person told us, "Yes they meet my needs." A relative said, "[Name] is well cared for."

The provider had processes in place to ensure that when staff started work at the home they had training to support them in providing effective care for people. New staff completed an induction to ensure they understood their role and responsibilities. The induction included training in all areas the provider considered essential and a period of working alongside more experienced staff. The induction was based on the 'Care Certificate'. This is a set of minimum standards for care workers, and provides staff with a certificate at the end of the induction period to recognise their skills and abilities. Staff told us in addition to completing the induction programme; they had a probationary period to check they had the right skills and attitudes to support people effectively.

Staff told us the manager encouraged them to keep their training and skills up to date. The manager maintained a record of staff training, so that they could identify when staff needed to refresh their skills. Staff told us each member of staff received an individual training programme tailored to their specific job role. As part of regular training the competency of staff's skills were regularly assessed. For example, nursing staff received specialist training in medicine administration where their competency was assessed. Nurses also received support in accessing training in clinical skills which assisted them in keeping their professional registration up to date.

We saw a lunchtime meal during our inspection visit. The dining room was a calm space; tables were laid with cutlery, flowers and table clothes, where people could enjoy their meal with friends and relations. The mealtime was a sociable experience for people, who chatted together. People were offered a range of drinks when they sat down to eat their meal, which included wine and hot drinks. This demonstrated people were given a choice of drink, and their personal preferences were respected.

Staff encouraged people to do as much as they could do themselves, but were on hand to assist people if they required assistance to eat their meal. Staff also encouraged people to eat their meal, and take their time. One person asked a staff member if lunchtime was over when some people were leaving the dining room, the staff member encouraged them to eat their pudding before leaving in a calm way.

Most people told us they enjoyed the food on offer at Stratford Bentley. Comments from people included; "The food is OK", "The food is very reasonable here". One person commented specifically on the soup available and said, "I love the soup here."

A daily menu of the food on offer was displayed on the notice board at the home, so that people could choose each day what they wanted to eat. People were able to choose from a range of options and staff asked people for their food choices the day before their meal was prepared. We also saw people could choose alternative foods if they did not like what was on offer at the mealtime. People were offered several courses of food including a starter, main course and dessert. In addition a tray of sweets were offered to

people at each table. Staff told us this was to encourage people to eat as much as possible, and to tempt people with different food options.

Kitchen staff knew people's dietary needs and ensured they were given meals which met those. For example, some people were on a soft food diet, were vegetarian or required a reduced sugar diet. Information on people's dietary needs was kept up to date in their care records, and included people's likes and dislikes. Food and drinks were available throughout the day to encourage people to eat and drink as much as they liked. People and their relatives could help themselves to fruit, biscuits and drinks, which were readily available in the communal areas of the home.

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 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 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 manager was able to explain to us the principles of MCA and DoLS, which showed they had a good understanding of the legislation. Mental capacity assessments were completed when people could not make decisions for themselves. Staff demonstrated they understood the principles of the MCA and DoLS. They gave examples of applying these principles to protect people's rights, for example, asking people for their consent and respecting people's decisions to refuse care where they had the capacity to do so. Where people could not make decisions for themselves, records confirmed important decisions had been made in their 'best interests' in consultation with people that were important to them, and with health professionals.

The manager reviewed each person's care needs to assess whether people were being deprived of their liberties. Where people required a DoLS application to be made, the manager had made the appropriate applications to the local authority in accordance with the legislation.

Staff and people told us the provider worked in partnership with other health and social care professionals to support people. Care records included a section to record when people were visited, or attended visits, with healthcare professionals. For example, people were able to see their GP, dietician, chiropodist and dentist where a need had been identified. We found where people needed to see health professionals, staff made referrals to them in a timely way.

The manager told us the doctor visited the home each week to see people there, but also came when they were required, if someone needed to see the doctor more quickly than the weekly visit. We found changes were made to people's care following advice from medical professionals.

Good

Is the service caring?

Our findings

People and their relatives told us staff treated them with respect and kindness. One person commented, "They [staff] look after me." A relative told us, "The staff are great with [Name]."

We saw how staff interacted with people at the home. Staff communicated with people effectively using different techniques. Staff assisted people by talking to them at eye level and altering their tone of voice to help people understand them. We observed staff touching people lightly on their arms or hands to provide them with reassurance. Staff answered people when they requested assistance, and explained to people what they intended.

People had chosen how they wanted their personal space to be arranged and decorated, so they felt at home. For example, some people had chosen a specific colour scheme for their room; other people had personal belongings around them such as photographs and ornaments.

