Western Health Care Limited

Stroud House

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 took place on 13 and 14 May 2015 and was unannounced.

Stroud House provides accommodation and care for up to 25 older people, some of whom may also be living with dementia. The home is in a rural location, near Petersfield. There is access to gardens.

Stroud House has a registered manager in post. 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 said they felt safe. Staff had received safeguarding training and were able to explain how to protect people from abuse and how to report suspected abuse.

People's individual risks were appropriately assessed and care plans were in plan to mitigate against known risks.

Summary of findings

The service used good communication methods to ensure that staff were knowledgeable about risks to people and what actions needed to be taken to keep people safe.

There were sufficient staff on duty. People's needs were met whether they were in communal areas or being cared for in bed.

Staff recruitment and induction practices were safe. Relevant checks were carried out to ensure that suitable staff were recruited.

Medicines were stored and administered safely. Records in relation to medicines were accurate and staff had received training in medicines administration, and had their competency checked regularly.

Staff had received appropriate training to meet people's needs. Records showed that staff had received training in key areas such as infection control, fire training, moving and handling, food hygiene and health and safety. Staff were supported to study for health and social care vocational qualifications. Staff told us they felt supported in their role.

Staff were knowledgeable about people's needs and how to support them. Staff said they knew about people's needs from handovers, care plans, risk assessments, people themselves and their families. We saw that staff interacted with people appropriately and kindly, appearing to know them well as individuals, and treating them accordingly.

People were asked for their consent before care or treatment was provided and the provider acted in accordance with the Mental Capacity Act 2005 (MCA). People made their own decisions where they had the capacity to do this, and their decision was respected.

People were supported to have sufficient to eat and drink and maintain a balanced diet. Drinks were readily available throughout the day and staff encouraged people to drink. For lunch a main meal was offered, with a second choice and a vegetarian option. The chef was knowledgeable about people's individual requirements such as those people who required a pureed diet, a soft diet or a diabetic diet. We saw that staff maintained a presence in the dining room during lunch, checking that everyone was managing and offering support if needed.

People were supported to maintain good health through access to ongoing health support. Records showed that district nurses, speech and language therapists and the community psychiatric team had been involved in people's care and referrals were made where appropriate.

Staff were kind and patient with people, using gentle persuasion and encouragement to support them. They took time to listen to people and understand how they were feeling. People's dignity was respected, staff took time to make sure that little things which were important to people were respected. For example staff checked that hairbrushes were kept clean and people's clothes were named. Staff had an understanding of people's abilities and supported independence as much as possible.

People were involved in decisions about their care and were offered choices in all aspects of their daily life. Where they had capacity, people had signed their care plans showing that they agreed with the plan of care.

Staff were able to respond appropriately to people's needs because they knew them well and understood their care needs. Staff had taken the trouble to get to know people personally so they could respond to their preferences, likes and dislikes providing personalised care. Care plans were reviewed monthly and updated where necessary to ensure that staff were always aware of people's needs.

The home had been recently renovated and people appreciated and commented on the new décor. A wall had been knocked down to create a large living space which suited people's needs more effectively. The provider had responded to the need to improve the environment within the home and this had had a positive outcome.

People were able to engage in different activities, such as scrabble, bingo or arts and crafts. Harp therapy was available for people as a soothing activity.

The provider had a complaints procedure which detailed how complaints should be dealt with. There were a small number of complaints and all had been dealt with appropriately.

The atmosphere in the home was friendly and easy going. The registered manager was passionate about the home and keen to make improvements. There was a family

Summary of findings

feeling amongst staff who were united and keen to ensure people were happy and well cared for. Staff felt valued and involved in decision-making and this reflected in the care delivered.

Feedback was sought regularly from people, staff and relatives and was responded to, ensuring continuous improvement to the home.

The registered manager demonstrated good management and leadership. She ensured she was visible 'on the floor' on a daily basis. People knew and trusted her.

Policies and management arrangements meant there was a clear structure within the home which ensured the service was effectively run and closely monitored.

