

Methodist Homes

Stratton House

Inspection report

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Date of inspection visit:
16 October 2019
17 October 2019

Date of publication:
20 November 2019

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

About the service

Stratton House is a residential care home providing personal care without nursing for up to 33 older people. At the time of the inspection 31 people were living at the home and one person was in hospital. Some people had limited verbal communication, so we captured some of their experiences through observations.

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

People told us they were happy living at the home and they felt safe. All people were comfortable in the presence of staff and relatives were positive about how safe their family members were. Medicines were administered and managed safely. Risks had been identified with ways to mitigate them in place.

Systems were in place to audit the service and when issues were identified they had been resolved. The management strove to be open and continually develop and improve the support people were receiving. They were aware of their responsibility to notify the Care Quality Commission of certain events in line with their statutory obligations.

People were supported by enough staff to meet their needs. Staff had received a range of training including specialist training in health and social care. A range of volunteers helped to increase the social opportunities people could participate in.

People had care plans which were personalised and provided a range of information for staff to use to support their needs and wishes. There were good links with other health and social care professionals to meet the needs of people living at the home.

Staff were kind and caring and knew the people living at the home well. Staff respected privacy and dignity throughout the inspection. Strong links had been developed within the wider community which had a positive impact for people. Independence was promoted, as were the values of treating each person as an individual.

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; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 October 2018) and there was one breach in regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Stratton House

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.

The inspection

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Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Stratton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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 CQC. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the

provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and seven visitors which included relatives, friends and a health professional. We spoke with the registered manager and the deputy manager. We also spoke with 11 members of staff who were a mix of care and auxiliary staff and two regular volunteers.

We observed care and support in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at four people's care records in various detail. We looked at two staff files. We looked at information received in relation to the general running of the home including medication records, auditing systems, policies and procedures, and environmental files.

After the inspection

During the inspection we asked for further information and updates on some concerns we found. The registered manager also sent additional information in relation to their service. All the information was provided in the time scales given and the information has been included in this report.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed and administered safely which was an improvement since the last inspection. Staff administering medicines spent time with each person to ensure it was following their preferences and they were not rushed. Medicine was administered one person at a time. One relative said, "No problems with medication. Very professional approach. They see them take it. Staff wear 'Do Not Disturb' tabards."
- Medicine was stored securely. Those medicines requiring refrigeration or additional checks were stored in line with the requirements. Temperatures were taken of the medicine room and the medicine fridge.
- The registered manager had been ensuring all current best practice was being applied to medicine administration. They explained the action they had undertaken since the last inspection to improve medicine management in the home. Every staff member administering medicines regularly had their competency checked.

Preventing and controlling infection

- Clean laundry was now managed in a separate place to the dirty laundry as an improvement since the last inspection. Colour coded bags were used to identify different types of laundry. One member of staff told us, "It is better, cleaner" when talking about the new systems.
- People lived in a home which smelt pleasant throughout the inspection. All areas of the home were clearly being regularly cleaned.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and staff knew how to keep them safe. One person said, "Yes, safe in here. No possibility of being unsafe. Proper security here." Others told us, "Yes, I feel safe. The outside door is locked" and, "Yes, I feel very safe. It is the environment." One relative said, "The worry has been taken away from us as a family. I have been able to go away for three weeks holiday without worry."
- Staff could recognise potential abuse and knew where to report concerns. All staff thought action would be taken if they raised an issue.
- The management were aware of their roles and responsibilities to keep people safe.

Staffing and recruitment

- People thought there were enough staff to keep them safe and meet their needs. One person said, "I think enough staff day and night. They do everything for you. Shopping, ironing, cooking. I have not needed to ring my bell."
- Relatives and staff agreed there were enough staff. One staff member explained if they were ever short of staff due to sudden sickness they, "Pull together as a team and help one another."

- Systems were in place to safely recruit staff to work with vulnerable people. Checks were completed with previous employers and to ensure staff did not have a criminal record. However, one staff checked by the provider's human resource team lacked records of the references from previous employers. Following the inspection, these were provided.