People told us they chose how to spend their time, and staff respected their decisions. They explained they could spend time in the communal areas of the home, or in their bedrooms. We saw most people spent time in their bedrooms during the day.

There were a number of rooms, in addition to bedrooms, where people could meet with friends and relatives in private if they wished. One person explained their family and friends could visit them when they wished. We saw people and their visitors were offered drinks and snacks and used communal areas of the home to meet, which helped people maintain links with family and friends. A coffee and snack area was available in the reception area, so that people could help themselves to refreshments. One person told us, "My daughters visit, they often come and take me out."

People told us their dignity and privacy was respected by staff. We saw staff knocked on people's doors before entering. We saw one person answered a member of staff when they knocked on their door, the member of staff waited to be invited in.

Some people at the home had been consulted about their wishes at the end of their life. We reviewed care records which documented their preferences. Staff told us this was to provide good quality care to people nearing the end of their life, and to respect their cultural or religious beliefs. People had up to date 'end of life' care plans which were comprehensive. Plans showed people's wishes about who they wanted to be with them at this time and the medical interventions they agreed to. The manager confirmed that people made these choices in consultation with health professionals, their relatives and staff, so that their wishes could be met. Nurses told us they had recently received specific training from a medical professional in how to support people at the end of their lives, this showed the provider was working to continuously improve people's support at this time.

Good

Is the service responsive?

Our findings

People told us staff usually responded to their requests for assistance and support quickly. Only one person at the home told us they would like it if staff responded more quickly to call bells, this was at night. They said, "There is only two staff on a night, I had to wait the other night when I rang the call bell."

The manager explained sometimes people were asked to wait for assistance for a few minutes, if this was not an emergency. This could happen at busy times of the day or night. The manager conducted a call bell audit to check that no-one waited for an unacceptable length of time for assistance. In addition they explained that people could use a different call bell signal in an emergency, which staff would respond to straight away.

People were supported to pursue interests and hobbies to increase their enjoyment in life. People told us they could take part in activities that were organised at the home, or they could go out when they wished. One person told us, "I go out into town when I want to, visit the shops and theatre sometimes, I come and go when I want really."

The home usually employed an activities co-ordinator to spend time with people, and to arrange group activities at the home. However, there was a current vacancy for this post when we inspected Stratford Bentley. In the absence of a full time activities co-ordinator an administrator at the service had taken on the role temporarily. We spoke with the temporary activities co-ordinator. They explained, people were asked what group activities they enjoyed during regular meetings. A list of planned activities was displayed in the communal areas of the home for people to access. These were also advertised in a monthly newsletter, so that people could plan ahead. Group activities on offer included, weekly keep fit, pet therapy and regular film shows.

The home also encouraged people from the local community to come into the home and spend time with people there, the manager explained volunteers were checked to ensure they were safe to work at the home, but were very welcome. A volunteer group had arranged some craft activities on the day following our inspection visit. On the day of our visit we also saw a volunteer visited the home to play the piano in one of the lounge areas. People were asked to listen to the music and join in singing along if they wished. One person told us this happened twice a week, and said, "I always come along." We saw people listening to the music and tapping their feet. Another person was keen to tell us about the fresh flowers around the home, which the local church had organised. They told us people from the local church sometimes visited the home and chatted with people there.

The home also encouraged people to access hairdressing facilities, the library, a collection of craft and games' items, and use the garden when the weather allowed. One person said, "The gardens are used on warmer days; it is nice to be able to look out on the garden as well. They added, "I love watching the birds."

Care staff provided one to one time to people based on their preferences, including engaging people in conversations, playing games and quizzes and providing them with nail care. One person told us, "I enjoy

the chats with people."

Some people told us they would like more activities, or additional things to do in the day. This was because of the vacancy for a full time activities co-ordinator. The manager was aware of people's views, and was actively trying to recruit an additional team member to fill the role. Comments from people included, "The staff try their best doing some activities, but it isn't the same as having someone who does it every day." One person said, "I miss [Name], the activities lady."

Care records gave staff information about how people wanted their care and support to be delivered. For example, care plans included information on maintaining the person's health, their support needs, and their personal preferences. Information in care records included people's likes and dislikes for food, family histories, people's individual communication requirements and their preferences for the gender of staff that they wished to support them.

Care staff were able to respond to how people were feeling and to their changing health or care needs because they had a verbal handover at the start of each shift from nursing staff. Each nurse handed over to the in-coming nurse at every shift change. The nurses then had a meeting with care staff to exchange and pass on any relevant information about people's health. The handover provided staff with information about any changes since they were last on shift. Staff explained the handover was recorded, so that staff who missed the handover meeting could review the records to update themselves.