The quality of the service was closely monitored through a series of audits of care plans, the kitchen, infection control, health and safety, falls and medicines.

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?
The service was safe.

People told us they felt safe. Staff had received safeguarding training and knew how to recognise the signs of abuse.

There were sufficient staffing levels to meet people's needs.

Medication was stored and administered safely.

Good

Is the service effective?
The service was effective.

Staff had received appropriate training to meet people's needs and had detailed knowledge about people's individual preferences. Staff delivered care in line with people's individual needs and wishes.

People, who were able, gave consent to their care. For people who were unable to give consent, the provider complied with the requirements of the Mental Capacity Act 2005.

The provider knew about the Deprivation of Liberty Safeguards and had made appropriate applications in this respect.

People were supported to have sufficient to eat and drink and maintain a balanced diet. Staff were aware of special diets and dietary preferences.

Good

Is the service caring?
The staff were caring.

Staff treated people in a kind and compassionate way. They took time to make sure that people were safe and comfortable and felt included.

Staff described how they provided care to people and respected their dignity. People were complimentary about the care received.

Good

Is the service responsive?
The service was responsive. Staff were able to respond appropriately to people's needs due to the detailed and accurate care plans, risk assessments, daily records and handovers.

Staff had taken the time to get to know people personally so they could respond to their preferences, likes and dislikes, thereby providing personalised care.

Good

Is the service well-led?
The home was well led.

There was a positive and open culture within the home where feedback was actively sought and responded to by the provider. Staff and people using the service said they felt listened to.

The provider actively monitored the quality of care and took appropriate actions where necessary to drive service improvements.

Good

Stroud House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 and 14 May 2015 and was unannounced. The inspection was carried out by an 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 residential care and dementia care services.

Before the inspection, we reviewed all the information we held about the home including previous inspection reports and notifications received by the Care Quality Commission.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

During our inspection we spoke with 14 people using the service. We also spoke with the registered manager, the deputy manager, the chef, the activities co-ordinator and three care workers. We reviewed records relating to four people's care and support such as their care plans, risk assessments and medicines administration records.

Where people were unable to tell us about their experiences due to their complex needs, we used other methods to help us understand their experiences, including observation of their care and support.

We previously inspected the home on June 2013 and found no concerns were identified.

Good

Is the service safe?

Our findings

People we spoke with, who were able to verbally express their opinions, said they felt safe and were treated with politeness and dignity. One person said "It's lovely here." People told us they knew who they could speak to if they did not feel safe.

People were protected from abuse. Staff had completed safeguarding training and were able to explain to us how they protected people from abuse. One staff member told us "We keep people safe, we report to the manager or CQC if we have any concerns." Staff were also able to explain how they would recognise signs of abuse and said they would take people's concerns seriously if reported to them. The safeguarding policy was available for staff to review and relevant telephone numbers were displayed on notice boards. Staff told us they were aware that they could report safeguarding concerns to outside agencies such as the police, the local authority and the Care Quality Commission.

We saw a range of tools were being used to assess and review people's risk of poor nutrition or skin damage. There were specific risk assessments for each person in relation to falls, malnutrition and pressure ulcer prevention. Support plans were written in relation to the management of each identified risk for people such as mobility or social and psychological needs. Staff described how they learnt about people's individual risks from handovers and care plans. Cards in relation to each person were stored in a card index box. Each card gave a short summary of each person's risks and the support they required. This meant that if agency staff were used or regular staff were working with people they were unfamiliar with, they had quick access to key information about that person. The cards were handed out to staff at the start of each shift for the key people they were caring for, so an easy reference was always to hand. This meant staff had a good way of ensuring they knew people's key risks. Staff we spoke with told us they had read people's care plans and knew how to manage risks to them. During each shift, a handover sheet was prepared for the next shift. Comments and updates about each individual person were recorded to ensure that any new risks identified could be passed to the next shift. This ensured a consistency of care for people.

