



**Jersey Care
Commission**

INSPECTION REPORT

Stuart Court

Care Home Service

**Rue de Haut
St Lawrence
JE3 1JQ**

24 and 26 March 2021

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 32 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

ABOUT THE SERVICE

The is a report of the inspection of Stuart Court care home. The service is situated in the parish of St Lawrence overlooking St Aubin's bay and offers accommodation over four floors. The home provides permanent accommodation to residents who require personal care and support and has one bed available for respite provision. The service became registered with the Commission on 12 August 2019 but had been subject to regulatory inspections under the previous law.

The home is in a semi-rural location with a good bus route and some local amenities a short distance away. The property has two large gardens which overlook St Aubin's bay and there is a smaller outside courtyard for residents to sit or dine outside in summer. There is also a range of community rooms within the building which can be accessed via stairs or lift access

Residents have access to a daily programme of social activities within the home, as well as opportunities for community outings and events. Transport is available in the home's minibus.

In the Statement of Purpose, the home is described as 'assisting residents to live in a home from home environment, whilst empowering them to make their own choices'.

Registered Provider	Methodist Homes for the Aged (Jersey) Limited
Registered Manager	Elaine Jackson
Regulated Activity	Care Home Service
Conditions of Registration	Maximum number of care receivers in receipt of personal care or personal support is 27. Age range is 60 and above Category of Care is Old Age Rooms No: 1 - 28 (no room 9) one person Rooms No: 27 (respite only) one person
Dates of Inspection	24 March and 26 March 2021
Times of Inspection	9.30am – 4.00pm and 11am to 2:30pm

Type of Inspection	Announced
Number of areas for improvement	None

The Care Home is operated by Methodist Homes for the Aged (Jersey) Limited and the registered manager is Elaine Jackson.

At the time of this inspection, there were 27 people accommodated in the home.

SUMMARY OF INSPECTION FINDINGS

This inspection was announced five days in advance. This allowed for the necessary infection control measures to be put in place in relation to Covid-19 and ensured the availability of the registered manager. The inspection was undertaken by two Regulation Officers on the 24 March 2021. There was a follow up visit by one Regulation Officer on the 26 March 2021 with a specific focus on care planning and meeting with residents and staff.

The Care Home Standards were referenced throughout the inspection¹ and Regulation Officers focussed on the following areas during the inspection:

- the service's Statement of Purpose and conditions on registration
- safeguarding (adults and children)
- complaints
- safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)
- care planning
- monthly quality reports
- care home environment.

Overall, the findings from this inspection were positive. The home is functioning within the conditions of registration and there was evidence of compliance with the Regulations and Standards. Residents are being provided with a service that is safe, well managed, and which takes their wishes and preferences into account.

There are good practices to ensure the safety of care receivers. There is a robust safeguarding policy in place and all staff have up to date safeguarding training which includes recognising the signs of abuse and neglect and how to report concerns. There is a culture of openness and transparency, with a willingness to learn and seek ways to improve upon the delivery of care.

¹ The Care Home Standards and all other Care Standards can be accessed on the Commission's website at <https://carecommission.je/Standards/>

There are a range of systems and practices in place to ensure that concerns and complaints are dealt with efficiently and appropriately. The registered manager is proactive in her response to feedback and will act promptly to rectify any issues raised. This is supported by robust procedures for dealing with complaints and a staff team who are aware of their responsibilities in relation to complaints.

The home's arrangements for recruiting staff were satisfactory with all aspects of safer recruitment procedures in place. Staffing numbers were adequate, and staff were appropriately deployed within the home. There were also suitable arrangements in place for supervision and training. Policies and procedures are kept up to date and there are effective communication systems in place to support the staff team.

There are adequate systems in place to support effective assessment and care planning for residents and the records reviewed demonstrated a personalised approach which takes account of wishes and preferences of residents. There is also evidence of regular reviews which are inclusive of residents and families.

The registered manager is aware of her responsibilities in relation to care home Standards, and positively contributes to the monthly quality review process to ensure compliance with the requirements of registration. There is a willingness to seek feedback and regularly review practice with a view to making improvements.

