

Stronvar Rest Home Ltd

# Stronvar Rest Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Stronvar rest home is a care home providing care and accommodation for up to 16 older adults who may or may not be living with Dementia. The service does not provide nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. On the day of the inspection the registered manager informed us that 15 people were living at the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk) service.

People's experience of using this service:

The environment that people lived in was homely, warm and clean and there was a constant program of improvements. Staff were committed to providing good care.

The registered manager ensured that appropriate safety checks on equipment and the environment were in place to keep people safe.

Medicines were managed safely and staff were trained to ensure they were competent to administer them. However, as required medications were not monitored to ensure they were effective. We have made a recommendation about this.

The service was not compliant with the Mental Capacity Act, 2005 and had breached this requirement. However, immediately following the inspection took the appropriate action to become compliant with the act, and demonstrated learning.

Care staffs understanding of dementia, and mental health conditions such as anxiety and depression needed improvement. However, staff knew people very well and were responsive in how they cared for people. We made a recommendation about staff training.

A dedicated cook and assistant were available to provide a choice of nutritious home cooked meals. They had an excellent understanding of people's preferences and dietary needs.

People's health was well managed and there were strong links with professionals to ensure that people's health and nutritional needs were met.

Staff were caring at all levels of the organisation. They knew people well and treated them with dignity and respect.

Whilst we observed that staff provided care that was responsive, care plans needed to improve to reflect

people's care needs and preferences. We have made a recommendation about this.

The service had not explored people's end of life preferences. Whilst no one was receiving end of life care people chose to stay at the service at the end of their life. However, the registered manager was not aware of the gold standard framework of end of life care so we made a recommendation about this.

The provider was very visible and role modelled a compassionate and caring approach to people living at the service. The registered manager was also very visible, working closely with staff and having high expectations of the quality of care provided.

The registered manager had good governance processes in place to monitor the safety of the environment. Improvements were needed to demonstrate that people living at the service were involved in their care planning.

Rating at last inspection: Rated Good with requires improvement in the Effective domain. (published 6 July 2016)

Why we inspected: This was a planned inspection based on the date and the rating of the last inspection.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

## 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?

Requires Improvement ●

The service was not always responsive

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.

# Stronvar Rest 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 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.

Inspection team: The inspection team was made up of one inspector.

Service and service type: Stronvar rest home is a care home. People in care homes receive accommodation and nursing or personal care. 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.

Notice of inspection This inspection was unannounced and took place on 24 January 2019

What we did: Prior to the inspection we reviewed information we held about the service including statutory notifications which include information the provider is required to send us by law. We also looked at the Provider Information Return (PIR). The PIR gives us information about what the service does well and any planned improvements.

During the inspection, we spoke with the registered manager, provider, cook, catering assistant and two care staff. We spoke with three people and two relatives of people who used the service. We looked at three people's care records including their medication records and daily notes. We looked at the most recent staff member's recruitment records. We reviewed training and supervision records and documents relating to the management of the service including complaints and compliments, and quality audits.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm  
People were safe and protected from avoidable harm. Legal requirements were met

### Systems and processes

- Staff had a good understanding of safeguarding vulnerable adults, signs of abuse and who to report concerns to.
- Staff had received training in safeguarding people and understood their responsibilities to ensure that people were protected from harm. One staff member said, "I would look for changes of personality, if a person became withdrawn. We would always report to the manager if we had concerns or take it higher."
- The registered manager carried out a variety of environment safety audits. On the day of inspection an engineer was present to complete the annual safety checks for the lift and lifting equipment such as hoists. This is a requirement under health and safety law.

### Assessing risk, safety monitoring and management

- People told us they felt safe. "I feel safe here, if I need something I never have to wait for it." One relative told us, "I feel my [loved one] is safe here."
- The registered manager identified people's individual risks prior to admission and how people should be best supported to mitigate these risks. This included risk of falls and pressure care. Assessments were carried out and reviewed regularly, when changes of need were identified staff adapted their support when people's needs changed.
- Staff were observed using safe moving and handling equipment and practices throughout the day.
- Staff carried out other safety checks such as monitoring water temperatures and checking that specialist mattresses were not faulty. Clear guidance was given to staff about what temperature water should be. Evidence was recorded of staff reporting concerns resulting from these checks and these being immediately rectified.