The registered manager explained how staffing numbers were calculated. This was based on historical ratios of staff to people and adjusted for any increases in people's needs. For example on the day of the inspection one person needed a member of staff to sit with them, and this was arranged. We observed that there were adequate numbers of staff on duty to meet people's needs. Very few people were cared for in bed, but those that were, had their needs met. One person, who we checked on several occasions, was sleeping, however, we could see they had been repositioned, looked comfortable and had fresh bed linen. The registered manager told us that staff sickness was usually covered by permanent staff taking on extra shifts, although agency staff were sometimes used. Staff told us there were enough staff on duty, and there were always enough staff for people to have a bath or a shower whenever they wanted.

Recruitment and induction practices were safe. Relevant checks such as identity checks, obtaining appropriate references and Disclosure and Barring Service (DBS) were being completed for staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider told us that a new system had been put in place to ensure that DBS checks were repeated on a regular basis.

Medicines were stored safely. Medicines were stored in a locked medicines trolley which was secured to the wall. Medicines which were used 'as required', known as PRN, or any that were in excess of the amount stored in the trolley, were stored in a locked cupboard. Storage arrangements met legal requirements for the storage of controlled drugs. Controlled drugs are medicines which require a higher level of security. Medicines which needed to be stored in a fridge, such as insulin, were stored in a lockable fridge. Fridge temperatures were recorded on a daily basis. We checked records in relation to controlled drugs and found them to be accurate.

Medicines were administered safely. Records in relation to medicines were kept for each person using the service and included a photograph of the person and their date of birth, a list of any allergies, a list of their medicines and how they should be administered. There was a protocol in place for each person that received 'as required' medicines, known as PRN. This meant that staff were aware of when these medicines should be administered. Medication administration records (MAR) were kept for each person. We reviewed a sample of the records from the day of the

Good

Is the service safe?

inspection, which showed that medicines had been administered as prescribed. The provider carried out a medicines check every month. We reviewed quantities of medicines (including controlled drugs) in relation to records and found these to be accurate. Blister packs of medicines showed that all medicines had been administered on the day of the inspection up until the time of our review.

Staff, who administered medicines, had received training and their competency to administer medicines was checked twice a year. Medicines were disposed of appropriately following the medicines disposal policy.

Good

Is the service effective?

Our findings

One person told us they were extremely happy with the staff describing them as "Good, helpful and kind."

Staff had received appropriate training to meet people's needs. Records showed that staff had received training in key areas such as infection control, fire training, moving and handling, food hygiene and health and safety. Staff told us they had received sufficient training to meet the needs of people living in the home. The provider scheduled additional face-to-face training regularly throughout the year. There was a requirement for staff to attend training in order to keep their knowledge fresh and up to date. There was also training available in respect of challenging behaviour, palliative care and dementia. One member of staff said "We have almost every training possible." The registered manager told us she regularly checked to ensure staff kept up to date with their training. Staff were supported to study for health and social care vocational qualifications.

Staff had regular supervision meetings with the registered manager or deputy manager and all staff had had an annual appraisal. Staff told us they felt supported in their role and felt able to discuss any concerns with the registered manager at any time.

Staff were knowledgeable about people's needs and how to support them. Staff said they knew about people's needs from handovers, care plans, risk assessments, people themselves and their families. Staff described people's individual needs and how they supported them. For example, one member of staff told us that "(a person) used to work in education so we have conversations about her jobs, she likes joining in quizzes, she needs help with buttons but otherwise is quite independent." This description matched records in relation to the person's care.

We saw that staff interacted with people appropriately and kindly, appearing to know them well as individuals, and treating them accordingly. For example, staff were offering biscuits with mid-morning coffee and we heard one member of staff say "The pink wafer – I know you like those best." The person was delighted with this comment.

People were asked for their consent before care or treatment was provided. Staff told us that they would not rush to provide personal care but would have a conversation with the person first. They then asked if the person was ready for personal care and would go back later if the person was not ready. One member of staff said "We are always polite and ensure the person understands and agrees before we provide personal care. We explain all the time." People told us they were offered choices such as what time they would like to go to bed. One person said "I usually sleep well. I get up quite early, but I go to bed quite late. It depends how I feel."