Although not a pre-determined focus for inspection, the Regulation Officers found significant upgrades to the home's environment since the last inspection in September 2019. This has been reflected in the body of the report.

INSPECTION PROCESS

Prior to the inspection visit, information submitted by the service to the Commission since the service became registered, was reviewed. This included any notifications and any changes to the service's Statement of Purpose. A review of the home's last inspection in September 2019 was also undertaken as part of the pre inspection planning. In addition, there was a medication inspection undertaken on 25 February 2021 by the community pharmacist; the findings of which are referenced in this report. A Regulation Officer also visited the home on the 18 February 2021 for an introductory visit and to view alterations made as part of the discretionary conditions set at registration.

The Regulation Officer sought the views of the people who use the service, or their representatives, and spoke with managerial and other staff. A total of nine care receivers and eight family members were consulted as part of the inspection to determine their views on the home, as well as asking specific questions relating to safeguarding, complaints, staff competence and care planning. During the inspection visit, the Regulation Officers had the opportunity to speak with five members of staff, who hold a variety of roles within the service. The views of four professionals were also obtained as part of the inspection process.

During the inspection, records including policies, care records, recruitment and training files, incidents and complaints were examined. There was also an opportunity for a detailed discussion with the registered manager in relation to the daily operation of the home. At the second inspection visit, the Regulation Officer also spent time with the deputy manager reviewing the current care planning systems.

The Regulation Officers undertook a physical inspection of the premises. There has been recent investment in the upgrade of certain areas of the building and in the decoration of communal areas. Regulation Officers also had the opportunity to observe residents participating in a range of group activities which are offered within the home.

At the conclusion of the inspection, the Regulation Officer provided feedback to the registered manager.

This report sets out our findings and includes areas of good practice identified during the inspection. No areas for improvement were identified.

INSPECTION FINDINGS

The service's Statement of Purpose and conditions on registration

The Care Home's Statement of Purpose was reviewed prior to the inspection visit. The Standards outline the provider's responsibility to ensure that the Statement of Purpose is kept under regular review and submitted to the Commission when any changes are made.

An updated Statement of Purpose was submitted to the Commission on 18 September 2020. This reflected the installation of a new external CCTV system, as well as compliance with the discretionary conditions set at initial registration in September 2019. The Regulation Officers reviewed the current Statement of Purpose with the registered manager during the inspection visit and noted the positive narrative which promotes the delivery of person-centred care. It was noted that there had been some recent changes in the staffing structure, and this will need to be reflected in the Statement of Purpose. The registered manager agreed to review and update the current document.

Stuart Court's Statement of Purpose continues to reflect the range and nature of services provided to residents. The Regulation Officers were satisfied that the registered manager fully understood their responsibilities in this regard.

The Care Home is, as part of the registration process, subject to the following mandatory and discretionary conditions:

Conditions of Registration	<u>Mandatory</u>
	<p>Maximum number of care receivers in receipt of personal care or personal support is 27. Age range is 60 and above Category of Care is Old Age Rooms No: 1 - 28 (no room 9) one person Rooms No: 27 (respite only) one person</p>
	<u>Discretionary</u>
	None

A discussion with the manager and an examination of records provided confirmation that these conditions on registration were being fully complied with and will remain unchanged.

Prior to this inspection, the registered manager informed the Commission that the discretionary conditions put in place at initial registration in September 2019 had now been met. The conditions stated that:

- The registered manager of Stuart Court must complete a Level 5 Diploma in Leadership in Health and Social Care to be completed by 05 August 2022
- Suitable alterations in line with identified standards for such provision should be made to the existing shower room on floor level 2 that will incorporate an assisted bath with hoist, this to increase the assisted bathroom/shower facilities available to resident group. Such alteration should be completed by August 2022.

A visit to the home was undertaken on the 18 February 2021 to view the alterations and an updated certificate of registration was issued.

