

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 ●

Summary of findings

Overall summary

About the service

Stroud House is a residential care home providing accommodation and personal care to up to 25 people. The service provides support to adults over 65 years who may also be living with dementia. At the time of our inspection there were 20 people using the service.

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

We had received concerns relating to unsafe staffing levels. We inspected the service unannounced. Staffing levels had been determined by assessing people's level of dependency. During the inspection we observed safe staffing levels and staff appeared unhurried and available to meet people's support needs. Feedback from people and relatives confirmed they felt people received safe care. Staff told us care plans contained accurate information about people's needs and care related risks. People received their medicines safely in line with their preferences and by staff who knew them well.

People and their relatives were positive about the quality of care and support people received. People experienced care that was personalised. We saw a warm and caring approach by staff with positive and kind interactions between staff and people. Relatives consistently told us people were treated with respect. The home provided a range of activities and relatives were encouraged to join in. The provider had developed an approach which optimised the opportunities for engagement in activities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's needs were assessed, regularly reviewed and included their physical, mental health and social needs. We saw evidence of people's and relative's involvement in care assessments and reviews. People were supported to have choices of meals and were able to make personalised requests.

People and relatives felt staff were well trained. There was a strong emphasis on the importance of training and induction. Training was regularly refreshed and updated. Staff were able to access specialised training courses. The service worked with other organisations to ensure they delivered joined-up care and support and people had access to healthcare services when they needed it.

Relatives told us they felt the home was homely and we saw the environment was designed to support people to move around safely. People could freely access the shared spaces and corridors and go out into the grounds and gardens without any restrictions when they wanted to. Staff were knowledgeable about the MCA and how to protect people's human rights.

The registered manager was pro-active in ensuring they were visible within the home and operated an open-door policy. The feedback we received from people and relatives was positive, expressing confidence in management, leadership and care delivery. The registered manager got to know staff and staff were encouraged to make suggestions and were listened to. The service was well-led by a registered manager

and senior team whose passion and drive to deliver a good service, leading by example, was evident.

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 31 January 2018).

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stroud 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 effective?

Good 

The service was effective.

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.

Stroud 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

One inspector carried out this inspection.

Service and service type

Stroud 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. Stroud 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 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 reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

During the inspection

We spoke with five people, nine relatives and two professionals to get their feedback about the quality of care and support people received. We spoke with eight members of staff including the registered manager, head of care, senior care assistants, care assistants and a housekeeper. We reviewed a range of records. This included support planning documentation for five people and multiple medicines records. We looked at six staff files in relation to recruitment. We also reviewed a variety of records relating to the management of the service, including risk assessments, quality assurance records, training data and policies and procedures.

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.

Staffing and recruitment

- We had received concerns relating to unsafe staffing levels. We inspected the service unannounced in response to the concerns we had received. During the inspection we observed there were enough skilled staff deployed to support people and meet their needs. Staff appeared unhurried, available to meet people's support needs and attended to people's requests in a timely manner.
- People confirmed to us there were enough staff to support them when they needed support. One person told us, "Oh yes, I press the buzzer and they come straight away."
- Relatives confirmed staffing levels were sufficient. Comments included, "There are always enough staff around", "I know it is a busy home due to high level of needs but there is enough staff. If mum ever says she needs the toilet or anything one of the girls will come straight away" and "I've never been here and seen anyone wanting for anything, when the buzzer sounds they respond straight away. During the week and there are loads of staff around. I don't have any worries about the lack of staff."
- The registered manager told us, and staff confirmed, that although agency staff were used, the service used regular agency staff where possible who had been trained to meet the support needs of people.
- Staffing levels had been determined by assessing people's level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs.
- Safe recruitment processes were in place. Staff files contained information required to aid safe recruitment decisions. Such as, evidence that pre-employment checks had been carried out. This included employment histories, references, evidence of the applicant's identity and satisfactory Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Feedback from people and relatives confirmed they felt people received safe care. Comments included, "I think the staff are amazing and we are so grateful and throughout the pandemic she was safe here, even if we couldn't get out to visit we knew she was safe", "She is safe here", "I know she is very, very safe here and well cared for", "100% safe", "I think she feels very safe here. She has always been happy to come back when taken her out for a visit" and "Mum wouldn't be here if I didn't feel it was safe here."
- Staff we spoke with understood the procedures for keeping people safe and knew how to recognise signs of potential harm or abuse. Staff were confident appropriate action would be taken if they raised any concerns.
- Feedback from professionals confirmed they felt people received safe care.