We checked whether the provider was acting in accordance with the requirements of the Mental Capacity Act 2005 (MCA). The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. We found that staff had received training and were able to describe some of the key principles. Mental capacity assessments had been undertaken which were decision specific. People made their own decisions where they had the capacity to do this, and their decision was respected. People who had capacity had signed their care plan confirming that the benefits and risks had been explained to them.

The Care Quality Commision (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. We found that the registered manager understood when an application should be made and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. Relevant applications had been submitted.

People were supported to have sufficient to eat and drink and maintain a balanced diet. Drinks were readily available throughout the day and staff encouraged people to drink. Jugs of water and juice were available in the lounge all day and in people's rooms. We saw staff pouring drinks for people. A tea trolley came round during the morning serving tea, coffee and biscuits. The deputy manager told us they encouraged people to drink all day ensuring they had a drink with breakfast, mid-morning, with lunch, afternoon tea, at supper and at bedtime.

The chef told us that menus were worked out in line with people's preferences, ensuring healthy balanced meals. She told us that each day a main meal was offered, a second choice was available which included food such as

Good

Is the service effective?

jacket potatoes, omelettes or fish and there was also a vegetarian option. The chef was knowledgeable about people's individual requirements such as those people who required a pureed diet, a soft diet or a diabetic diet. Records of these requirements held in the kitchen matched with people's care plans, staff knowledge and what people ate. One person said "The food's good; my appetite is good too. There's only one choice at lunch, but we can always have alternatives – I like stuffed peppers, for instance. The chef is excellent." We observed lunch to be a sociable occasion, with lots of chatting and banter between staff and people. People were complimentary about the food.

People received support to eat when required. One person, who was being supported to eat, was a very slow eater. Staff supporting them, gave them all they time they needed, whilst carrying on a conversation with them and their friends. We saw that one person was supported to eat as independently as possible. The person was eating with a spoon, but their concentration kept drifting. Staff kept a discreet eye on the person, returning regularly when needed, to hold the person's hand and spoon and encourage them to start eating again. We saw that staff maintained a presence in the dining room during lunch, checking that everyone was managing and offering help with cutting up food or offering sauces. Help was available for people if they needed it.

People were supported to maintain good health through access to on going health support. Records showed that district nurses, speech and language therapists and the community psychiatric team had been involved in people's care and referrals were made where appropriate. One person told us that her hearing had been impaired due to ear wax. The registered manager told us that a referral had already been made to the community nurse for this. People told us that a GP was called whenever they were not well. On the second day of our inspection we overheard a member of staff calling the GP, as they were concerned about a person who had been drinking regularly but had minimal urine output. One person told us "The doctor is very good."

Good

Is the service caring?

Our findings

One person told us "I've been here two years. It's lovely – they are kind and it's a good atmosphere. We have a laugh."

Staff were kind and patient with people. One person requested a cup of tea, but then became too afraid to leave their wheelchair to sit in an arm chair. After a few moments of gentle persuasion, the staff decided that the person might be calmer if they had their tea first. The care worker repositioned the wheelchair, whilst talking kindly to the person "I'll just put the wheelchair in line with the other chairs so you are comfortable and can see everyone, then I'll bring your tea." After their tea, the person was calm enough to transfer to an armchair.

Staff respected people's feelings. A hairdresser was in the home during our inspection and most people had their hair done. We noticed people's hair was smart and their nails were well cared for. One person was quite anxious and confused and was not sure about having their hair done but the hairdresser gently encouraged them, stating "It will make you feel better." The person came back after having their hair done looking much calmer and enjoying people's compliments.

Staff were caring and understanding. They told us that if they noticed that someone was upset, they would ask them what was wrong and let them know they were there to listen. One member of staff told us how they supported a person who was at the end of their life, by sitting with them and holding their hand. One person was very complimentary about a particular member of staff. They said "She's sympathetic and practical. If I'm down in the dumps, she tells me to get my shoes and we walk around the grounds. That makes all the difference. Without her I would have gone under."