### Staffing and recruitment

- The provider had safe recruitment practices in place.
- There were sufficient staff employed to support people's individual needs. The provider did not use a tool to identify how many staff were needed. Staff told us that in the past the people living at the service had been more able and independent, but in line with the changing dependency needs of people staffing had increased in the afternoon. Staff told us, "If we felt we needed more help we would tell the provider. They are really good." Another told us, "It is busy in the morning but we have time in the afternoon to sit and talk to people. People get up when they want. It's not a conveyor belt here like in some homes I have worked in. People have choice." This was echoed by people living at the service, "I get up and go to bed when I like. I don't have to wait long for help."

### Using medicines safely

- Staff who administered medicines were trained and regularly updated to ensure that they were able to do

so safely. We observed good practice in medicine administration. For example, medicines for specific needs were given at the right times before food.

- Medicines were stored safely and regular audited to ensure compliance.
- People who required PRN (as required medicines) such as pain relief had a separate record for recording time given, dose and rationale for medicine. This is good practice. A PRN medicine plan was also completed. However, these were kept separately from medicine administration record (MAR) charts in care files.
- One person with complex mental health needs was in receipt of PRN medication for agitation and anxiety but this was not being monitored to ensure it was being effective to support the person's needs.
- Staff knew people very well and how they liked to receive their medicine. For example, in the hand or on a spoon, but these preferences were not recorded.

We recommend that:

- The provider ensure they follow best practice guidance for recording people's preferences for receiving medication and monitoring the use of PRN medication.

Preventing and controlling infection

- Staff practiced excellent infection control practices. We observed staff wearing and changing gloves and aprons between all care practices. The housekeeper kept people's communal areas clean and free from odours. Excellent cleaning regimes were in place in the kitchen areas.

Learning lessons when things go wrong

- On the day of inspection, a medication error had been reported where a person had received a double dose of medication. Whilst this had not been over dangerous limits, staff had immediately identified the error and acted quickly to ensure the person was safe. This included analysis of the error, contact with the out of hours medical services, and follow up with a nurse practitioner appointment. The cause of the error was identified as a new MAR (Medicine administration record) which was not clear and this immediately changed.

# 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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

At the time of the inspection the service was not compliant with the Mental Capacity Act and Deprivation of Liberty Safeguards. However, following the inspection, the registered manager told us of the actions that they had taken to become compliant. 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager and care staff told us about a person who frequently requested to go home. Care staff told us, "They wander and try and get out of the door, including the front door. We tell them they can't go. It would be dangerous for them as they have dementia." Whilst we observed that it would be unsafe for the person and they did not have the mental capacity to make this decision, they had not been appropriately assessed. The registered manager had not applied to the appropriate authorities to deprive the person of their liberties. This is a legal requirement as described above. The registered manager immediately following the inspection put in place an application to deprive the person of their liberty.
- The registered manager told us that they had not reviewed people's capacity to consent to bedrails being used, because the bedrails were part of the bed. They were not aware that this was necessary. They confirmed that bedrails were used for some people. Bedrails restrict people's movements. All restrictions on people's liberty must be appropriately assessed by in line with law.
- Immediately following our inspection, the registered manager reviewed all restrictions and carried out appropriate risk assessments. The registered manager also sought additional guidance and training for staff.
- Staff always sought permission to undertake tasks for people and they encouraged people to be independent where appropriate.

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

- One member of staff told us, "People's choice is important. We always ask permission to do something,



like help with person care, even if the person is confused."

- Staff were observed respecting choices, asking permission and encouraging people's independence.

#### Staff skills, knowledge and experience

- The registered manager was trained to be a train the trainer. They oversaw staff training and reviewed this monthly to ensure that staff had updated training as needed. This was both online, videos, and face to face training. Staff had a good induction to the service.
- One member of staff told us, "If we feel we need additional training the provider always ensures we have it. For example, I felt I needed more training in dementia care. Other staff needed training in other things. We then share our knowledge through practice."
- However, we did observe a member of staff became frustrated with a person who was overly anxious. They were dismissive in tone and manner when assisting them and trying to encourage independence. It was evident that staff had the persons best interests in mind, but they did not have the skills to recognise and manage the persons anxiety. Other staff told us the person was quite demanding, but recognised this was due to anxiety. We discussed this with the registered manager who told us they would look into training staff on mental health conditions and how best to support people in distress.

