

Methodist Homes

Stratton House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Stratton House is a residential care home providing accommodation and personal care for up to 33 people. The service provides support to older people. At the time of our inspection there were 30 people using the service.

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

People told us they felt safe. Comments included, "I do find myself feeling safe here." Staff understood their responsibilities to protect people from harm and abuse. Risk assessments had been carried out to assess risks to people's safety, and care plans informed staff how to keep people safe. Safe recruitment practices were in place. We received mixed feedback in relation to the number of staff on duty; however the registered manager told us they were in the process of reviewing staffing levels. Systems were in place for people to receive their medicines in a safe way. Incidents and accidents were reported and reviewed.

There was a quality assurance system in place to assess the standards of care in the service. This was overseen by the management team. Staff spoke very positively about working at the home and the people they cared for. One member of staff said, "[Registered manager] is so supportive. He encourages me, and even if he's busy he's always happy to answer any queries. If I wasn't so supported, I would have left." People told us the registered manager was very involved with everyone who lived at the service and that the management team as a whole were approachable. One person's relative said, "[Registered manager] is very approachable and helpful, as are the deputy and admin managers."

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

Rating at last inspection

The last rating for this service was Good (published 21 November 2019).

Why we inspected

We received concerns in relation to safe care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stratton House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The 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.

Stratton House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Stratton House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven people and three visitors. We spoke with five staff including care staff, the community co-ordinator, and the registered manager. We spoke with two visiting health professionals.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had received safeguarding training. The registered manager told us the provider had recently carried out face to face training for staff and all staff had been provided with a pocket guide to safeguarding.
- Staff understood what they should report, how to report and the reason why they needed to report any concerns. Staff comments included, "If I noticed any unexplained bruising, I would check the plan, see if a skin chart had been done. If it's not done, I would report it and give the information to the manager" and, "It's important to keep everyone who lives here safe. I have sometimes filled in a chart and then found it was already reported, but that's good because it means we're all reporting things."
- Staff knew how to report concerns about poor care. Comments included, "If I was worried about care, I would blow the whistle. I've got the number in my locker. I've done it before in another home, so I'm not scared" and, "If I was worried about the care, I would speak to [registered manager] or go down the whistleblowing route."
- People told us they felt safe. Comments included, "I do feel safe; having the staff around when you need them is part of it" and, "We are encouraged to be as independent as we like, but they [staff] are there to help with things if we need them to."
- People's relatives told us they felt confident people were safe. One person's relative said, "The atmosphere here just makes you feel safe."

Assessing risk, safety monitoring and management

- Risks to people's safety were identified and assessed, with guidance in place for staff about how they should to reduce the risk of harm occurring.
- We reviewed risk assessments relating to different aspects of people's care, including the risk of falls, choking, and skin damage. All assessments had been reviewed regularly. Care plans provided detailed and person-centred information.
- Regular health, and safety and environmental checks and audits were carried out to monitor the safety of the service.
- Emergency plans and individual fire evacuation plans were in place to ensure staff could support people in the event of a fire or other emergency.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- Safe recruitment processes were in place. For example, the provider undertook checks with an applicant's previous employer in care and with the Disclosure and Barring Service (DBS). DBS checks are important as they inform employers about applicants who may be unsuitable to work in care.
- Staff gave mixed feedback in relation to staffing levels. Some staff felt there were not enough of them on duty to meet people's needs. Comments included, "I know the company's dependency tool says we have enough [staff], but I don't think we do. Residents have become more complex and the building layout is big." However, other staff said, "We're in a much better place staffing wise. Generally, I do think there's enough."
- Feedback from people and relatives was mixed in relation to staffing levels. Comments included, "I can use the call bell if I want a drink. Sometimes there is a very long wait [for staff] while occasionally it is quite quick. Mostly it seems you have to wait a while though" and, "The carers are the kindest of people, but there aren't enough of them." We observed that, on occasion, call bells sometimes rang for some time before being answered. On one occasion the bell rang for 21 minutes.
- We discussed the feedback about staffing levels with the registered manager and they said they were in the process of reviewing staffing numbers.