Each person had a keyworker file, which was kept updated by their designated keyworker. The role of a keyworker was clearly identified at the front of the file. Weekly records were kept for each person of simple items which maintained the person's dignity. For example, key workers checked that the person's hairbrush was clean, that their clothes were all named, that they had sufficient supplies of toothpaste and soap and that their room was tidy. They also had weekly reviews with their keyworker where they could talk about how they had been, what activities they had enjoyed and if they had any worries. This enabled the keyworker to develop a special relationship with the person, so they felt comfortable and able to confide.

Each person had a 'This is me' section in their care plan. This described personalised details about the person to enable staff to know them really well. For example 'I like my meals, but I may be late for them, so I like staff to remind me.' This information formed part of the information pack kept for emergencies, such as admission to hospital, so that other health workers would be aware.

People were involved in decisions about their care and were offered choices in all aspects of their daily life. A member of staff told us they always gave people choices. Where people weren't verbally able to choose, staff said they used other ways of understanding people's choices. For example, one person was deaf but was able to communicate by writing notes. Staff told us it was important to give the person time to understand and also to have the time to listen to the person's response. Where they had capacity, people had signed their care plans showing that they agreed with the plan of care.

People were supported to be as independent as possible, and staff were observed to be patient with this, even if it took a long time. One person took a very long time to eat their meal, but ate everything. A care worker said "She always does that, that's why we leave her to it." We spoke to one person who was having their lunch in bed. At first it appeared that the person required support to eat, but the person was adamant that they were able to eat themselves and staff confirmed that the person was able to do this. This meant that staff had an understanding of people's abilities and supported independence as much as possible.

People's privacy and dignity was respected. Staff were courteous and knocked on people's doors before entering. People were appropriately dressed and many were looking smart having just had their hair done. Staff had taken time to know people, which showed they respected them as individuals.

Good

Is the service responsive?

Our findings

Staff were able to respond appropriately to people's needs because they knew them well on a personal level and understood their care needs. Staff had taken the trouble to get to know people personally so they could respond to their preferences, likes and dislikes providing personalised care.

Care plans contained information about people's abilities, their desired outcomes and the support they required to achieve them, including any identified risks. People's personal histories were included in their care plan and their choices and preferences were reflected. Where other people had been involved in discussing a plan of care, this was recorded. Care plans were reflective of people's needs and wants.

Staff were knowledgeable about people's needs and preferences, for example, the moving and handling equipment they required, what they liked to eat and wear and where they liked to spend most of their time. One staff member told us about a person who would not leave their room without their make up on and another person who would not wear clothes that did not match. During our inspection, one person was escorted into the garden, to sit in a sunny courtyard. Staff were aware of people's friendships and supported another person, known to be their friend, to sit in the sun too. They sat in the garden chatting, and were easily observed by staff through the window, ensuring their safety.

Care plans were reviewed monthly and updated where necessary. Comments were recorded each month, in each part of the care plan, as part of the review showing that each part of the care plan had been considered individually. Weekly keyworker updates were opportunities for people to discuss if they would like their care provided differently. This meant that care plans were up to date and staff were always aware of people's needs.

The home had been recently renovated and people appreciated and commented on the new décor. One person said "Much nicer than before, especially the lamp fittings – they're lovely and so much brighter." Changes had also been made to the living space, knocking down a wall and creating a large dining and lounge area, which suited people's needs more efficiently. The area was also used for arts and crafts and had a large window with views onto the back garden. Bird tables and feeders ensured the garden was busy with birds for people to observe. The provider had responded to the need to improve the environment within the home and this had had a positive outcome.