The home currently has one respite bed which is used on a regular basis and was occupied at the time of inspection, although usage has reduced during Covid-19. The registered manager explained that room 28 has also been identified as a second respite room as the facilities within the room are not suitable for permanent residency. There is currently a permanent resident in the room who has been there for several years and does not wish to move. The registered manager explained that the resident is offered an alternative each time another room becomes available and the decisions are always documented. Regulation Officers met with the resident at inspection and they confirmed their satisfaction with the room. Regulation Officers advised the registered manager that when the room does become available for respite, an application to vary conditions will be required.

At the time of the inspection there was full occupancy within the home and a waiting list of ten. The registered manager gave an overview of the current levels of need and identified that there are several residents with cognitive impairment/dementia

which is well managed within the environment. The registered manager also gave an overview of the monitoring and reviewing processes in place and explained the procedures that are followed should re-assessment be required.

The Regulation Officers were satisfied that all conditions are currently being met.

Safeguarding (adults and children)

The Standards for Care Homes set out the provider's responsibility to ensure that care receivers feel safe and are protected against harm. This means that service providers should have robust safeguarding policies and procedures in place which are kept under review. Staff working in the service should be familiar with the safeguarding arrangements and should make referrals to other agencies when appropriate.

There is a robust safeguarding policy in place; copies of which are available in the staff handbook and on the electronic care planning system. The policy sets out how and when safeguarding alerts should be made as well as providing contact details to enable advice and support to be sought. The registered manager explained that the policy is due to be updated to reflect changes recently made to the Safeguarding Partnership Board's policies. Once this is completed there are plans to update all staff training.

During discussions with staff members, they informed the Regulation Officer that they were aware of the planned updates and had been informed of these by the registered manager and through staff meetings. Staff also confirmed that they have taken part in online safeguarding training. Upon inspection of staff training files, there was evidence of up to date safeguarding training having been provided to staff.

Regulation Officers reviewed the notifications made to the Commission in the last 12 months with the registered manager. There were 11 incidents of falls recorded. The registered manager explained that there are risk assessments in place for all residents who are at risk of falling. The staff team will try and find an appropriate balance between resident safety and maintaining independence. Restrictions imposed by Covid-19 have reduced residents' opportunities to mobilise around the home normally and participate in community activities. When changes in need are recognised, the appropriate referrals are made for re-assessment and recommendations are followed by staff. There are also other measures in place to safeguard residents which include bed alarms and a call bell system. The registered manager informed Regulation Officers that there was also new equipment available to assist residents to stand after a fall. Recent training has been undertaken by the staff team in the effective use of the equipment.

There was one safeguarding alert raised in April 2020 by an external source. This was in relation to adequate staffing levels during lockdown. This was explored with the registered manager at the time of the incident. It was identified that, due to Covid-19, a member of staff was working on an unfamiliar shift pattern and was not aware of the on-call arrangements available to staff working in the evenings, at weekends, or overnight. This was rectified immediately by the registered manager.

A medication error was reported in December 2020. As an outcome, an internal investigation was carried out by the deputy manager, supported by the registered manager of another Methodist home. The outcomes of the investigation included the need to update the existing medication policy. This was awaiting verification at the time of inspection and all staff had been issued with a written reminder of their responsibilities in relation to medication administration. An unannounced medication inspection was undertaken by the community pharmacist on 25 February 2021 and there were no areas of concern noted.

There is a current safe bathing and showering policy in place which describes the safeguards for temperature controls and the ongoing checks to ensure safety. Regulation Officers also viewed a report completed by the fire officer in February 2020. This included recommendations for improvements and provided detail of how the issues were rectified.

At the home's previous inspection in September 2019, it was recommended that there be a review of the ramp in the corridor on the first floor as it was identified as a potential trip hazard. Regulation Officers noted that there had been significant improvements made and that the area was much improved, although a slight incline remains. This was discussed with the registered manager and it was agreed that some signage would be provided in the area to draw attention to the incline.

Regulation Officers also reviewed the home's gift policy. The registered manager gave an example of a gift voucher which had been given directly to her. The home is governed by the Methodist Homes for the Aged (MHA) Board of trustees and permission was sought from the Board that the voucher be used to purchase items for the home. This had been agreed.