There was information about how to make a complaint and provide feedback on the quality of the service available in the reception area of the home. People and their relatives told us they knew how to raise concerns with staff members or the manager if they needed to. A typical comment from people was they didn't need to make a complaint. One person said, "The staff are great, I did have to complain once about [Name's] room, they dealt with it straight away."

In the complaints log we saw that previous complaints had been investigated and responded to in a timely way. The provider also acted on the feedback they received to improve the quality of their service. The provider reviewed each complaint to ensure lessons were learned. In one example records showed the provider had discussed staff performance with the manager following a complaint. Action was taken in response.

Good

Is the service well-led?

Our findings

People and their relatives told us they thought the home was well led. They described the manager and deputy manager as being approachable. One person told us, "The manager often comes around and sees us, either for a social chat or for something specific." Another person commented, "The manager is lovely."

A relative commented on how the care their relation received at Stratford Bentley had affected their wellbeing saying, "[Name] is no longer stressed, they are a different person now to before."

There was a clear management structure within Stratford Bentley to support people and staff. The manager was part of a management team which included a lead nurse, deputy manager and an administrator. Nurses were available to support staff on each shift and staff told us they received regular support and advice from managers and nurses to enable them to do their work. Staff told us there was always an 'on call' number they could call outside office hours to speak with a manager if they needed to.

The manager encouraged a culture of openness and transparency, as they used an 'open door' policy. Staff told us the manager encouraged staff to raise concerns with them. One member of staff told us, "If I wasn't sure about anything I would ask the manager; they are a registered nurse, very experienced and approachable." Another member of staff said, "I feel very supported working here."

Staff had regular one to one meetings with their manager, and team meetings to discuss how things could be improved at the home. Staff meetings were planned each month, and included invitations for all staff at the home to attend. An agenda for each meeting was drawn up before the meeting, which staff could add agenda items to. A recent meeting record showed staff had discussed the needs of people in their care, the changes to the management team, training and staff vacancies. Staff told us they had an opportunity to raise any concerns they had, or provide feedback and ideas about how the service could be improved. Where staff had made suggestions, the manager had acted to implement improvements. For example, staff had suggested that all shifts have a senior member of care staff on duty to assist staff, which had been implemented.

The manager told us the provider was supportive to them in their role, and offered them regular feedback and assistance. For example, the provider visited Stratford Bentley and was available at the end of the phone. The manager said, "The provider is always available by phone, they visit weekly and they are supporting my plans."

The manager had introduced some quality assurance procedures at the home since their appointment in 2016, to identify where improvements might be required. For example, the manager had implemented a system called 'resident of the day'. Each day one person was chosen to discuss the quality of the service at the home. The person met with several members of staff including the activities staff and the chef to gather their feedback. The chef gathered feedback from these meetings to determine whether people enjoyed the food, or had any special wishes.

People were also invited to provide feedback about how the service was run through regular quality satisfaction surveys. The manager had sent out a survey in December 2016, but had received only a small number of responses. They were planning to survey people again in March 2017, to encourage people to offer them more feedback. One person told us they had filled in the recent survey, but not yet sent their views to the manager. They said, "I've filled in a bit but I'm waiting for my daughter to come and fill some in for me." We were able to view some people's feedback, which showed they were satisfied with the service they received.

The manager also encouraged feedback from people, visitors and relatives in the form of regular meetings at the home. The actions from any such meetings were circulated so that people could see what had happened in response to any suggestions made. For example, at a recent meeting people had asked that the regular newsletter include forthcoming activity plans for people. This had been implemented, and the newsletter was on display in the reception area of the home.

The provider completed quality checks of the service during regular visits. These quality checks were recorded for the manager to review. This was to highlight any issues in the quality of the care and to drive forward improvements. The manager also conducted regular checks in the areas of medication administration, care records, premises and infection control procedures. Where checks had highlighted any areas for improvement, action plans were drawn up to make changes. For example, a recent audit had identified the need for hand washing equipment and signs to be updated, which had been done.

In response to a recent care records audit the manager had introduced an updated version of care documents at Stratford Bentley. These were designed to be clearer for staff to read and understand. This was to reduce the amount of time taken for staff to review and complete records, and reduce the risk of errors being made. We spoke with a member of staff about the new records format, they said, "They are easier to review. They are also less repetitive to complete." They added, "They are more efficient."

The provider had sent notifications to us about important events and incidents that occurred at the home. The manager also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations. Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the manager completed an investigation to learn from these incidents. The investigations showed the manager made improvements, to minimise the chance of them happening again.