

Enter and View report

Stratton Court Care Home Cirencester

15 March 2023



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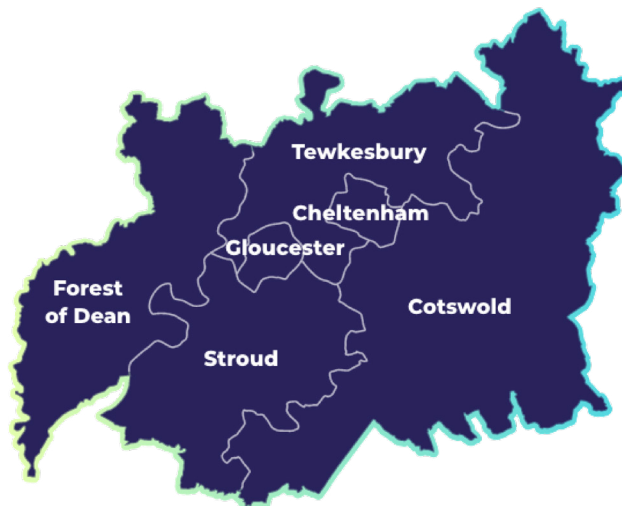
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About Healthwatch Gloucestershire

Healthwatch Gloucestershire is the county's health and social care champion. As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care.

We're here to listen to your experiences of using local health and care services and to hear about the issues that really matter to you. We are entirely independent and impartial, and anything you share with us is confidential. We can also help you find reliable and trustworthy information and advice to help you get the care and support you need.

Healthwatch Gloucestershire is part of a network of over 150 local Healthwatch across the country. We cover the geographical area of Gloucestershire County Council, which includes the districts and boroughs of Cheltenham, Cotswold, Forest of Dean, Gloucester, Stroud, and Tewkesbury.



What is Enter and view?

One of the ways we can meet our statutory responsibilities is by using our legal powers to Enter and View health and social care services to see them in action.

During these visits, we collect evidence of what works well and what could be improved to make people's experiences better. We do this by observing the quality of service and by talking to people using the service, including patients, residents, carers, and relatives.

Enter and View visits are carried out by our authorized representatives who have received training and been DBS (Disclosure and Barring Service) checked. These visits are not part of a formal inspection process or audit.

This report is an example of how we share people's views and how we evaluate the evidence we gather and make recommendations to inform positive change for individual services as well as across the health and care system. We share our reports with those providing the service, regulators, the local authority, NHS commissioners, the public, Healthwatch England, and any other relevant partners based on what we find during the visit.

Details of the visit

Service visited

Stratton Court Care Home, Cirencester

Visit date: 15 March 2023

About the service

Stratton Court is a purpose-built care home which opened in 2018 and provides accommodation with personal and nursing care for older people. It also has a specialist floor for people living with dementia. It is owned by Aura Care Living and is managed by the care home manager, who is also a registered mental health nurse. The home can care for 84 clients in 76 rooms (there are couples suites available). Accommodation is provided on three floors, each with its own dining room and lounge. The first and second floor are reserved for general personal and nursing care, while the third floor is a specialist unit for people with dementia. Residents have their own room with an ensuite shower and toilet.

Purpose of the visit

This visit was part of our ongoing partnership working with Gloucestershire County Council and the Care Quality Commission (CQC) to support quality monitoring of residential care homes in the county.

How the visit was conducted

Stratton Court was advised that the visit would take place during March 2023; the specific date was not confirmed. Ahead of the visit, the team considered the latest CQC reports in June and November 2022 and other available information to inform the visit.

The visit was carried out by six authorized representatives. The team spoke to the 11 members of staff, all permanent (including members of the management team), four residents, and four relatives. Information was collected from observations of residents in their day-to-day activities, including lunch, conversations with staff, residents, relatives, and members of the management team, against a series of agreed questions.

At the end of the visit, there was a final team discussion to review and collate findings, and initial feedback was provided to the care home manager.

Authorised Representatives

- Helen Esfandiarinia (Lead Authorised Representative)
- Sarah Davies
- Suzie Compton
- Fred Ward
- Jane Taylor
- Maggie Pugh

Disclaimer

This report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed. This report is written by a Healthwatch member of staff who is the Lead Enter and View Authorised Representative and part of the team that carried out the visit on behalf of Healthwatch Gloucestershire.

Visit overview

Stratton Court was made aware that the visit would happen during March 2023. While they were not aware of the specific date, a phone call had taken place ahead of the visit to

enable them to understand the process and ask any questions.

