

ODK Care Hotels Ltd

Strathmore Lodge

Inspection report

2 Hall Place Gardens
St Albans
Hertfordshire
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Tel: 01727856864

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 8 June 2017 and was unannounced.

Strathmore Lodge provides accommodation for up to 19 people with residential and dementia needs. It does not provide nursing care. At the time of this inspection there were 18 people living at Strathmore Lodge.

There was a manager in post who had registered with CQC. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When we last inspected the service on 19 August 2015 we found the provider was meeting the regulations. At this inspection although we found that the provider meeting the regulations, improvements were required to ensure continued compliance.

People told us they felt safe living at Strathmore Lodge. Staff understood how to keep people safe and risks to people's safety and well-being were assessed and kept under review to help to keep them safe. People's medicines were managed safely, by staff who had received training.

People had their needs met, however on occasions they had to wait a short time to be assisted. We observed there were adequate numbers of staff to support people but at times the staff were stretched and this meant that delays in assisting people or completing tasks in a timely way were noted.

Staff had received training and had the right skills and experience to support people safely. There was a recruitment process in place. However we found some recruitment records were inconsistent with regard to what information was obtained and recorded.

Staff received regular support from their line managers and attended regular team meetings. However staff had not received individual supervision and this was an area that required development. Staff told us they felt well supported and that they were valued and listened to.

People received the assistance they needed to eat and drink sufficient amounts to help keep them healthy. People were supported to maintain their health and staff worked closely with other professionals and made referrals to healthcare professionals when required.

People and their relatives were positive about the staff and management at the service. There was a cheerful ambience around the home. We observed staff to be kind and caring. Staff were knowledgeable about people's individual requirements in relation to their care and support needs and preferences. People and or their relatives had been involved in the planning of their care where they were able to and where this was

appropriate. Visitors were welcomed to the home at all times, and we observed a regular stream of visitors throughout the day.

People were supported to participate in some activities that were provided. However this was an area that required improvements as activities were not always available and were sometimes cancelled due to staff shortages.

There were arrangements in place to receive feedback from people who used the service and their relatives. People were able to raise any concerns they had and told us that they were confident they would be listened to and any concerns raised would be addressed.

There were some systems and processes in place to monitor the quality of the care and support provided for people who used the service. However this was an area that required improvements in particular in respect of the maintenance of record keeping.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was not consistently safe.

People's care was provided by adequate numbers of staff, although at times staff were over stretched.

The recruitment process was inconsistent, although pre-employment checks had been completed for staff, but records were inconsistent.

People's medicines were managed safely, although these were not always administered in a timely way.

Staff understood how to recognise potential abuse, and knew the process for reporting concerns.

Risk assessments were completed to help keep people safe

Requires Improvement ●

Is the service effective?

The service was effective.

People received care and support from staff who were trained and supported in their roles.

People's consent was obtained and they had had their capacity assessed in line with MCA guidance.

People were supported to maintain a healthy balanced diet.

People were assisted to access health care professionals to help maintain their health and wellbeing.

Good ●

Is the service caring?

The service was caring.

People were treated with kindness and compassion.

Staff demonstrated a good understanding of people's needs and wishes and responded accordingly.

Good ●

People were involved in the development and review of their care needs.

Staff had developed positive and caring relationships with people they clearly knew well.

Staff were respectful of people's wishes and treated them with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's care was provided in accordance with their assessed care needs.

People were supported to participate in some activities

Complaints were investigated and responded to appropriately.

People and their relatives felt that they could raise concerns and that they would be listened to and acted upon.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Records were not always maintained and we found inconsistencies in the recording of information.

The provider had some systems in place to monitor the service but this was an area that required development to help manage the quality and safety of the service effectively.

People, their relatives and staff were very positive about the overall management of the service and felt the registered manager worked in an open and transparent way.

Strathmore Lodge

Detailed findings

Background to this inspection

This inspection took place on 8 June 2017. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We reviewed the (PIR) Provider Information Return which is a form we asked the provider to complete which gives some key information about the service, what the service does well and improvements they plan to make.

During the inspection we observed staff supporting people who used the service. We spoke with two people who used the service, three relatives, two care staff, the activities coordinator and the registered manager.

We received feedback from commissioning staff. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to three people who used the service, two staff recruitment records and other documents relating to people's health and well-being. These included staff training records, medication records and quality monitoring audits. We reviewed information from the overall monitoring of the service.

Is the service safe?

Our findings

People told us they felt safe living at Strathmore Lodge. One person told us, "I feel safe. I have always felt safe the staff are very good here." Another person said, "I am safer here than I would be living at home". Two Relatives told us they felt people were safe and well looked after at Strathmore Lodge and said "We have no concern at all about [name] safety".

At the previous inspection we found that the service was meeting the regulations. At this service we found that the provider continued to meet the regulations. However improvements were required to ensure they continue to meet the required standards.

We observed a senior member of staff administering medicines to people in the lounge area at 10.50 am. The staff member told us "I only have about three more to do, I have had so many interruptions this morning a visiting professional required my assistance, so I had to put the trolley away while I assisted them". They went on to say "We have a new person who keeps calling out and has required assistance with personal care twice so that delayed me further". I cannot ignore people when they need help and the other staff were busy at the time".