Assessing risk, safety monitoring and management

- People were enabled to take risks which promoted their independence. Equipment had been arranged for those at risk of falls to allow them to move independently around the home. One person said, "I walk by myself around the home. It is very safe here." Other people told us, "I can move freely around the home as long as my legs will let me" and, "I can go where I want in the home."
- Most risks to people had been assessed and ways to mitigate them put in place. Staff were familiar with this guidance. For example, people at risk of pressure ulcers had specialist equipment in place to reduce the risks. Those at risk of choking had plans in place to reduce the risks and these were followed at meal times.
- However, two people at risk due to a specific health condition were being supported by staff who did not have necessary training in place. One of them did not have guidance in their care plan. By the end of the inspection some training had been sourced. Also, updated guidance had been produced for the person without it.
- Systems were in place to keep people safe in relation to any health and safety risks. For example, the water was checked for a specific type of bacteria and regular fire alarm practices were held.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong, and this led to systems changing. There had been a visit from the local fire service who had identified some issues with fire safety practices. Actions had been taken to improve systems and the fire service were satisfied with actions taken after a follow up visit.
- When incidents occurred in the home the situations were reflected with staff and people within debriefs. If it was identified something could be improved, then action was taken.

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 now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed and care plans were created to give staff guidance about how to meet people's needs. People were fully involved in their care plan if they wanted to be. This made sure it reflected their wishes and preferences.
- Staff received regular training which helped to ensure they were practicing in accordance with up to date guidance and legislation. The provider disseminated information amongst all the managers when any changes had been identified by them.

Staff support: induction, training, skills and experience

- People were supported by staff who had received a range of training in line with their needs. All staff had completed the training the provider identified as mandatory.
- All staff undertook an induction programme when they began work to make sure they had the ability to safely support people. This included the Care Certificate, which is a set of minimum standards all health and social care professionals should adhere to.
- Staff were able to undertake nationally recognised qualifications in care which helped to ensure they were competent in their roles

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

- People were supported to eat a healthy, balanced diet in line with their preferences and dietary requirements. One person said, "The food is very, very good. The chef is first class. The people who serve you are very, very nice; first class. You are offered seconds and there is a good choice."
- Staff were responsive to people if they changed their mind when meals were served. During lunch one person preferred what they saw others eating. Staff immediately resolved the issue by getting them a new plate of food.
- Kitchen staff tried to meet with anyone new to the home, so they could discuss their food preferences and needs. Whenever needs changed for a person senior staff would update them.

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

- People had access to a range of health and social care professionals to promote good health and respond to acute illness. People said, "Oh yes, you see the doctor quickly" and, "If I ask for the doctor and if the senior carer thinks it is necessary, she will get the doctor in."
- Records showed people attended dental and opticians' appointments and GP visits when needed. Every

week there was a ward round by a local GP which helped non-urgent matters to get discussed.

- Staff could recognise when people's health declined suddenly and obtained appropriate medical advice. One person became unwell during the inspection and the emergency services were called immediately. Some staff told us about signs they would look out for.
- One health professional was positive about the staff following any instructions they gave. They told us, "I think it [the home] is really excellent. [Registered manager] really cares about the residents. They [staff] give us good assessments over the phone."

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

- Stratton House was a large, older style house which had been extended to meet the needs of people who lived there. This included providing ground floor accommodation for people with mobility difficulties and lift facilities. One relative said, "The building is suitable. [Person] can go to the garden in the wheelchair."
- People were actively involved in contributing ideas to improvements which were made in the home. For example, the recent garden project and the balcony area round the side of the house.
- Some people's individual needs were accounted for to help them navigate their way round the home. One person who had created many pieces of art had them strategically placed on a route towards their bedroom. However, further consideration could be made to support other people with memory issues.

Ensuring consent to care and treatment in line with law and guidance

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff always sought consent from people prior to supporting them with their care. People who were able to tell us agreed they were consulted prior to staff supporting them. Comments included, "They [the staff] are very, very good. Yes, they ask permission." and, "They talk it through with me and get my permission."
- When people lacked capacity or staff were unsure the person had capacity for a specific decision, statutory guidance had been considered. However, one person had two decisions on the same capacity assessment and best interest decision. Following the inspection, the registered manager updated us with changes they had made in line with statutory guidance.
- Systems were in place to monitor DoLS. This ensured they had been applied for when people's liberties were at risk of being deprived. The registered manager was aware of their responsibility when DoLS had conditions.

