

Mr & Mrs P E Pigott

Strand House Residential Care Home

Inspection report

The Strand
Starcross
Exeter
Devon
EX6 8PA

Tel: 01626890880

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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

Strand House is a residential care home providing personal care to eight people aged 65 and over. During our inspection, seven people were living at the home, although one person was in hospital. Several people were staying on a short stay basis to recuperate or because of their family circumstances. The registered manager and provider lived on the premises.

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

People's experience of using this service:

People were extremely positive about their experience of living at the home. For example, one person described Strand House as "a very comfortable, pleasant home living up to its good name."

People said they felt safe because of the quality of care and the small size of the home. Staffing levels delivered responsive support to people. People received their medicines on time and staff were quick to respond to changes in their health and well-being. People were protected from abuse because staff understood their safeguarding responsibilities. Care staff were recruited to suit the caring values of the service. They recognised the importance of team work to provide consistent and safe care. The home was well maintained, clean, and staff had access to protective equipment to protect people from the risk of infections.

There was a stable and attentive staff group; a person said, "I can't fault them." People were supported by staff who respected their privacy and dignity. Staff relationships with the people they assisted was caring and reassuring.

Staff received training throughout their employment to ensure they had the skills to provide effective care. People's care needs were regularly reviewed. Referrals were appropriately made to health care services when people's needs changed. Risk assessments identified when people could be at risk. They covered people's physical and mental health needs and the environment they lived in. People's nutritional needs were met, and people socialised as they ate their meal in a relaxed atmosphere.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Information was in place to ensure people's legal rights were protected.

There were systems in place which enabled the registered manager to monitor the quality of care. For example, through reviews and surveys. Feedback from people using and visiting the service showed this approach had been effective. For example, a relative said, "Just keep doing, what you are doing. It's the best."

Rating at last inspection (and update):

The last rating for this service was Good (published March 2017). At this inspection, the rating remained the same.

Why we inspected: This inspection was scheduled for follow up based on the last report rating.

Follow up: We will continue to monitor the intelligence we receive about the service. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Strand House Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one adult social care inspector.

Service and service type

Strand House 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did: Before the inspection, we reviewed relevant information we had about the service, including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law. We checked the last inspection report and contacted the local authority for information.

The service completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make.

During the inspection, we spoke with five people living at the home, a staff member and the registered

manager. Some people using the service were living with dementia or illnesses that limited their ability to tell us about their experience of living there. We would normally complete a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us and share their experience fully. However, one person became anxious during the lunchtime meal, so we made the decision not to observe people's mealtime experience.

We reviewed three people's care records, including assessments, staff files, records of accidents/ incidents, audits and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to protect people's safety, they had been trained in safeguarding people from abuse.
- People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. People said they felt safe, for example at night when they said the registered manager was quick to respond to their call bell.

Staffing and recruitment

- People benefited from a conscientious staff team who knew them well and could meet their current care needs.
- Recruitment procedures ensured necessary checks were made before new staff commenced employment. New staff had a full employment history and the provider had ensured they had relevant references, for example from previous employers in care. Disclosure and barring service checks (DBS) were carried out to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

Using medicines safely

- People received their medicines safely, and in the way prescribed for them. For example, staff were trained to administer medicines and people said they were given on time.
- Medicines were held securely, including those requiring extra security.

Preventing and controlling infection

- Good infection control practice was in place. This helped maintain a clean and odour free environment. Visitors and people living at the home praised the cleanliness of the home, describing it as "spotless."

Assessing risk, safety monitoring and management

- Assessments identified when people could be at risk of harm and the action to be taken by care workers to minimise this occurring. Individual risk assessments in the care records covered people's physical and mental health needs. People's weights were monitored.
- Staff could explain potential risks to people's well-being and knew what action was needed to reduce the risk. For example, recognising what triggered one person's anxiety and how to respond by giving them reassurance and time to absorb information.
- People said staff answered call bells promptly. We saw staff took time to engage with people as they walked around the home. People said they felt safe because staff listened to them.
- Fire records were up to date, as were servicing contracts. Most radiators were covered to prevent people

being at risk of burns. Following feedback, the registered manager took action to cover a radiator in the smaller lounge as several people who used the room were at risk of falls.

Learning lessons when things go wrong

- Accidents and incidents were reported, investigated and monitored for themes and patterns.
- Strategies to manage further accidents and incidents were used to update people's care plans and risk assessments.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The home was well maintained with a large flat accessible garden. People's bedrooms were located on the ground floor and first floor. One set of stairs had a chair lift, which people used independently.

Staff support: induction, training, skills and experience

- People benefited from a staff team who worked together to provide a consistent standard of care.
- People looked relaxed and at ease with staff. Staff spoke confidently about how they supported people and understood how they contributed to people's health and wellbeing.
- Training was regularly updated with accurate records maintained. The registered manager was continually looking at new ways to provide training in different formats to suit different styles of learning. This included courses from external sources.
- General training topics included safeguarding, medicine awareness and fire safety.