- The provider was aware of their safeguarding responsibilities and alerted the local authority safeguarding team about any concerns.

Assessing risk, safety monitoring and management

- Care plans contained risk assessments along with guidance for staff about steps to take to minimise any risk when providing care. For example, individualised risk assessments for people identified as at risk of falls.
- Staff told us care plans contained accurate information about people's needs and care related risks. Staff confirmed any changes to people's care plans were communicated to staff.
- Environmental risks, including fire safety risks, were assessed, monitored and reviewed regularly.
- Equipment was maintained and had been regularly tested to monitor effectiveness and safety.
- Staff were aware of how to report and record any accidents or incidents and these were monitored by the provider.

Using medicines safely

- People received their medicines safely in line with their preferences and by staff who knew them well.
- People's medicines were regularly reviewed by their GP to monitor the effects of medicines on their health and wellbeing.
- There were safe and suitable medicines administration, storage and management of medicines systems in place.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.
- The provider was supported by external professionals to audit and review their medicines processes which promoted best practice and learning.

Preventing and controlling infection; Visiting in care homes

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- People were supported to maintain contact with their family members and friends. The provider facilitated visits for people living in the home in accordance with government guidance.

Learning lessons when things go wrong

- Where an incident or accident had occurred, the provider had robust procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.
- We saw evidence of trend analysis of incidents taking place. Staff were informed of any accidents and incidents and these were discussed and analysed during staff meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager or senior staff completed detailed assessments before confirming that they could meet people's needs. This included information about the support people required as well as their preferred routines and any likes or dislikes.
- People's needs were assessed, regularly reviewed and included their physical, mental health and social needs. We saw evidence of people's and relative's involvement in care assessments and reviews.
- People and their relatives told us they were involved in care assessments and reviews. One relative told us, "[Registered manager's name] visited us at home and met mum and did an assessment to see if her needs could be met here and we were able to ask questions, then we visited and brought mum." Other comments from relatives included, "Yes, it is regularly reviewed" and "I had a care review a couple of weeks ago with [registered manager's name] ... if I feel anything in care plan needs to change I will come to them."
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. Staff were able to tell us about people's individual characteristics.
- The provider ensured staff had access to best practice guidance to support good outcomes for people.

Staff support: induction, training, skills and experience

- People and relatives felt staff were well trained. Comments from relatives included, "I don't know what the training is, but they seem very efficient and they can always give you answers in layman terms when asking them questions", "You can see how well trained and skilled they are as so patient with people" and "I think they know what they are doing, no doubts about that."
- There was a strong emphasis on the importance of training and induction. Staff new to care were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to.
- All new staff received a range of face to face training and a period of shadowing to help ensure they had the necessary knowledge and skills to do their jobs. Staff new to care confirmed they had completed the Care Certificate and received an induction which included two to three weeks of shadowing. One staff member told us, "I wasn't allowed to hoist or anything until I had had my moving and handling training, couldn't do anything kitchen related until food hygiene ... Shadowing did help. I watched two members of staff to do bedtimes and it was a good way of learning. I learnt a lot from shadowing."
- Training was regularly refreshed and updated. The provider ensured staff were able to access specialised training courses. For example, dementia specialist training.
- Staff received regular supervisions including face to face meetings, observational checks and appraisals.

They told us they were well supported.

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

- The provider had outsourced the running of the kitchen to an external professional catering company. This meant they employed the chefs and managed the ordering, storage and food preparation. However, the registered manager had oversight over the kitchen and carried out regular audits to ensure the kitchen was managed effectively and safely in line with standards, guidance and the law.
- People and staff worked closely with the external catering company to ensure people were actively involved in menu planning. People were supported to have choices of meals and were able to make personalised requests. Where people needed additional encouragement to eat the chef worked closely with staff to prepare personalised dishes made of their favourite food items. One person told us, "The food is lovely." A relative told us, "They are wonderful about giving her food she is able to eat. Wonderful with her drinks."
- People could access food and drink when they wanted to and were supported by staff who had received food and hygiene training. One relative told us, "The kitchen staff are very friendly and helpful and encourage people to eat. I think they will ask people what they would like and are very meticulous about noting down what people have eaten to ensure they are receiving the right amount of food. They do note down what people have to make sure they have had sufficient nutrition."
- Where people had changing health needs, their food and fluid intake was monitored. We saw that the registered manager had food strategies which could be implemented as well as a robust monitoring system in place. This ensured timely referrals were made to appropriate healthcare professionals when required.