Upon arrival, access to the home was promptly given by the receptionist who alerted the care home manager of our arrival. We were initially welcomed to the home by the chief executive, who spent a little time talking with the team before introducing us to the care home manager. We discussed our plans for the visit; no restrictions were placed on access or who we could speak to.

The care home manager gave the team a tour of the home, and we then split into pairs. The first pair spent time talking to the care home manager and undertaking observations on the second floor. The second pair spent their time on the first floor and spoke to residents, relatives, and staff. The third pair spent their time on the third floor and also spoke to residents, relatives, and staff. The serving of lunch was observed on all three floors. At the end of the visit, the visiting team met to share findings and observations and agreed on the recommendations. These were then shared with the care home manager.

At the time of our visit, there were 62 residents, some of whom are publicly funded. All residents receive the same care and access to other services regardless of how they are funded.

Key findings

It is noted that the home is currently undergoing a period of change with a new management team. The care home manager has been in post since September 2022. The following are the key findings from the visit and should be considered alongside the further information provided later in the report:

- The visiting team were warmly welcomed by all during the visit. The staff were very friendly and this was also commented on by the relatives who were spoken to.
- The residents appeared to be well cared for and were dressed appropriately. During the visit we heard that challenging behaviour on the third floor has reduced and that the residents are socialising more. The atmosphere during the visit was calm and the call bells were not ringing continually.
- Staff appear to be welcoming of the changes and improvements that are currently being implemented.
- Activities seem to be integral across all areas of the home with the expectation that all staff are involved. There is an activity programme for each floor with three activities available each day.
- It was noted, and appreciated, that the first and second floors are being used flexibly to adjust to the changing needs for residents however the environment does not appear to always meet these needs. For example, contrast of colours is lacking on the first floor and is inconsistent on the second and third floor (communal residents' toilets are all white), clocks that are not set to the correct time etc.
- There is no doubt that it is a beautifully presented home, however, there is some concern that the use of some of the soft furnishings, for example, carpets, may not be appropriate (there was an odour of urine present in the corridor of the third floor).

- Noticeboards were present across the home however some of them had out-of-date information, for example, staff photos, activities programme, menu.
- The day, date and time were not clearly shown on any of the floors.
- The signs on the communal toilets were quite high, more than five feet, and the flush mechanism was difficult to operate.
- Visiting arrangements are completely flexible.

Recommendations

We would like management to consider the following recommendations for improvement. These are based on our findings and observations from the visit:

1. Consider the décor on the first and second floors to ensure that it meets the needs of all residents.
2. Consider introducing more contrast on the third floor, for example, toilets and doors, to meet the needs of residents with dementia.
3. Recognising the need for the home to continue to feel like a home for residents, review where it is appropriate for carpets to be used. We did hear that this is currently in progress across all three floors.
4. Ensure all information displayed on noticeboards is current. Also consider how you can display the day, date and time on all floors and remove any clocks that do not show the correct time. We did hear that dementia friendly clocks have been ordered for use on all floors.
5. Undertake an audit of signs on toilets to ensure that they are at an appropriate height and review how easy the flush mechanisms are for residents to use.

Observations and findings

Residents

During the visit the residents were observed to be:

- Involved in conversations with other residents and staff
- Taking part in activities in the communal areas, for example, hoopla
- Alert and interested and keen to speak to, and interact, with the visiting team
- Interacting with staff for activities such as personal care, eating lunch and spontaneous conversations.

We also heard that residents are able to attend floor meetings every quarter; we observed that these are advertised on the noticeboards. In between these meetings, residents can raise concerns to any member of staff. This will often go to the nurse on the floor initially. We heard that all concerns/issues raised are logged and addressed.

Person-centred care

- While we were not able to look at care plans we did talk about person-centred care and were advised that there is a focus on this with training available for staff; some staff have received this and there are plans in place for all staff to attend this training. This is face-to-face training.
- We observed that residents' rooms had information about their interests, likes & dislikes and family information on the wall near the door; 'Stratton Court Gets to Know You'. This also includes information such as 'likes to get into her wheelchair for a change of position and to move around'. In addition to name plaques (which are nicely framed with a picture of the resident) outside some of the resident's rooms are specific instructions, for example, 'please knock before entering'.
- We heard, and observed, that staff each carry an MCM; this is a device that includes information about the resident and enables staff to input information about residents. This includes a shortened version of the care plan to ensure that staff readily have this information available for each resident.
- Each resident has a care plan and we heard that both residents and relatives are involved in the process of creating this as appropriate. The care plan is reviewed monthly, or more often if needed.
- End of life is managed at the home. The support of Rapid Response is accessed as necessary. There are a couple of staff members who have a specific interest in this area. Hospital admissions are avoided where possible and district nurses will visit if necessary. We heard that it is possible to meet most needs at the home.