Using medicines safely

- People's medicines were managed safely.
- Medicines were administered by staff who had been trained and had their competencies regularly assessed.
- People told us they had their medicines on time. One person said, "I need my medicines at set times. They [staff] have adapted very well and I get my meds pretty much on time every time." Medicines administration records showed that people received their medicines as prescribed.
- Medicines were stored safely and when no longer required, were disposed of safely. Regular stock checks and audits were carried out.
- Protocols for additional medicines people might require (PRN) were personalised and described when and why people might require them. When additional medicines were administered, staff documented the reasons why and the outcome.
- Records of topical medicines and creams were completed. There were body maps in place to inform staff when and where to apply creams and lotions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider's visiting policy was in line with government guidance.
- The building was visibly clean and free of odours.

Learning lessons when things go wrong

- Incident and accident reports showed immediate action taken and any steps taken to prevent a recurrence.
- When accidents happened, staff followed best practice guidance. For example, falls monitoring for people who were prescribed blood thinners.

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

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

- People told us the registered manager and the management team were open and accessible. Comments included, "If I had a problem I would go to [registered manager]. We see him regularly around so getting to him isn't a problem" and, "They [staff] are all very helpful. [Administrative manager] is very knowledgeable and if [they] don't know, [they] will find out."
- One person's relative said, "Everyone is happy here. The staff are happy and smiley. Everyone is very friendly which goes a long way. Staff are genuinely very caring, and the atmosphere is so friendly too. Staff are kind and thoughtful to me and knowing [relative] is very contented, allows me to relax."
- Staff told us morale amongst the team was, "On the up" and, "It [morale] has really brightened up." One staff member said, "Obviously, we still have good and bad days, but it feels so much better. People get on, there's more open communication."
- The registered manager told us, "It's been a tough year, but there is better atmosphere here now" and, "We have a much more open culture now."
- Staff told us the service was a place they enjoyed working at. Comments included, "I enjoy my job and I do think the care is good. The staff we have try their absolute best" and, "I love my job and my residents." One staff member said, "I would recommend it here to live, and as a place to work."
- We saw some of the compliments the service had received in the past 12 months. Examples included, "Thank you for everything you do for your residents, I know you all make a huge difference to their lives" and, "Thank you so much for the impeccable care you gave to [name]. It gave us all so much peace of mind to know that [they] were in your safe, caring and kind environment."

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 staff we spoke with were clear about their responsibility to be open and honest.
- People's relatives told us the registered manager was "Open and honest." Comments included, "It's easy to talk to [registered manager]. [They] are very approachable and open and transparent about things" and, "There is good communication with the family, and concerns are taken seriously."

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

- People's views had been sought. Surveys had been carried out during 2021. Issues raised as part of the surveys were being addressed. For example, some people felt the food provided was not as they would like. The registered manager said this was being addressed and that regular 'resident meetings' were being reinstated to ensure people were able to provide regular feedback.
- Regular staff meetings took place. Staff told us they were encouraged to speak up during meetings. One staff member said, "We had a meeting a couple of weeks ago and we were asked if we had anything to add to the agenda. Everybody's always welcome to speak up."
- The provider was planning staff surveys in the near future.

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

- There were quality assurance processes in place. For example, checks were undertaken in relation to medicines, care plans, staff supervisions, and infection prevention and control.
- There was management oversight of audits.
- The registered manager spoke positively about how they had worked to improve the service for people. They said, "I want us to learn from any mistakes and get better."
- The registered manager said, "I love what I do, I want to make this home the best; I want it to be outstanding."
- Staff were clear about their roles. They received information through induction, training, supervision and staff meetings about what was expected of them.

Working in partnership with others

- The service worked in partnership with people, relatives and health and social care professionals to provide good outcomes for people. Records we saw confirmed this.
- Health professionals we spoke with told us they had good working relationships with the service. Comments included, "[Registered manager] and [deputy manager] seem to be incredibly fond of all the residents. It is a very proactive service, with a very warm atmosphere. I like coming here" and, "We use Stratton House for people with specific needs and they [staff] do manage them really well. The staff are very supportive of people's individual needs, they are very person centred, and they communicate really well with us."