All staff are aware of the gift policy and receive a copy in the staff handbook.

Residents' valuables are managed by themselves in their own rooms. Safes are available which can be placed in residents' rooms. These are also used for medication storage for residents who administer their own medication.

There is a self-contained flat within the home which is occupied by a senior member of staff. Regulation Officers discussed with the registered manager the arrangements in place for visitors to the flat. The registered manager confirmed that police checks are in place for all occupants of the flat. Visitors to the flat need to enter via the home. It was discussed that arrangements for visitors should be clearly stated in the tenancy agreement, as well as expectations in relation to noise levels. This was implemented within one week of the inspection visit.

The Covid -19 pandemic has had a huge impact upon residents, families, and staff at Stuart Court. This was discussed at length with the registered manager who described it as a "frightening time" with a "big responsibility" to keep people safe. Changes were made to rotas to minimise staff crossover and support the care needs of residents. The registered manager led by example by working alongside the team, ensuring that staff had the right equipment and appropriate training for infection control. Staff numbers were reduced at times due to the need for staff to either shield or self-isolate. Despite such challenges, the manager remarked that the

team had 'pulled together', and that she had felt "humbled" by the commitment shown.

The registered manager has also demonstrated effective problem-solving skills and a compassionate approach in relation to the difficulties faced by relatives. Examples of this include arranging for swab testing for relatives to be done by staff at the home and identifying an area where a screen was erected to allow visitors to come to the rear entrance of the building to see relatives. The efforts of the registered manager were recognised in feedback received by both families and staff.

One relative stated that the home should receive a "big tick" for their efforts during the pandemic. Another talked of the 'safe but sensible' approach adopted by the registered manager when managing visits to the home.

Complaints

The Standards for Care Homes set out set out the provider's responsibility to ensure that there are arrangements in place for the management of complaints. This means that care receivers should know how to make a complaint and what to expect if they need to make a complaint. The service's staff should be familiar with the complaints management procedures and service providers should closely monitor their implementation.

There is a comprehensive complaints policy in place which incorporates guidance on whistle-blowing procedures. A copy of the policy is contained in the staff handbook, as well as the induction pack, and is available both in paper form and electronically. Residents and families are given a copy of the policy when they move in. When speaking with families, many were unable to comment on receiving the policy as their family members have been resident at Stuart Court for several years. However, all were clear on the steps they would take should they need to raise a concern or make a complaint.

The registered manager reported that they have received no formal complaints in the last 12 months. The registered manager keeps a record of any informal complaints received and the outcomes achieved. This was evident on the second inspection visit. A resident informed a Regulation Officer that they were unhappy that the windows were opened in the lounge area when residents were present. They explained that it makes the room cold which causes discomfort if people are sitting for extended periods. This was discussed with the registered manager and she explained that this was necessary at the present time due to Covid -19, and the need to increase the circulation of air indoors. She informed me that she had been made aware of the residents' concerns and had reached a compromise. The windows are now only opened when residents are in the dining room at mealtimes.

At the entrance to the home there is a complaints, comments, and suggestions box. The registered manager confirmed that this is used and gave an example of a comment made by a resident that the garden would benefit from a summer house. This was passed to the Board and a summer house is now being built.

It was noted that there are several other proactive practices in place to ensure that residents' voices are heard, and any concerns are addressed. These include; residents' quarterly meetings, daily contact with the chef in relation to meal choices, one to one discussion with the registered manager as routine and upon request. During the inspection, the Regulation Officers observed a positive presence from the registered manager within the home which was well-received by both staff and residents.

Resident feedback was very positive. All residents that Regulation Officers spoke with were aware of who they would speak to if they had a concern or complaint. Two residents reported that if they had a problem, they would speak to the registered manager but stated that they were happy and there was nothing that they did not like about the home. Another resident felt that if she had any concerns she could speak with any member of staff and things would be resolved. This was also reflected in feedback from families with one stating that they were confident that anything they raised would be dealt with immediately. Others gave examples of issues they had raised and reported that there was an immediate response with a willingness to work with families to find resolutions. Through discussions with family members, it was evident that there is a high level of confidence in the registered manager and the staff team and their willingness to respond to residents and families in a positive and timely manner.

Safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)

<p>The safe recruitment of staff is an important element in contributing to the overall safety and quality of service provision. The Standards and Regulations set out the provider's responsibility to ensure that there are always suitably recruited, trained and experienced staff available to meet the needs of care receivers.</p>

There are currently 31 staff employed at Stuart Court. This a combination of care staff, an activities co-ordinator, domestic staff, maintenance and kitchen staff. The registered manager has been in post since May 2019 and is supported by a deputy manager, four senior carers and 15 care assistants.

The registered manager is involved in all aspects of recruitment and a safer recruitment policy is in place. The deputy manager is also involved in the interview process for junior staff and Board members take part in recruitment of more senior staff, such as the registered manager and deputy manager. A total of eight recruitment files were viewed at inspection and were found to be compliant with the safer recruitment policy.

An induction programme is in place for new staff, a sample of which was viewed at inspection. The induction process takes place over a five-month period with the inductee working through a booklet covering various topics which include; introduction to the Board, roles and responsibilities and key policy reading. Each new member of staff is assigned a mentor and has probationary reviews at the midway point and end of their induction period.

There is a staff handbook in place which is issued to all staff when they commence employment. It was noted by Regulation Officers that it has recently been reviewed and updated on the 07 March 2021. This is a very easy to follow document which is informative and detailed. Subsequent discussions with staff confirmed that they all have a copy and are regularly informed of any updates or reviews.

Annual performance review and appraisals are undertaken with staff and evidence of this was evident within staff training folders. The registered manager explained that staff supervision was a new concept which she introduced to the team when she came into post. The registered manager has spent time developing a training programme for senior staff, in order to allow them to undertake the supervision process with junior staff. The registered manager will continue to supervise senior staff. Clear processes have been put in place for the facilitation of supervision and the policy has been updated to reflect this.

Staff meetings are scheduled monthly. Meeting minutes were reviewed at the time of inspection. The agenda is on display in the staff room along with other communication updates. Staff report that there are good communication systems in place within the home.

Training has been disrupted due to the Covid -19 restrictions. The home had agreed and paid for delivery of a comprehensive classroom-based training package for staff in 2020 which has been significantly disrupted. This is now due to take place in 2021. In order to ensure training updates for staff during 2020, the registered manager had arranged access to online training. A total of eight training files were reviewed at inspection and were found to have evidence of online training for staff in key areas such as, safe handling, food safety, First Aid, basic life support, infection control and safeguarding. There was also evidence of specific training on dementia and learning disabilities.

The deputy manager is currently undertaking an online management course and will then progress to the level 5 diploma in management and leadership. Fifteen of the twenty-two care staff have level 2 or 3 of the Regulated Qualification Framework (RQF), or equivalent. This meets the requirements set out in the care home Standards. Two staff have applied to undertake the level 2 RQF and one member of staff has commenced the level 3 RQF, with a further two undergoing level 3 medication training.

Duty rosters were reviewed by the Regulation Officers and reflected consistently appropriate levels of staffing. The registered manager and activities co-ordinator are not included in daily shift numbers. The registered manager attends the morning handover each day. One area noted by Regulation Officers was that night duty staff members were identified by first names only and this was written in pencil. This was pointed out to the registered manager at inspection who accepted that this needed to meet the same standard as day shift rostering and agreed to rectify.

There was consistent praise for the staff team in feedback from residents, families, and professionals. The team are described as "open and friendly", with one family member stating, "there is a culture of nothing is too much trouble". One professional stated "I definitely feel that the staff are competent to the range of needs within the

home, as with my client they work in collaboration with other services such as myself to promote best outcomes". Another stated, "I have found the staff to have a good understanding of their residents, adjusting their interactions where needed to the individual's preferences".