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

- The service worked with other organisations to ensure they delivered joined-up care and support and people had access to healthcare services when they needed it. Records showed people had been seen by a range of healthcare professionals including GP's, community registered nurses, dieticians and occupational therapists.
- Relatives told us they were kept informed about any appointments and were involved when the person wanted them to be involved. One relative told us, "This month there is a dentist appointment, I was worried about that but [registered manager's name] has said they can take her in the house vehicle and I can meet her there. It is small things like that which makes a difference so all in all very satisfied in what they do."
- People had care planning documentation which contained essential information, including information about people's general health, current concerns, social information, abilities and level of assistance required. This could be shared should a person be admitted to hospital or another service and allowed person centred care to be provided consistently.
- A health professional told us, "When we give them advice they listen. They will follow up if we make recommendations for medicines or prescriptions or if we recommend GP visits for example."

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

- We saw the environment was designed to support people to move around safely; it was spacious with a chair lift, handrails and accessible grounds and gardens. Dementia friendly signage was in place to help people find their way around the home.
- Relatives told us they felt the home was homely and appreciated the attempts by the provider to freshen up the décor of the home. The provider had used paint colours and other decorations effectively around the home. One relative told us, "There is a lot of input from staff in relation to decorating; they were doing it themselves [the painting]. They want to make it nice for them."
- People's rooms we looked at had been personalised to each person's preferences. We saw some people

had 'memory boxes' outside their bedrooms. Memory boxes are storage boxes containing an object or items that are meaningful in some way to the person.

- People could freely access the shared spaces and corridors and go out into the grounds and gardens without any restrictions when they wanted to. One relative told us, "They had a gardening club and mum would be out there, she loves going out and will walk around the home."
- Specialist equipment was available when needed to deliver better care and support.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager had ensured that these authorisations had been applied for where necessary and these were reviewed when required.
- Staff were knowledgeable about the MCA and how to protect people's human rights. One staff member told us, "The MCA is about someone having the capacity to make decisions in their best interests and if they can't to make sure they are supported to have them made in their best interests and least restrictive."
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the provider's policies and systems supported this practice. For example, where discussions around power of attorney had been held. There was evidence that Mental Capacity and best interest assessments had been considered and put in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were positive about the quality of care and support people received. People told us, "They are very kind" and "Very kind and caring." Relatives told us, "They really do go the extra mile" and "It's not just the care and compassion they show to residents but to us relatives, they are very kind and caring ... They understand her, they are tuned in to her and what she is trying to say and respond in a way she understands."
- A visiting professional told us, "The residents always seem happy and they are very inclusive of all residents."
- Visitors stayed for long periods and spent meaningful time with their loved ones. People confirmed that their families could visit when they wanted them to. Relatives consistently confirmed there were no restrictions on when they could visit. Comments included, "We come every other day pretty much, consistent visitors", "I'm here almost every day", "We will ring up and say we are coming at such and such a time" and "I come in quite regularly."
- We saw a warm and caring approach by staff with positive and kind interactions between staff and people. The registered manager told us, and staff confirmed this, that staff provide additional support to people outside of their scheduled hours. We observed this in practice during the inspection. For example, one staff member had come in to support a Halloween party the provider had put on for people and their relatives.
- Staff spoke about people with genuine interest and affection. One staff member told us, "Making sure that individual is being supported with what they need in every day to day life. People are always asked, and their own choices valued." Another told us, "We get to spend more meaningful time with residents ... We have learnt about what is important for and important to the person."

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

- There was evidence of risk assessments and care planning to meet people's specific needs. Care plans were updated regularly and reflected the actions identified from the risk assessments.
- Feedback from people and relatives was positive about people's involvement in making decisions about their care. Comments included, "They will listen to you and listen to them [people]", "Yes, where she is able to make choices. Mum has changed so much since she has been here. ... She is definitely much more interactive, much happier" and "They don't put her under pressure to do what she doesn't want to do. If there is something going on then she has the opportunity to get involved."
- Staff were clear about encouraging people to express their views and to be involved in their care. Staff consistently spoke about listening to people and respecting people's preferences and choices. Comments included, "I ask them if they like this one, try to give a choice. It is a small home, so we know the residents

here. Most of the day we support the same people for the day", "It is their right to decline" and "We always make time for residents, you must make time."

- People had access to advocacy services if they needed guidance and support. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Respecting and promoting people's privacy, dignity and independence

- Relatives consistently told us people were treated with respect. Comments included, "They really do treat people as people and people's loss of communication is not lost or overlooked by the staff", "I can see the relationships she has with her and the way they talk to her and the way she talks about them", "The staff seemed to have built up a really great relationship with her which is lovely" and "They really do look after people with the right sort of approach; don't talk down to them, treat them as people and do treat them with dignity."