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

- People's nutritional needs were met. Care plans held information about their dietary needs, including likes and dislikes. People praised the range and quality of the food, for example, "Meals are always excellent and home cooked."
- Staff recognised when people's physical health needs changed and impacted on their swallowing. There was no one at risk of choking but the registered manager had requested speech and language health professionals to provide staff with a training update to help support people to eat and drink safely.

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

- Staff were quick to recognise changes in people's health and request an external assessment or review. Care records showed staff at the home worked closely with health professionals.
- Records of routine medical, dental, eye checks and other important appointments showed staff worked with a range of community professionals to maintain and promote people's health. Oral health care assessments were completed to ensure staff knew what level of assistance people needed.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The registered manager checked if relatives had the legal authority to be involved in decisions relating to health and welfare or finances. This meant people's legal rights were protected. Our discussions with people and records showed people were involved in decision making, for example the use of bed rails.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity;

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People described the home as "small and friendly" and said, "The atmosphere is always lovely." People said they felt they had made the right choice, which gave them peace of mind. One person said, "The food is good, my bed is comfortable, and the garden is perfect." People said they enjoyed spending time in the garden, which contributed to their sense of well-being.
- Our conversations with the registered manager and staff provided a range of examples of their commitment to supporting people in their preferred manner and respecting their privacy. For example, recognising how one person had a set routine, which they supported to help maintain the person's mental health.
- Feedback from relatives, included comments which showed they recognised the positive impact of the caring atmosphere. For example, one relative said there had been a "marked improvement in her well-being. . .she eats better and enjoys the interactions with both staff and residents."
- Our discussions with the registered manager demonstrated their empathy towards the people using the service. They encouraged people to write their own 'typical day' and participate in their care plan. One person had eloquently written a significant part of their care plan. The registered manager had written to their daughter about their involvement and said, "It was a pleasure to spend time with her, plus she was very informative."
- Staff relationships with people using the service were caring and supportive. People valued their independence and were pleased staff recognised this was important to them. This meant people still felt in control. For example, one person went out for a daily walk and enjoyed coming back with tales of who they had met and chatted with while they were out.
- People were treated as individuals, they provided us with examples of good staff practice. They were relaxed and at ease. The atmosphere was welcoming and people living at the home showed respect for each other understanding people had different abilities and personalities.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support specific to their needs and preferences. Staff members' conversations with people showed they knew what topics would interest them.
- One person said they preferred to stay in their room but we saw they appreciated the company of staff, one of whom they described as "a good girl." However, other people said they preferred mixing with others, for example watching television together in the evening or participating in weekly armchair exercises.
- Assessments of people's needs were carried out before they came to live at the service. These were used as a foundation for the person's plan of care. Care plans were accurate as the content described the people we met. Our discussions with staff showed they knew individuals well. There was good communication between care staff through verbal handovers. Staff said regular handovers kept them up to date about changes to people's care.

End of life care and support

- At the time of the inspection, nobody was receiving end of life care but there was recognition that one person's health was deteriorating, and a health professional visited during our inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care records contained communication plans explaining how each person communicated to ensure staff gave people time to respond. They checked people understood them.

Improving care quality in response to complaints or concerns

- Information relating to how to make a complaint was readily available. At the time of our inspection the registered manager had no ongoing complaints.
- People were confident if they ever had any concerns these would be dealt with and addressed by the registered manager, who they described as "approachable." A relative said, "Never had a problem but if we did, we feel they would do their best to resolve any issues."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was well run by the registered manager. A person said, "The care and attention is first class." 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.
- People living at the home praised the registered manager's caring approach, for example one person described her as "very approachable, kind and efficient."
- There was an open and friendly culture; people felt welcomed. The registered manager worked alongside staff; people were at ease with her and chatted to her.
- Relatives praised the service, which included an article in the parish magazine about the support the staff had given for a local person whose health had deteriorated.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager valued and recognised the commitment, kindness and reliability of the care staff. This was shown through supervisions and annual appraisals.
- During the inspection, verbal and written feedback from people using the service showed the service was well run.
- Staff had the necessary skills to meet the range of needs of people who received care from the service. Training was well managed to ensure staff had their skills updated to complete their work safely and with a caring attitude.
- The registered manager was aware when to notify the Care Quality Commission. We used this information to monitor the service and ensured they responded appropriately to keep people safe.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Our conversations with staff and the registered manager showed people protected under the characteristics of the Equality Act were not discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.
- The service worked with health and social care professionals to meet people's specific needs. Care records

showed this positive relationship had benefited the people living at the home. For example, guidance and advice being followed.