Care planning

The people to receive this service should have a clear plan of the care to be provided to them. This should be based on an assessment of their needs, wishes and preferences. The Standards and Regulations set out the provider's responsibility to ensure that care plans are person centred and kept under review. The staff delivering care should be familiar with the care plans and ensure that any changes in needs are communicated appropriately.

The registered manager explained that some residents will previously have had a respite stay in the home prior to admission. This gives them a good opportunity to experience living in the home and make an informed decision about permanent placement. Respite stays also give the team an opportunity to get to know individuals and develop appropriate plans of care. The home does not accept emergency admissions unless the person is already known to the home.

There is an admission policy in place which also covers respite stays. Prior to moving in, the registered manager or deputy manager will undertake an assessment with the individual in order to determine the level and type of support required. There is also a discharge process in place. Regulation Officers witnessed a discharge process and transfer during the inspection. It was observed to be comprehensive and very person-centred. The care home allocated a specific member of staff to accompany the person and support them to settle in. This enabled the person to have a smooth transition to an unfamiliar environment. Regulation Officers identified this as an area of good practice.

At the second inspection visit on 26 March, the Regulation Officer conducted an extensive review of a sample of the home's care plans with the deputy manager. A total of eight care plans were reviewed. An electronic care planning system is in place. The system allows for care plans to be personalised and staff are encouraged to record the views of residents on how they would like their care to be delivered, in the residents' own words.

The registered manager explained that time has been invested in developing staff skills and confidence in developing care plans from the resident's perspective and focusing on the promotion of independence. Where residents have difficulties in communicating their needs, staff write plans based upon their knowledge of the resident and information received from others who know them well, such as family, friends and professionals in order to reflect wishes and choices.

There is a life history section which gives a good pen picture of the resident, focusing on their personal experiences and preferences. There is also a facility for recording all incidents and accidents and can be linked to specific care plans, such as mobility. Staff entries can be linked to specific care plans which assists with more effective

reviews. Each resident who requires it has a risk of falls assessment in place. All residents also have personal emergency evacuation plans.

There was evidence of review dates for all care plans which were completed within the timescales set and additional updates took place if there were identified changes in need. There is also a care planning meeting held each Wednesday where new information or changes required are discussed and recorded.

Each resident is offered the opportunity to review their care plan with a member of staff on a monthly basis. This generally takes place in the activity room and copies of the plans can be put on the large screen for the resident to view. Some residents also prefer to keep a paper copy of their plan in their room. The Regulation Officer spoke to one resident who explained they like to keep a copy in their room as it helps them to remember. Other residents confirmed that they are offered opportunities to review their plans. There is currently no mechanism in place to indicate when reviews with residents have taken place. This was discussed with the registered manager and deputy manager and agreement reached that a communication entry will be made after each resident's review.

Staff provided examples of how the existing electronic system can be both cumbersome and difficult to navigate. This sometimes leads to staff becoming frustrated, particularly as the system does not provide a means of indicating when reviews or when significant events have occurred.

Family members reported that they feel included in their relative's care and are always kept up to date when there any changes in need. Several accounts were given to Regulation Officers when changes in need had been identified. These were discussed with relatives in a sensitive manner with full explanations given as to the need to make changes to the provision of care. One family member explained that their relative, who has a cognitive impairment, needed to move rooms due to mobility issues. The move was discussed in advance and was well planned by the staff team. Pictures were taken of the resident's room so that when they moved, the new room and personal belongings could be set up in the same way, which reduced anxiety for the resident. This promotes the dignity of the person and evidences a person-centred ethos.

Several residents expressed that they value the companionship that the home provides and the importance of the friendships they have developed. This is supported by the social activities which the home offers. An activities co-ordinator has recently been recruited and facilitates a range of activities each week. The co-ordinator also works with residents to identify their wishes and preferences. Having identified a gap in the provision of activities to meet the needs of male residents, the activities co-ordinator was in the process of exploring how this need might be better met.

Regulation officers reviewed the recent schedules and found a range of onsite activities on offer each day. There are also opportunities to participate in community outings and events. Regulation Officers also witnessed a drum session, sing along and quiz afternoon during inspection visits, as well as pictures of recent social events and parties. It was clear that everyone who was attending the sessions were

actively engaged and supported by enthusiastic staff members. Residents spoke fondly of the activities and liked having the freedom to join in when they chose.