- Staff respected people's privacy and dignity. We saw they were discreet when people needed assistance with personal care. Staff ensured doors were closed and protected people's privacy and dignity when they supported them. One relative told us, "They also make sure people look nice, they don't just throw clothing on people, make sure they coordinate. I noticed my wife's gel nails were starting to chip and I was very pleased today to see she had had them repainted."

- Staff told us, "Always knocking and before anyone enters making sure they are covered preserving their dignity. Always closing doors throughout personal care" and "Make sure the door is closed, curtains closed if in the bedroom. If someone knocks make sure not laying there naked, cover them with a towel."

- People were supported to observe their faith and staff acknowledged and supported people in their spiritual well-being. The service had an in-house church service regularly which people were invited to attend if they wanted to.

- Independence was actively promoted and maintained for people. A relative told us, "Mostly at the moment she is able to manage a drinking cup on her own whereas there was a time they had to feed her, and I know when she gets to that stage they do. She is better at the moment and is more independent."

- People's private information was kept confidential. Records were held securely. The management team and staff received training to update their knowledge about the new data protection law.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

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

- People experienced care that was personalised, and care plans contained detailed daily routines and preferences specific to each person. Assessments were undertaken to identify people's individual support needs and their care plans were developed outlining how these needs were to be met. For example, people's care planning documentation detailed how they preferred their hot drinks to be prepared and how many pillows and blankets people liked on their bed. Another example, one person was supported to have a newspaper delivered daily.
- People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Staff were able to describe the care and support required by individual people. Through talking with staff and through observation, it was evident that staff were aware of people's care needs and they acted accordingly.
- It was important to the provider that people had their needs responded to fully. They had introduced specific checks on their care planning electronic system which prompted staff to ensure people had their call bells and drinks within reach. This meant people always had a way to alert staff if they needed to and were independently able to stay hydrated. For people who were not able to use call bells they had sensor mats on the floor which alerted staff promptly.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were fully considered during the initial assessment and as part of the ongoing care planning process so that information was given in line with their needs. For example, producing documentation in large print. The registered manager told us they were open to trying different communication aids and methods to support people. For example, they had tried using electronic tablets with people.

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

- The home provided a range of activities. Such as, bingo, quizzes, baking, arts and crafts, live entertainment, gardening, film afternoons and trips out. For example, there had been a recent pumpkin

picking trip out. We observed people being engaged in various activities throughout the inspection; a Halloween party, gameshow games, people reading magazines and quizzes.

- Relatives were encouraged to join in activities. One relative told us, "I'm invited to what goes on, like the Halloween party this afternoon. I'm included in the activities. Every effort is made to entertain people. They have professional entertainers come in and sing. This year we've been out in the garden and planted bulbs and involved a fair number of residents and I was helping with that. I feel I can take part in things. Is there is something the activities lady is doing I help."
- People and their relatives were positive about the activities available. Comments included, "There have been loads of activities, things on valentine's day, parties, gardening, arts and crafts and always asks her to join in. They asked me what her interests are and make sure encourage her in gardening as she enjoys this" and "Mum was a great knitter before dementia hit and it is so nice she joins in with that again and she likes joining in with bingo."
- The home had an activities coordinator who had created a flexible activity programme that was led by people and what they wanted to do. There were activities available daily, including weekends. One relative told us, "There is a monthly coffee meeting at a local place and I asked if I could take mum, [registered manager's name] remembered and asked staff who wanted to take her down on Thursday, I was so pleased I was listened to and she remembered."
- The provider had developed an approach which optimised the opportunities for engagement in activities; although activities were planned in advance for logistical and practicality needs, people were offered activities spontaneously and flexibly which reflected their support needs and preferences. This enabled people to be engaged in meaningful activities to them in the moment. The provider had found this optimised people's involvement in activities as they would offer them at times people were more likely to be engaged. One relative told us, "They don't put her under pressure to do what she doesn't want to do. If there is something going on then she has the opportunity to get involved."
- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information. For example, one person is supported to have their husband celebrate communion with her as it is important to them both.

