

Starmount Villa Residential Care Limited

# Starmount Villa Residential Care Home

## Inspection report

Browns Road  
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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

Starmount Villa Residential Home provides personal care and accommodation for up to 30 people, some of whom are living with dementia. At the time of this inspection there were 30 people living in the home.

### People's experience of the service and what we found:

People and their relatives spoke highly of the management and staff and the quality of care and support they received. People were supported to follow routines of their choosing. Activities and opportunities were provided both in and away from the home offering variety to people's day as well as promote their well-being. Staff knew people well and were described as caring and respectful. Our observations supported what we had been told.

Care plans were personalised with information about people's individual needs and wishes. Where risks had been identified these had been assessed and planned for. 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.

Meals times were a social occasion and people were encouraged to attend the dining room and meet with their friends. People said a good choice of meals were provided, which they enjoyed. Kitchen staff understood the dietary needs of people and additional advice and support was sought where people were at nutritional risk.

People's health and wellbeing were regularly monitored with the involvement of relevant health care professionals. Safe systems were in place for the management and administration of people's medicines.

Safe recruitment procedures were in place. Good staffing levels were provided, with clear designated roles and responsibilities. Staffing levels were kept under review to ensure changing needs were appropriately met. Staff received relevant training and support to carry out their role and responsibilities.

Suitable arrangements were in place to ensure the premises and equipment were kept safe. Good hygiene standards were maintained, and relevant guidance was adhered to help minimise the risk of cross infection.

Systems were in place to monitor and review the quality of service provided. The management team had identified areas of improvement to further enhance the service. Staff, people, and their relatives said they were confident in the management and leadership at the home and felt any issues brought to their attention would be addressed.

Systems and processes were in place to deal with any safeguarding concerns and complaints. People and their visitors said they felt able to raise any issues with the staff team.

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

#### Rating at last inspection

The last rating for this service was Good (published 22 February 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### 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?

The service was safe.

Details are in our well-led findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our well-led findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our well-led findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our well-led findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Starmount Villa Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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.

#### Inspection team

The inspection team consisted of 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Starmount Villa 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. Starmount Villa 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

The inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

### During the inspection

During the inspection we spoke with 9 people who live at Starmount Villa and the relatives of 6 people. We spoke with 5 staff. This included the registered manager, 3 care staff and the cook. We also spoke with the provider and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Feedback was also received from a health care professional visiting the home.

# 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. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- All the people we spoke with said they felt safe. One person told us, "There is always someone here for you 24/7 so I feel very safe and well looked after" and "They look after us very well, I feel very safe here."
- People's relatives supported this view. One relative told us, "This place gives us massive peace of mind that we know [person] is being really well looked after."
- Staff were aware of safeguarding processes and were confident in reporting any concerns they had to the management team. Staff told us, "I can raise anything. All approachable, the registered manager and owners."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Risks to people were assessed and actions recorded to help reduce the impact on people.
- Staff were able to describe potential risks to people in relation to moving and handling, falls, weight management, skin integrity, swallowing and bed rails.
- Staff explained how falls monitoring equipment was used to reduce the risk of harm from falls. One staff member told us, "A pressure mat is always in use for someone at risk of falls."
- Internal and external health and safety checks of the home were regularly monitored and completed. Checks and servicing of the firefighting system, gas, and electrical safety, moving and handling equipment and water systems were completed in line with regulations.

Staffing and recruitment

- Safe recruitment processes were in place. Relevant recruitment checks had been completed to ensure applicants suitability for work.
- Sufficient numbers of staff were deployed in the home. Staffing levels were kept under review, so people's routines and changing needs were effectively met.
- People and their relatives spoke positively about the staff team and the support offered. We were told, "The staff are 100% brilliant there is always someone to talk to all of the time", "There is always plenty of staff around and they are just brilliant with everyone" and "The staff here are so consistent and there is that familiarity with the staff which is good."

Using medicines safely

- People were supported to receive their medicines safely.
- Medication stocks corresponded with stocks held. Additional records were completed in relation to the

application of topical creams, thickeners and PRN (when required) medicines. Records provided guidance for staff about when and how these should be provided.

- The service liaised with the local GP and supplying pharmacist to ensure the health care and medication needs of people were effectively met.
- Staff responsible for the administration of medication had completed relevant training and had their competency assessed to ensure practice was safe.
- Managers completed regular audits and checks to make sure people received their medicines safely.

#### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The home was clean throughout and a dedicated team of housekeeping, and laundry staff were on duty daily.
- There was an ample supply of personal protective equipment (PPE) such as gloves, aprons, and hand sanitiser. Staff told us, PPE was always worn when required, and we observed at lunch time, staff wearing aprons and gloves to serve food.
- People and their relatives felt the home was kept clean and tidy. We were told, "Our clothes are cleaned to a high standard and the cleaner comes in every day to clean my room" and "The rooms are spotless."

#### Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice.
- Families and friends were actively encouraged to visit the home and take part in activities and mealtimes. We observed families visiting throughout the inspection. One person told, "Our visitors can come and go at any time, its home from home."

#### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Any accidents or incidents were recorded. People were monitored following any incidents and actions reviewed, considering any areas of learning.



# 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. At this inspection the rating 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

- People's needs were assessed, and care and support were delivered in line with current standards to achieve effective outcomes.
- People received a full assessment of their needs prior to moving in to Starmount Villa. This was completed in conjunction with the person, their family or representatives and health and social care professionals.
- Following the assessment, any identified needs were addressed. For example, ensuring the correct moving and handling equipment was in place or any identified cultural requirements could be fulfilled.
- Assessments captured people's preferences. For example, food and drinks they enjoy or activities the person may wish to get involved in.

Staff support: induction, training, skills, and experience

- The service made sure staff had the knowledge, skills, and experience to deliver effective care and support.
- People and their relatives told us, "The staff are very kind and courteous they look after us all well" and "The staff are well trained, and I feel comfortable with them."
- Staff told us they had received an induction when they commenced employment as well as supervision sessions, enabling them to discuss their work.
- Staff said they completed regular training. Most training was provided via e-learning, however, more recently and after the COVID-19 pandemic, face to face training and been reintroduced.

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

- People were supported to eat and drink to maintain a balanced diet.
- Menus were adapted to suit people's dietary or cultural needs. One person told us, "I don't really eat meat, very occasionally, but they know that and so they make me a fish dish each day, it's really nice of them."
- Staff were aware of who had a modified diet and if they required the use of fluid thickener to aid swallowing. One staff member described how many scoops of thickener they used to thicken up a person's fluids.
- Meals times were a social occasion and people were encouraged to attend the dining room and meet with their friends. We observed people sharing their thoughts over the day's newspaper headlines as well as enjoying their meals, which were home cooked and served straight from a bain-marie, so remained hot.
- Drinks were served with meals and condiments such as salt and pepper were placed on each dining table. Snacks and additional drinks were served throughout the day. Some drinks were fortified to assist in weight management.

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

- People were supported to live healthier lives, access healthcare services and support.
- Weekly visits were made by the GP and nurse practitioner to review people's healthcare needs and assess any new health related concerns.
- The visiting nurse told us, "The team know people well, quickly recognising changes in people's health" and "Communication is good, they are proactive in dealing with thing."
- Any referrals for example, to Speech and Language Therapy were completed promptly when staff noticed a change in a person's swallowing ability.
- One person told us, "We have a doctor who comes in every Wednesday but if you are unwell they will call the doctor in immediately." A relative of one person also said, "[Person] had a few hospital visits last year, and the communication was really good with the staff."

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

- People's individual needs were met by the adaptation, design, and decoration of the premises.
- Rooms had been personalised with items from home. The relative of one person told us, "The décor and environment looks like the home she had, so she is very content here."
- The home had been adapted over the years to support people with various needs. All internal and external areas were accessible for people with mobility difficulties or using wheelchairs.
- Moving and handling equipment could be accommodated in the majority of the rooms and a passenger lift supported people to move between floors.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- People received an assessment of their capacity. Where it was deemed, the person lacked capacity, a referral was made to deprive the person of their liberty.
- Staff delivered care in people's best interests. We observed staff speaking to the people and asking permission to support them.

# 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. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

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

- People were well treated and supported with respect.
- We observed kind and caring interactions between staff, people living at the home and family members. One relative told us, "The staff are very kind and courteous they look after us all well. They are all so friendly and chat to us as well. We can have a laugh and a joke with them nothing is too much trouble."
- One family member visited their relative to offer support at lunch time. Staff took their time to check on their well-being as well as ensuring the person was being supported safely.
- We observed a person becoming anxious at the dining table. A staff member supported them to eat in a quieter environment to ensure they received the nutritious meal provided.
- We spoke with a person who had recently moved into the home to be with another relative. They told us the home was a 12/10. Adding, "The staff are amazing. They can't do enough for you and always with a smile. They (staff) are so dedicated."
- We observed staff assist people to move around the home, using a hoist and wheelchair. This was done in a patient, supportive and respectful manner.

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

- People were supported to express their views and be involved in making decisions.
- People and relatives were involved in the development of care plans. People said they felt staff listened to them and knew what was important to them.
- Relatives said their views were also considered. One relative told us, "We have been involved in discussions about the care plan, annually. Communication with the staff here is very good."
- Other opportunities were provided for people and relatives to share their views, through feedback surveys and resident and relative meetings.