Two family members spoke of the time taken by staff to introduce new residents to the social activities who were reluctant at first, providing gentle encouragement and re-assurance. This has been positive for the residents who are now enjoying joining in but still have the option to spend time on their own. This was identified by the Regulation Officers as an area of good practice.

Monthly quality reports

The quality of care provision should be kept under regular review. The Standards and Regulations set out the provider's responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.

There are monthly quality reports completed by a member of the Board. The reports were available upon inspection and were reviewed by the Regulation Officers. The registered manager reported that she finds this a beneficial process and she contributes to the reports by providing information collated throughout the month which includes details of informal complaints, maintenance checks, incident reports, near misses and audits.

Spot checks are carried out at four to six weekly intervals. This is completed by the live-in senior carer for night staff and by the registered manager.

Questionnaires are given to any residents who have respite stays. These were viewed at the time of inspection. The information is used to help enhance the respite experience and improve practice within the home.

Minutes from residents and staff meetings were reviewed. Regulation Officers found these to be sources of good communication and information sharing. A recent residents' meeting focused upon giving updates on Covid and what this meant for them. The most recent staff meeting had informed the staff team of the upcoming inspection by the Commission. The registered manager had encouraged staff to engage honestly with Regulation Officers.

The registered manager explained that the openness of the home supports the quality monitoring process. The views of anyone visiting the home are always welcomed and there are no restrictions placed on visitors outside of current Covid-19 pandemic. The home also welcomes students on work-experience placements from local schools and colleges.

The registered manager has received positive feedback for her leadership. Staff report that she has made a positive impact since taking over and is supportive of the team. One family member describes the home as "well led and managed". One professional reported that she had received positive feedback from staff about the registered manager and described her as "very inclusive".

Members of the MHA Board regularly make visits to the home and spend time with residents on an informal basis. Residents and staff reported that this is well-received and has a positive impact. Similarly, staff reflected that they value the presence of Board members and feel supported and valued by the Board. One member of staff reported that, upon successfully completing a training course, that this was recognised by the Board. The registered manager also expressed that the Board have consistently supported her in her role, particularly through the Covid-19 pandemic.

Care home environment

Reference was made to Standard 7 of the Care Home Standards which states: "The environment will enhance your quality of life and the accommodation will be a pleasant place to live or stay."

The home's previous inspection in September 2019 noted that there were plans to refurbish the interior and described some areas as "a little worn out in general appearance".

Regulation Officers noted at this inspection, that there had been significant improvements to decoration within the home. There are new carpets throughout, and all communal areas have been repainted and are bright and welcoming. One professional commented on the "lovely atmosphere and lovely décor" in the home.

All rooms are personalised to the residents' own taste and wishes with lots of personal items and furniture.

The home maintains a high level of cleanliness and this was commented upon by a family member. Regulation Officers spoke with domestic staff who shared information in relation to cleaning schedules. There are personal protective equipment stations in the corridors in every floor. These have been set up to blend in with the home's décor and are not intrusive of the environment.

At the time of inspection, building work was being undertaken to improve staff facilities and there are plans for further upgrades to this area. The work was not impacting upon residents' daily living or activities.

The registered manager reviews rooms each time they have a vacancy and explained that there were plans to replace carpets in a room vacated that day, before it was offered to another resident.

The home is located over four floors with two staircases and a lift. Regulation Officers noted that it can be hard to navigate around the building. This was discussed with residents whom Regulation Officers spoke with. All reported that they do not have any issues with finding their way around the building. The registered manager and staff reported that there had been no issues with residents navigating the building. There is signage in the lift to support residents.

At the time of inspection Regulation Officers observed a calm and relaxing atmosphere. There were lots of positive comments from relatives with one family member stating that their mother regards Stuart Court as their home, another described it as “a home from home”, which is reflective of the Statement of Purpose. One professional commented that Stuart Court is “much less like a retirement home and more like a home”.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.



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