Improving care quality in response to complaints or concerns

- The registered manager was pro-active in ensuring they were visible within the home and operated an open-door policy. They ensured that any low-level concerns were dealt with promptly preventing escalation and led a clear culture of learning. We observed people and relatives being greeted by name by the registered manager and it was evident that they were known to people and their relatives.
- People and relatives knew how to complain if they needed to and felt they would be listened to. One person told us, "I don't think I've got anything to grumble about." Comments from relatives included, "[Registered manager's name] would be my first port of call but [staff member's name] is often at the end of the phone and is the one who often calls me up", "I'm able to speak to [registered manager's name]" and "I have no complaints and it has been a great relief she is here."
- A complaints procedure was in place to make sure any concerns or complaints were brought to the registered manager's attention. The registered manager was keen to rectify any issues and improve the quality of the service.

End of life care and support

- Staff had received additional training around supporting palliative care. One staff member told us, "We ensure the resident is made comfortable, always being checked on and preventing any sores and so turned when needed, every 4 hourly, keep them hydrated, clean and tidy and support their needs in their last few days."

- Care records demonstrated that discussions had taken place with people and their relatives about their end of life wishes, and these were clearly recorded. One staff member told us, "It is in our care review. [Registered manager's name] is quite keen for that sort of thing to be in place; end of life care planning for people including for example where they want to be and what their spiritual needs are."

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

- The feedback we received from people and relatives was positive, expressing confidence in management, leadership and care delivery.
- Staff had access to policies and procedures which encouraged an open and transparent approach. Information on safeguarding and equality and diversity was easily available in the office and displayed on notice boards.
- The registered manager promoted an inclusive, value based and positive culture. They were committed to developing and valuing staff. For example, staff were supported to access further development training and career progression.
- The registered manager got to know staff and staff were encouraged to make suggestions and were listened to. Comments from staff included, "We all have suggestions and talk together and everyone's opinion is always considered and if anything needs changing it is put into place and we see how it goes", "[registered manager's name] does always listen", "[registered manager is always supporting me ... If can't do something they will explain why" and "Nothing will ever get pushed under the carpet ever she will always sort something."
- People and relatives were positive about the registered manager and staff team. One person told us, "I like [registered manager's name]". Comments from relatives included, " I have a good relationship with the managers here and the carers, I know them by name and anything I've needed they've always been very forthcoming and helpful " and "I think [registered manager's name] does a wonderful job. When I come in everyone knows what they are doing."
- All the people and relatives spoken to told us they would recommend Stroud House to others. Comments included, "I just can't stress how happy I am with my mums care ... I can't recommend this place highly enough, I really can't", "I honestly have no problem, would definitely recommend the home" and "Oh yes, I would come here myself."

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

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.

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

- The service was well-led by a registered manager and senior team whose passion and drive to deliver a good service, leading by example, was evident. One staff member told us, "[Registered manager's name] will always help, for example if you needed to do some training she will make sure you come off the floor and are covered she is very good like that."
- Quality assurance systems were in place and identified areas of improvement. Actions identified had clear timeframes for completion and person responsible. We saw that actions identified had been carried out.
- The registered manager worked with other health care professionals to support their quality assurance processes and used their feedback to make improvements to the service. For example, an external professional carried out regular in-depth reviews of people's medicines and the processes and systems in place to manage medicines. This included observing medicines administration. This promoted best practice and better outcomes for people.
- The provider had implemented learning opportunities for the staff team. For example, dignity days and themed afternoon discussions at hand over. For example, discussing meaningful activities and what this looks like for people being supported.
- There was a stable and consistent staff team who were skilled and motivated.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.
- Staff were complimentary about the registered manager and told us they had an open-door policy. Comments from staff included, "I just think [registered manager's name] is approachable, she is probably the best manager I have worked under. She has taught me a lot. Constantly learning from her" and "[registered manager's name] I can talk to all the time."
- The registered manager told us the service had regularly asked people and relatives to provide feedback to help drive improvement. We saw evidence of this during the inspection.

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

- Relatives confirmed they were kept updated and informed by the provider. Comments included, "They do keep me informed", "Completely updated and informed", "The senior management are really very good. I am confident I will be involved", "The home are very responsive to us and communicate really well with us" and "The lines of communication is very good here ... It is comforting enough to know they are honest to share what is going on and how they are handling it."
- People and relatives were involved in making decisions about the home through face to face meetings and regular surveys.
- Staff were supported with regular team meetings and confirmed they felt these were useful. Staff were able to add agenda items for discussion and were encouraged to offer feedback and suggestions.
- Staff told us they felt respected, supported and valued. The provider promoted equality and diversity in its work. They felt able to raise concerns without fear of retribution.

Working in partnership with others

- The service had developed links with external agencies ensuring successful partnership working, such as with the local authority, the local GP surgeries and commissioners. This supported positive outcomes for people, and we saw evidence of referrals to relevant professionals when required.