Activities for residents

- There is an activity co-ordinator who plans and runs the activity programmes and a further two staff who support the activity programme. There is an activity room on the second floor which has arts and crafts materials available together with a large table. There is also an accessible outdoor space leading off this room which includes some seating and raised flowerbeds/planters.
- Copies of the programmes are available on the noticeboard and it was observed that they are relevant to what is going on in the wider world, for example, at the time of our visit an activity relating to the Gold Cup. There are also activities outside of the home. The programmes had, on average, three activities per day.
- We heard that all staff are expected to engage residents in activities (both planned and unplanned) and help with the delivery of the activity programme. It was observed that there were spontaneous activities available in the lounges, for example, board games, an activity folder that staff could access, books etc. A game of hoopla was observed on the day of the visit.
- We heard that new residents, and their relatives, are spoken to about their interests when they first come to the home.
- We also heard that residents are buddied up with an individual member of staff so that they can get to know them – this is known as 'Aura Friends'.
- The home has a minibus and driver and are therefore able to accommodate trips outside of the home and individual requests. The receptionists will often accompany residents on these trips.
- On the dementia floor staff were observed dancing with some residents in the lounge.

Staff (including training)

We heard that there are no set staffing levels for each floor, this is determined based on need. There are more staff on the third floor as most residents need two members of staff to help with personal care. On the day of the visit there were 13–14 care staff on duty over the three floors and one nurse to cover all three floors. There was also a deputy manager and manager on duty. Other staff around on the day of the visit included a receptionist, the facilities manager and domestic staff.

There are now two deputy managers in post who are based on the floors to work with the rest of the staff and lead by example. We heard that the manager will work a shift on the floors if a deputy is off and that staff are happy to approach the manager if they want to check things out; these requests are reducing in number.

We heard that staff are able to work across all three floors however tend to work on one floor for continuity for the residents. They all have a handheld MCM device which enables them to access information about a resident, for example, the care plan and to input information about residents, for example, when checks are undertaken. The floor leads have a mobile phone.

The following was observed during our visit:

- All interactions between staff and residents were appropriate, kind and gentle and went beyond the functional elements of delivering care, for example, dancing with residents.
- Staff spoke to residents appropriately and adjusted their style to meet the needs of residents.
- Staff were cheerful and used gentle humour appropriately with the residents.
- Staff were very visible across all areas of the home and were observed to be engaged with supporting residents rather than talking to each other.
- There were interactions observed between residents, particularly on the first floor.
- All staff wore a uniform with a name badge.

Training:

We heard that not all staff are fully compliant and measures are in place to address this. Compliance will then be monitored to ensure that staff remain up to date with training. In addition we were advised that:

- If training takes place outside of normal working hours, staff will be paid for the hours spent doing this (with the exception of e-learning completed at home as it is not possible to monitor how long is spent).
- Some training is delivered as e-learning. Staff can complete this at home or work and if they are struggling with any element support is provided.
- A lot of training is delivered face-to-face to ensure that staff have fully understood and able to put the training into practice (this is confirmed via observation). In-person training includes first aid, fire, safeguarding, medication etc.
- All staff (not only care staff) are trained to be able to support residents as required, for example, supporting a resident to go out on the minibus, lunch service etc.
- Personal development is encouraged and training will be arranged to accommodate this where possible.

Recruitment:

There are currently no challenges with this. On the day of the visit two new members of staff had started who had previously worked in domiciliary care and were working through their induction programme, which includes:

- Completing all online training.
- In their first week they will work on all three floors and have a period of shadowing.
- There is close support and supervision for the next two weeks.

Support:

We heard that there are a number of ways that staff can access support:

- There is an 'open door' to the manager's office and this was observed on the day of the visit.
- The manager walks the floors regularly and as part of this talks to the staff.
- There is a staff meeting every six–eight weeks, in-person or staff can attend online – if anyone is unable to attend notes of the discussions are sent around.
- Regular supervision and an appraisal process.
- The manager keeps in touch with night staff as she sees them before she leaves.
- Some staff who joined as carers from overseas are being supported to secure their PIN (required for NMC registration and to work as a nurse in the UK).