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 now 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

- People lived in a home where there was a culture of respect and valuing each other. One person said, "It is one happy family doing the things that need to be done. You would not believe how lovely everybody is. They [staff] are so happy. Until you are here you do not know how happy everything can be." Other comments from people included, "Staff are wonderful", "The staff know me well. You feel they are friends" and, "We are treated equally."
- The registered manager made it clear it was the people's home and staff were visitors to help them. One relative said, "The care is good. They [staff] are kind and very interested in the individual. They talk to them about their family and things going on."
- Staff understood how to treat people with respect and respect their diversity. Comments included, "I treat everyone with dignity and respect" and, "You learn to tailor your own views to each resident."
- Compliments from a range of people, relatives and visitors reflected what we were being told. Some read, "Thank you so much for caring for mum over the last few years. We have always been impressed by the quality of care; especially 'behind the scenes' the cleaning, the laundry, the kitchens, maintenance. You are fabulous." and, "I feel like [staff's name] goes that extra step for me. I feel special, very well looked after."

Supporting people to express their views and be involved in making decisions about their care

- People were able to make choices about their care and support. These were respected by staff. People's comments included, "Oh yes, you have choice" and, "I can spend time in my room. You can do what you want to."
- All people were asked which gender staff they preferred to support them. This had been respected and recent rotas demonstrated this. The registered manager explained when they occasionally used agency staff at night they always made sure people's preferences are considered.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. Each person had a bedroom which they could lock if they chose to. Throughout the inspection staff were knocking on bedroom doors before entering.
- Independence was promoted by the staff and management. People were moving round the home, when appropriate, unsupported by staff. One person chose to spend time in their bedroom with minimal interaction from staff; this was always respected. One relative said, "They [person] are encouraged to be independent but [person] likes their wheelchair."

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 now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was personalised to each person. Everyone had a care plan which gave information about their needs and their likes and dislikes. Consistent care was promoted because there was clear guidance for staff to follow.
- People were involved, when possible, with their care planning. One person said, "They fill in a care plan. It's all locked up. I could see it if I wanted to." Family members were consulted if people were unable to contribute. One relative said, "I am involved in care planning and decision making" because their relative was unable to contribute.
- People's care plans were regularly reviewed and updated in line with their needs. Any updates were shared with all staff. When it involved eating and drinking, staff working in the kitchen received updates.

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.

- Systems were in place to explore ways to share information in an accessible way to people. Each care plan had a communication section with their preferred methods. One relative said, "The staff communicate clearly. [Person] can lip read if not hearing well." Other options such as large print and pictorial communication were available.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People participated in a wide range of activities both within and outside of the home. These were aligned with people's hobbies, needs and interests. People said, "Activities are very good. She is the best co-ordinator out of all the Methodist homes. So many things for us to do." and, "We have bus trips and talks. You can suggest to them what you'd like to do. We have meetings where they ask what you want to do."
- Activities had been developed to try and promote people being an active part of their community. One compliment read, "Thank you very much for the generous gifts you kindly gave to the [place name] homeless rough sleepers at Christmas. They were very much appreciated. Your generosity and prayers at Christmas and Easter each year is appreciated very much."
- The chaplain worked closely with people when they first moved in to create 'desert island discs.' It helped other people and staff get to know the person whilst providing them with positive memories.
- People were supported to maintain any relationships with family and friends. One relative said, "We can

visit at any time." Throughout the inspection we saw visitors made welcome by the staff. This included some relatives of one person who had recently passed away.

Improving care quality in response to complaints or concerns

- People and relatives told us they would be comfortable to make a complaint if they were unhappy about any aspect of care. Comments included, "I go straight to [registered manager] who is very good" and, "Nothing for me to complain about. No problem with anything."
- Systems were in place to manage complaints and any which had been raised had been managed in a timely manner. The registered manager and provider took all complaints seriously and acted to address issues raised.