People were able to engage in different activities. During our inspection, a hairdresser was present in the home. During the morning, the activities co-ordinator was engaging people in a large format game of scrabble. There was a buzz of conversation and laughter around the game. One person said "I play Bingo, I do music and movement – I'm choosey but I'm never bored." Another person said "I can pick and choose what I do." In the afternoon, another member of staff arrived to conduct a game of bingo. The game successfully engaged 11 people around several tables. People were supported to join in the game and the game sounded fun, with noise resounding around the home. The registered manager told us that people were receiving harp therapy. Harp Therapy is a general term used to describe the various therapeutic applications involving harp music. Harp music is soothing and calming and recognised as a healing instrument in some cultures.

The provider had a complaints procedure which detailed how complaints should be dealt with. A complaints book was located prominently in the entrance hall. Only four complaints had been received since January 2013. All of the issues identified had been rectified. There was also a suggestion box in the entrance hall. The registered manager said she liked people to come to her with complaints or concerns and had an 'open door' policy. Staff confirmed they would go to the manager if they had any concerns and people were given opportunities to raise concerns either through residents meetings, keyworker reviews or just by talking with staff. Records were also kept of cards and letters of thanks. One letter from a relative said they were 'Thankful for the care and companionship provided to someone living with such a challenging disease.'

Good

Is the service well-led?

Our findings

There was a positive and open culture within the home. Staff said they felt able to raise concerns, and were confident they would be responded to. One member of staff said "I like the way (the registered manager) works. If you have a problem, she's there to listen to you. She motivates you." Staff said they were actively encouraged through meetings and appraisal to give feedback about the service.

The atmosphere in the home was friendly and easy going. The registered manager was passionate about the home and keen to make improvements. There was a family feeling amongst staff who were united and keen to ensure people were happy and well cared for. Staff felt valued and involved in decision-making and this reflected in the care delivered.

Feedback was sought in other ways for example an annual family and friends questionnaire was sent out. There was documentary evidence of an action plan based on the results of the last surveys. The action plan had been completed. The current renovation programme was in response to the last surveys. Staff told us how people had been involved in the renovation work, choosing carpets and paint for the home. Minutes of residents meetings were available which documented that people were asked for feedback and suggestions in relation to activities, trips and entertainment. Staff meetings were held on a quarterly basis and at the last meeting the role of a senior had been discussed. The registered manager wanted to ensure that senior care worker responsibilities were clearly defined and demonstrated within the home. Senior care worker meetings were also held on a regular basis to ensure that the seniors were aware of their role and were able to discuss concerns or suggest improvements. At the last meeting held in March 2015, the senior care workers discussed handover meetings between shifts and how these could be improved. This meant there were opportunities for feedback from people, staff and relatives and the provider was responding to feedback.

The registered manager demonstrated good management and leadership. She ensured she was visible 'on the floor' on a daily basis. People knew and trusted her. She told us that sometimes she helped 'on the floor' and had carried out various tasks including cleaning, showing that she supported staff and ensured the smooth running of the home. She felt that good communication and a good relationship with outside professionals was key to providing a quality of care. She was open about the service stating that she liked relatives to visit at any time so they could see the home "as it is." The registered manager was keen for staff to obtain a vocational qualification in dementia care and had plans to extend services at the home. She appreciated that she had a stable staff group and told us how proud she was of their achievements. She was pleased to be the registered manager of such a "lovely home."

Policies and management arrangements meant there was a clear structure within the home which ensured the service was effectively run and closely monitored. Policies included staff recruitment, safeguarding, bullying, confidentiality, complaints and a code of practice. Core values of privacy, choice, dignity, independence, inclusion and fulfilment were also described within the policies. Our observations around communal areas in the home, reviewing care plans and speaking to staff and people showed that care within the home was delivered within the core identified values. This was particularly reflected in the caring nature of staff and their attention to small details.

The quality of the service was closely monitored through a series of audits of care plans, the kitchen, infection control, health and safety, falls and medicines. The registered manager also completed a monthly return to the provider keeping them informed of key information about the home such as notifications to the Care Quality Commission (CQC), infections, district nurse visits, hospital admissions and DoLS applications. Action plans had been drawn up and completed where necessary. This meant the provider was identifying and responding to any improvements required.