We recommend:

- The provider ensure that staff have the skills to identify and support people in distress, in line with best practice guidance.

#### Supporting people to eat and drink enough with choice in a balanced diet

- The cook and catering assistant had excellent understanding of people's dietary needs and preferences. This included knowing allergy's and alternative foods to have, people's likes and textures of food. All food was freshly prepared and there was a variety of choice for people.
- One person told us; "The food is very nice;" "If I don't like something they always make me something else. I don't have to wait." Staff told us meals times are flexible so people can have what they want when they want it. For example, one member of staff said, "[person- no longer at service] used to often ask for a piece of cake in the night. We always got it. Sometimes when I'm working nights someone might say they are hungry and I am happy to make them a sandwich
- There were instructions to state how food should be presented. This included whether people preferred small meals, meals cut up in a certain way, and equipment such as plate guards.
- Staff staggered meals slightly so that people who required support to eat were given the time to have a good experience, unrushed. Staff described to people what they were eating.
- Staff recorded what people ate and how much they had eaten. This information helped staff to monitor if people were receiving enough nutrition and fluid.

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

- Staff had excellent relationships with the district nurse team, speech and language therapists and the local GP practice.
- On the day of inspection an optometrist was visiting the service to carry out annual eye checks. People also had access to a chiropodist and a hair dresser visited the service every Thursday.
- The local NHS dementia service also visited the service on request to carry out assessments when staff identified that people's memory was becoming poor.

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

- People were not directly involved with the adaption and decoration of the service. In spite of this people

told us, "I liked the look of the place. Its clean and bright and homely." A relative told us, "I have seen many homes when we looked for [person] but this was the nicest."

- People were supported to bring in furniture from their home to make their bedrooms more comfortable. People's rooms were personalised and inviting.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- One person told us, "Nothing is too much trouble for the staff here. We only have to ask." One relative said, "It's a nice home, staff are very kind to people."
- One member of staff told us about a person being visited by their loved one. They spoke with real affection and we observed staff made the effort to ensure that people and their visitors felt valued and comfortable.
- Another member of staff said, "Do you know last year the provider paid for staff and people living at the service and some relatives to go to the zoo for the day. They absolutely loved it." The provider told us, "We are looking at going to the zoo again this year as people really enjoyed."
- Some people living at the service had identified as being Catholic or Christian and a church service took place at the service once a month. We asked whether people liked to attend church in person, but it became apparent that they preferred the service to come to the home. The provider told us, "People used to be more active but our residents are now very elderly and often prefer to remain at the home."
- Preadmission assessments did identify people's preference and sexual identity.

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

- The registered manager told us that they had stopped holding resident and relative meetings as attendance had been poor. However, they spent time speaking to people living at the service individually, checking that they were happy with their care.
- The provider also visited the service up to four times a week and knew people very well. They told us, "I will pop in and sit and chat with the residents with a cup of tea. My staff know that when I come in I don't want them to run around looking busy, I want to see them sitting and talking to people. That's how we know people so well." Staff and people living at the service confirmed this. "[Provider] is always here, she really cares about the residents. She goes above and beyond. Checking everyone is happy."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with compassion in care interactions. They knew people living at the service very well. One member of staff told us, "I have worked in care for over twenty years and this is the best care home I have been in. Staff know people really well."
- Staff supported people to achieve independence whenever possible. Care plans reflected this. In one care plan it informed staff how much a person could do to wash themselves and how staff should support them.
- Relatives were supported to visit their loved ones at any time they choose. The registered manager told us, "We don't have strict visiting hours."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