Agency staff:

We heard that they are now rarely used, only about three to four shifts per week, to cover annual/sick leave. There is a regular group of six to seven agency staff all from the same agency. The agency provides reassurance that DBS checks, training etc. have been completed prior to the shift being worked. We heard that before agency is booked permanent staff are asked if they want to pick up extra shifts.

Meal and food

A daily menu is readily available on the main reception, on each floor and in the dining rooms on each floor and we heard that staff tell residents what the lunch choices are in the morning so they can decide what they would like before they sit down.

Each dining room had a serving station and also an area that included a fridge and workspace for drinks to be made. It was observed that drinks were topped up as required during the lunch service. There were refreshment stations observed on each floor.

We observed the following across the lunch serving on three floors:

- Lunch was served individually from heated dishes meaning that portions and preferences could be managed individually.
- There is a choice on the menu and if a resident doesn't like what is on offer then alternative will be offered.
- Residents were supported with eating where necessary with patience and kindness.
- Residents are encouraged to eat in the dining rooms but can eat in their rooms or lounge if they choose to. Those sat in the dining rooms were sat in groups and were observed chatting to each other.
- All staff across the home were observed to be helping with the serving of lunch (there were plenty of staff available to support residents during lunch service).
- Staff interacted with residents and asked them what they would like to eat etc.
- We observed one resident being supported with their lunch in their room; the member of staff was sat in a chair by the side of the resident's bed and was talking to the resident and supporting them calmly.
- A volunteer was also present and helping with the serving of lunch.

All food is cooked on site by two chefs who are employed by the home. The food was well presented and looked appetising and fresh. Portion sizes were appropriate and adjusted for each resident.

Physical environment

The home sits in a beautiful setting and is set back from the main road; inside the home there is no external noise. The home is well ventilated and the corridors are wide enough to accommodate walking frames and wheelchairs. There are accessible toilets, ramps and a lift to enable all residents to move between floors. The external doors are kept locked with the exception of those opening onto the enclosed courtyard on the first floor and all floors have their own access code.

In the reception area there was a copy of the menu for the day, a picture of the duty receptionist and the manager.

There was a compliments and comments box on the first floor.

There are areas of the home that are not dementia friendly in the way that they have been decorated, for example, door colours do not contrast, floors and walls do not contrast, communal toilet seats do not contrast (they are all white). It was also noted that the day, date and time were not readily available on each floor and that while there were a large number of clocks on the walls of the corridors, the majority of these were not set to the right time. We were advised by the manager that dementia friendly clocks have been ordered for each floor.

There was a good choice of seating available in the lounges including sofas and chairs. While these were mostly around the edge of the room this was broken up by the use of coffee tables which had magazines/newspapers and activities on them. The TV appeared to be on most of the time in the lounges, regardless of whether anyone was in the lounge. There is a good range of books/magazines/newspapers available to the residents.

The resident's rooms were well presented; spacious with plenty of storage available. They were clean and tidy. Each room had its own ensuite. Residents are able to personalise their rooms with furniture, pictures and photos, soft furnishings, plants etc. and this was observed during the visit. All rooms have the resident's name and photo on the outside of the door.

There are different elements to the outdoor space at the home. We observed a central courtyard with seating and raised flowerbeds/planters which residents are able to access from the first floor. We were told there was a further garden however, due to the weather conditions at the time of the visit we did not see this.

Other general observations:

- There is a choice of rooms/spaces for residents to spend time with visitors.
- There was only one unpleasant odour noted (on the corridor of the third floor).
- All corridors were kept clear of obstacles and walking aids/equipment was stored appropriately.
- Signage on doors is quite high; more than five feet.
- Noticeboards were observed on all floors but the information was not always current, for example, staff photos, menu and activity programme.
- We heard that there is currently an ongoing programme of refurbishment.

Access to other services

Residents have access to a number of different services. Some of these are provided in-house otherwise residents are supported to access them outside of the home.

- **Dentist:** Most residents pay privately and are supported to visit their dentist of choice.

- **Optician:** Spec Savers come into the home every six months for eye and hearing tests
- **GP cover:** One GP practice visits twice a week and discussions are ongoing in relation to other GP support.
- Concierge Medical provide support to the 'discharge to assess' beds that are not registered in the local area.
- **Podiatry:** Provided inhouse every six to eight weeks.
- **Hairdressers:** There is an inhouse salon that is open twice a week.