Respecting and promoting people's privacy, dignity, and independence

- People's privacy, dignity and independence were respected and promoted.
- Consideration was given to people's appearance. People looked clean and tidy, gentleman had been supported to shave and ladies had their nails painted by the hairdresser if they wished. One person told us, "The staff are very good they help me get up get dressed and showered. Our clothes are cleaned to a high standard."
- People were able to follow routines of their own choosing. We saw people move around freely between rooms, mixing and chatting with other people and visitors. One person told us, "I can please myself and

keep some independence. I have recently moved rooms to a ground floor room as it's more convenient for me to move around."

- Staff told us, they encouraged people as much as possible to be as independent and gave people the time and privacy to attend to their own personal care and dressing. One staff member told us, "I make sure they have access to cleansing products and the nurse call alarm to summon staff assistance should they require it."
- We observed staff knocking on doors and gaining permission to enter. Staff also gained consent to provide care and support.

# 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. At this inspection the rating has remained Good. This meant people's needs were met.

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

- Care plans were personalised and captured people's needs and preferences.
- Care records were individualised and included what was important to each person. For example, one person enjoyed a glass of wine in the evenings and preferred flavoursome foods such as a curry or chilli.
- Care records were reviewed regularly with an annual review held with families and the person to ensure they were reflective of current needs.
- Staff told us they had the time to read care records and would speak to people and their families in more detail to learn about their care needs.

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

- People were encouraged and supported to maintain relationships with family and friends and take part in activities of their choosing.
- Family and friends were welcomed into the home, particularly during social events. On the day of the inspection, a Burns night event was held with staff wearing Tam O'Shanter hats while dancing to the sound of bagpipes as they brought in the haggis.
- Other themed events were held throughout the year, including barbecues in the summer, King's Coronation party and Bonfire night with fireworks. In addition, there were visiting entertainers and the local Minister who provided a church service each month. One person told us, "We get outside in the summer, it's lovely. They give us sun hats to wear and cream. They also take us out to the garden centre sometimes too. I like the activities we do here, and I like to join in."
- People were also encouraged to join in group activities such as bingo or quizzes. People had access to a library section where the local library exchanged books each week.

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 understood and supported. We observed one person using a tablet to read a book in large print.
- From our observations and review of records we saw people were able to verbally communicate the

wishes and feelings.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to and responded to and used to improve the quality of care.
- People we spoke with said they would feel able to speak with any member of staff if they had any concerns and were confident they would be listened to. We were told, "It's very well ran. There is absolutely nothing to complain about" and "I would feel happy to speak to any of them with any concerns, but I have none."

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- Person centred end of life care planning was in place including agreements where people, their families and health professionals believed resuscitation would be unsuccessful.
- There was a tree in the garden where ceremonies were held to celebrate a person's life and their name was added to the tree.

# 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. At this inspection the rating 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.

### Continuous learning and improving care

- The provider continually strived to develop and improve the quality of service provided.
- Plans were in place to further upgrade systems within the home in relation to fire safety and the mains electric.
- An electronic care planning systems was to be introduced to help assess, plan, deliver, monitor, and review individual care plans.
- Management systems, to monitor and review the service, were being refined to better evidence robust oversight of the service.

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

- The provider understood their responsibilities under the duty of candour. Any issues affecting the service were reported to the local authority and CQC, as required by law.
- Following the death of one of the owners, there had been some changes in the management team. The team worked well together and were working hard to drive improvements and further enhance the quality of service.
- People and their relatives spoke positively about the provider and the support offered to them and their family members. We were told, "The attitude of the management here is they want your room and the home to be and feel like your own home" and "The family who run it are just unbelievable, it's fantastic."
- Staff understood their role and responsibilities and said managers were approachable and supportive. We were told the team worked well together with good communication, keeping them informed and involved.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service. The provider had systems to provide person centred care that achieved good outcomes for people.
- Communication was shared with staff via a secure WhatsApp group. Other information was shared with people and their families via a secure Facebook group and families were able look at photos of activities occurring at the home.
- Staff felt well looked after. The provider has provided an electric car charger for those staff using an electric vehicle. Also, a curry night had been organised over two nights so all staff could attend with the

management team.

- Staff told us the home had a lovely atmosphere, everyone was welcomed, and they enjoyed the relationship they formed with people and their families. One staff member said, "I love working here."
- Staff actively supported the families to remain involved in people's care and support. One relative wanted to remain actively involved and supported their relative with personal care daily.

Working in partnership with others

- The provider worked in partnership with others.
- The team worked in partnership with other agencies, ensuring people's assessed needs were appropriately met, and their health and well-being was maintained. This was supported by a visiting health care professional who said, "People are well looked after, there's a good working relationship and they follow up on any advice given."
- Prior to the inspection we contacted the local authority and professionals who work with the service to seek their feedback. We were not made aware of any issues or concerns.