### Personalised care

- Care plans had very little information about people's lives, preferences, wishes and previous interests.
- Whilst care plans needed improving, people received responsive and personalised care because all staff knew them very well.
- A number of activities took place throughout the week. These included trips to the local community centre for the over 50's club and, regular singers coming to the service. We saw photos of school children singing carols at the service at Christmas. The provider and staff took people to garden centres for a hot drink and piece of cake.
- On the day of inspection, a hairdresser and optometrist were visiting the service.
- The provider often brought flowers into the service and encouraged people to do flower arranging. People told us, "I am tired, I join in things when I want to." They told us, "Staff will sit and chat with me sometimes which I like." One member of staff told us, "We always have time to sit and talk to people in the afternoon." We saw staff regularly chatting to people.
- The provider employed an activity person for a day a week to do group activities and a local person came to do pamper sessions, such as nail care on a weekly basis. People were encouraged to join in movement and music activities from the comfort of their chair once a week. The provider said, "We gently encourage people because exercise is important. Even those who are reluctant enjoy it."
- The provider was always looking for additional opportunities to engage people and looked to the local community to find ways to involve people where possible. They told us, "People used to do much more, but those living here now are very elderly so sometimes don't like the idea of going out. We encourage them whenever we can, but it's always their choice."

### We recommend:

- That the registered manager review care plans to ensure that they are person centred in line with best practice guidance.

### Improving care quality in response to complaints or concerns

- The complaints procedure was displayed on the notice board by the front door and people living at the service, including relatives and visitors were aware of how to make a complaint.
- The registered manager told us that any complaints were usually dealt with immediately, however if this needed further remedy it would be reported to themselves and then the provider. They told us that the only complaint received was regarding an item of missing clothing. The provider investigated and replaced this immediately.

### End of life care and support

- The registered manager told us that no one was currently receiving end of life care. They gave examples of

how they had supported a person at the end of their life. "We believe there should be an open door policy. If a relative wanted to come and see their loved one during the night we would welcome them and make them comfortable."

- The registered manager also told us they also worked closely with district nurse team.
- The registered manager was not aware of the gold standard framework for end of life care, although many of the people living at the service were elderly. Care plans did not always include whether end of life wishes had been discussed with people.

We recommend that:

- The registered manager and staff familiarise themselves with the gold standard framework for end of life care.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider was transparent, approachable and committed to ensuring those living at the service received good quality care. They visited the service several times a week, taking the time to informally sit and chat with people living there, and they knew each person very well.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a very clear understanding of their role at the service and were able to describe their daily activities which included the daily running of the service and care shifts. They felt confident to speak to the provider about any issues that needed addressing. They told us, "If I need something I just have to ask. We needed new hoist slings and the provider said yes find them and get them."
- The registered manager carried out various audits to monitor the safety of the environment. Some of these were delegated to the care team, such as daily audits of mattresses. Clear instructions were in place, like correct limits and when problems needed to be reported. We saw that staff did raise concerns identified during audits and that quick action was taken by the registered manager to remedy them. This included when water temperatures were too hot or too cold.

Engaging and involving people using the service, the public and staff

- The provider had worked on a plan of redecoration and making the environment a nice place to live. They were constantly thinking about "next things" to make people's lives comfortable. They told us, "I am looking into replacing the chairs to more comfortable ones."
- The registered manager told us that they did not have regular meetings with people at the service, but instead informally spoke to people regularly about if they were happy at the service and if they, needed anything. They did not however record these conversations in peoples' notes. People told us that they did see the registered manager and provider regularly, "They [both provider and manager] always sit and chat and find out how I am, if I need anything. I don't need anything at the moment."
- The registered manager also worked as part of the care team at various times through the week. They told us, "Its important as I can see what's happening and act as a role model." The provider told us, "When I employed the manager I made it clear that I wanted someone who is hands on, who knows the people living here."
- One member of staff told us, "The manager and provider are really approachable, so if we have a problem they do help;" "I have asked for training when I felt I needed it, they always provided it." Another member of staff said, "Nothing is too much for the [provider], there is not anything they wouldn't do for the people living

here and staff working here"

- A relative told us, "They are very good, it's a lovely home."

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they worked closely with health and social care professionals to meet the needs of people at the service"
- They told us they were constantly learning about how to support people living in the service and gave examples of when people's needs changed how they could seek advice to support people, including supporting people to move to alternate service if they're needs could be better met elsewhere.
- Immediately following inspection the registered manager addressed concerns as documented in the effective domain, and sought additional advice to support people with mental health difficulties.