Relatives

Visiting is flexible across seven days a week, and relatives/friends have no restrictions placed on them in terms of how long they can stay. Most residents have visitors; those who don't are allocated an advocate by their social worker.

All relatives have the manager's email address and are able to approach her with any issues or concerns. Relatives will normally raise concerns initially with the nurse in charge. During our visit, we were made aware of an issue raised by a relative, and it was satisfactorily resolved by the end of the day.

Two relatives also volunteer at the home and will help out with lunch and activities (this was observed during the visit).

Relatives are able to help with the personal care if they wish to.

Relative's meetings are held monthly on a face-to-face basis. The number of relatives and issues being raised is reducing.

The manager explained that if she cannot accommodate a request from a relative she will explain the reasons why and that this approach appears to be working.

What people told us

Care home residents

During the visit the residents told us that they feel safe and there are always staff around, "I'm very happy here." One resident says that she: "Loves it – like a hotel" and that the "food is lovely", there is nothing she doesn't like or that could be improved.

Other residents told us that: "In the summer I like going out on trips" and "we get plenty of choice about food."

Family and relatives

Staff

- We heard that there has been a constant change of staff in the past.
- One relative said that: "The carers are absolutely brilliant."
- One relative explained how their mum enjoys being at the home as she was lonely and enjoys being with people now and "The staff are really nice.... she likes the company."

Care provided

One relative said that their relative's personal needs are well met. "The activities organiser is an asset."

General

A relative said that the food is 'fantastic' and that her relative has put weight on which the relative thought was a 'good thing'.

One relative said that his wife "Fits in and accepts it", he comes in at coffee time and takes his wife for coffee and snacks downstairs and has "Seen 500% increase in her since being here... All the staff are wonderful and on every floor they know her name."

Care home staff

All of the staff spoken to expressed how much they enjoy working at the home: "I feel supported"; "I am happy to work here"; "I came to mend a tap and have stayed."

It was described as a good environment to work: "We as staff have more input as we have lots of experience."

Training

We heard that there are ongoing and regular training opportunities available with the programme announced at the staff meeting and that the new manager sees the value of training and time is given to training and planning programme.

We heard that staff are accessing training online and in person; some expressed that they would like more training.

We heard that a senior carer led some training and familiarising staff with routines.

Support

We heard that there are daily catch-up sessions with floor staff and that over the last two years the structures have improved as have communications with staff. One staff member stated they had: "Good support from my unit manager."

We heard that new staff shadow existing staff, two days of 'viewing' and then joining in.

Provision of care/looking after resident's individual needs

Staff described informal ways of passing personal/social information about residents.

"When I'm walking round I talk to residents.... I can deal with minor issues."

In relation to person-centred care we heard that everything is digitalised and online; what residents like, enjoy, food, hobbies etc. Care plans are now updated regularly and identify what residents can do for themselves but that does change as required.

We heard that the latest CQC report was discussed at a staff meeting and the areas of development highlighted.

One member of staff told us that there is a daily routine of checking residents, serving food and getting involved in activities and that they use the MCM to find out individual needs. "It is very easy to use and doesn't take much time."

In relation to activities for the residents we heard that the residents went to a circus in September: "This was a stand out event for me." Residents have had Pets for Therapy come in and 'love this'.

General comments

"There has been a definite improvement since last year."

"I like to bring [children] in to visit the residents, we sometimes dress up and celebrate."

"Residents spend more time in social settings in the home as that is in their best interests."

They “try and help the new staff to get to know the resident’s likes and dislikes, as the small things can make a big difference.”

One member of staff described knowing the residents well and that there is not much challenging behaviour and that they felt this is down to good communication.

Acknowledgements

The Healthwatch Gloucestershire Enter and View team would like to thank the management and all staff, residents and their relatives for a friendly welcome and unlimited access to the premises and activities.

Provider response

Aura Care Living said: “Thank you to Healthwatch for such a positive and collaborative experience. It has been a pleasure to be able to work with the team who conducted the visit and produced the subsequent report. Aura Care Living are in a period of transition, and this report has helped us not only affirm our progress to date, but to also evaluate areas of improvement and ensure all areas of improvement are identified and actions successfully implemented. Aura Care had already identified many of the recommendations that Healthwatch have highlighted, and action planned for those, again reflectively reassuring that the team have worked together constructively to ensure continual progress is made. We have been very fortunate to have such a wonderful staff team who share a huge amount of experience and dedicated willingness to expand their knowledge to provide the best care possible.”

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