End of life care and support

- People's end of life wishes were discussed with them and recorded to make sure they would be respected. End of life care plan information was personal and included what people wanted if they were very ill and what they wanted to happen after their death. One person receiving end of life care was very positive about the regular support they were getting from staff.
- Support was provided to relatives once a person had died. This included the Chaplain offering to lead the funeral and creating a support leaflet including guidance. One relative wrote, "Thank you so very much for singing so beautifully at Mum's service on Monday. She asked for her service to be dignified and you certainly provided that. Everyone appreciated it and I only wish that I could tell her all about it. She would have been very touched by your contribution."
- Other compliments received reflected how valued people and their relatives felt towards the end of life care. Another relative wrote, "I just wanted to write and say thank you for all your love and care for [person] over the past year. She really loved living here and being such an active part of the community... Thank you for your beautiful care as she became more frail and that she could stay at Stratton House until the end."

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 requires improvement. At this inspection this key question has now improved to good. 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

At our last inspection the provider's audits had failed to identify concerns around medicine administration and preventing the spread of infection whilst handling laundry. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems were in place to demonstrate the management had understanding about monitoring the quality and risks of the service people received. When they had identified improvements were required action was taken. Since the last inspection, the registered manager showed us improvements at the home around medicine management and laundry practices.
- The provider was aware of their legal responsibilities to notify the Care Quality Commission in line with their statutory obligations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had a clear ethos in the home which all staff and people were aware of. They explained people lived at the home and they should be helping to run and shape it. One person said, "It is an open culture." Others spoke about how it was like being with their family. One visitor said, "One of the nicest homes I have been in. Staff are friendly and helpful. Always ask if people are ok and need anything. My friend is cared for and safe. It feels like a family. Lovely here."
- People and relatives were positive about the management of the home. Comments included, "The manager is very good. Always available for help and information", "Very well managed. Very happy home. As much home from home as is possible" and, "You can see the manager at any time. He is approachable."
- Staff were positive about the management. One staff member said, "I get on really well with him [registered manager]. He always says his door is always open." Another staff member told us, "They [management] are really approachable. Can go with something minor or major."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider were aware of their duties to be open and transparent. One person said, "They [management] deal with things straight away. If you had a fall they would ring and tell my [relative]. I am very happy here."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's cultural, spiritual and diversity were celebrated within the home. Recently, the Chaplain and activity coordinator had been leading sessions on celebrating diversity for groups of people with different backgrounds and cultures.
- People and their relatives were involved in decisions about their care and the running of the home. There were regular meetings when they could make suggestions. One person said, "I go to the resident's meetings. We can have our say." A recent project which had benefitted from people's input was the regeneration of the garden. It included planters including those accessible with a wheelchair and a potting greenhouse. Further plans were to develop a 'secret garden' area.
- Staff confirmed they felt listened to and their opinions were valued by the management of the home and provider.

Continuous learning and improving care

- The registered manager and provider strongly believed in continuous learning to improve the care and support people received. When significant incidents had occurred, they had reflected and put things in place. Recently, a new system had been developed to monitor patterns and drive improvements.
- The provider and management recognised valuing the staff team was a positive way to drive quality for people. One staff member said, "It is one of nicest jobs I have ever had. Want to go above and beyond."
- There were annual awards for staff including a ceremony to celebrate them. One member of staff told us how proud they were to have been nominated four times for a reward. They said it, "Makes you pleased with what you do" and was motivation to providing a high-quality service for people.

Working in partnership with others

- Strong links had been developed with the local community. This had provided a range of opportunities for people. There were many volunteers who regularly supported the home in a variety of ways. A community library had also been created to allow people to exchange and share books with each other. Local schools and nurseries had visited to increase social and intergenerational opportunities for people if they were less able to access the community.
- Links had been developed more internationally as well. This included a variety of schemes to celebrate previous travel people had completed. Additionally, the people were helping to raise improvements for those in less fortunate countries. This reflected their Christian ethos underpinning the service.
- The management and staff were constantly sourcing ideas to enrich people's lives. They had organised being more environmentally friendly. The provider's head office supported this drive by sourcing more environmentally friendly products such as recycled paper, cleaning products and pens. Stratton House were the only care home in country who had achieved a bronze 'Eco Church Award' as an accolade of this work.