We asked the staff member how they ensured there was adequate time between the administration of the morning medicines and the lunch time medicine round which commenced at 1pm. They told us "I write the time I administer the medicines down on a piece of paper and then record it in the communication book and it gets handed over". We discussed this process with both the staff member and the provider as so many interruptions increased the risk of errors happening with the recording of the 'actual' times the medicines were administered. We observed that the times were not recorded on the Medicine administration record (MAR) which increased the potential of the risk of errors happening. The provider told us "This is unusual and the administration of medicines is not usually so late, this does not happen very often, but when people require support we prioritise this as we put people first". However this was an area that required improvement to ensure people received their medicines in a timely way.

We observed staff were kept busy and at times were stretched. For example we observed a staff member serving people with a cup of tea at 11am. During which time a person asked to be assisted to use the bathroom. One person asked the staff member if they could have some biscuits with their tea, and the staff member said "Yes I will give them to you when I get back." By the time the staff member had finished assisting the person to the bathroom and was able to serve biscuits people had finished their tea and coffee.

This situation suggested there were insufficient staff available to meet people's needs in a timely way. We discussed this with the provider who told us "I just don't know why the staff member did not serve the biscuits with the tea, that's what they always do". We observed that on the day of the inspection people did not always receive their refreshments in a timely way. There was a recruitment process in place. However we found there were inconsistencies in the records contained in the recruitment files we checked. For example one file did not have an application form but a curriculum vitae which did not contain the same information

as that on the application form. This meant that we could not see if gaps in the person's employment had been explored fully. Also a disclosure and barring check (DBS) could not be located on one file although the provider confirmed it had definitely been completed. Other pre-employment checks such as staff identity and references had been taken up before staff had commenced their employment at the home. This helped to ensure staff were suited to work in a care home environment.

We saw that risks to people's wellbeing were assessed and appropriately managed. For example we saw that individual risks such as moving and handling and skin integrity had been assessed and where risks were identified, measures were put in place to reduce and mitigate these risks to help ensure people were kept safe. This included referrals to an occupational therapist if a person required a piece of equipment or perhaps a pressure relieving mattress to help protect a person's skin integrity. Staff were knowledgeable about the risks of potential abuse and knew how to report any concerns they had to the relevant local safeguarding authority, which included the use of the 'whistleblowing' policy if necessary. We saw also that there was a robust safeguarding policy and procedure in place which staff were aware of.

Is the service effective?

Our findings

People received support from staff that had the appropriate skills and experience to support people effectively. One person told us, "The staff here are wonderful, they do know what they are doing and I am sure they all have training, although I could not tell you what sort of training they are given."

Staff and the registered manager confirmed they completed a detailed induction programme, during which they received training relevant to their roles. In addition to the completion of training they also spent some time at the home familiarising themselves with the layout and policies and procedures of the home. The registered manager told us "I like to invest time in new staff because I want to make sure they understand our ethos, we strive for the best". Staff were able to 'shadow' more experienced staff and had their competencies assessed in the work place to make sure they were competent to work in an unsupervised capacity.

Staff received training and regular updates in a range of topics relevant to their roles. We saw that there was a system to monitor training and to highlight when staff were due for refresher training. This process ensured staff members skills were maintained and good practice was implemented. Staff confirmed they had access to regular training and felt supported by the management team. Staff told us they felt supported and were actively encouraged to have their say about any aspects of how the service operated. Staff attended regular team meetings and discussed issues that were important to them. However they had not had individual supervisions with their line manager. The registered manager told us they were planning to complete these imminently and introduce a regular programme of individual supervisions where their performance and development could be discussed. Staff also told us "The registered manager always makes themselves available to see us". This helped staff feel valued.

Staff understood the importance of ensuring people gave their consent to the care and support they received. One staff member said, "It's very important to give people choices". Staff demonstrated that they understood consent in relation to those people who had fluctuating capacity or those who required support with day to day decision making.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) Staff understood and were able to explain their responsibility under the Act. We checked whether the service was working within the principles of the MCA and found that they were.

People were supported to eat a healthy and varied diet and the chef told us "I go around every morning and ask people what they would like to eat". They went on to say there was always a choice and alternatives. We

saw people were supported to drink adequate amount of fluids to remain hydrated. The service catered for specialist diets such as soft and diabetic requirements. We noted however that there were no menus or pictorial menus on the table or in the dining area to remind people what choices were on offer. The registered manager told us they were going to be typed up and apologised that this was not in place at the time of our inspection. During the lunch time we observed positive interaction between people and staff and people were supported appropriately.

People received care, treatment and support which maintained their health and wellbeing. People had access to GP's and other care professionals when required. During our inspection we saw several visiting professionals. One who spoke with us told us "I have no concerns with this home; the staff support people appropriately and contact us regularly for support". On the notice board in the dining room we saw a schedule of regular visits from chiropodists, opticians or dental support. This helped ensure people's healthcare needs were met effectively.

Is the service caring?

Our findings

People were cared for with kindness and compassion by staff that knew them well and were familiar with their needs. We saw positive interactions between staff and people throughout our inspection. One person told us, "This might not be the poshest home in the area but it is the best, the staff are marvellous. They even look after family members". A visiting relative told us "They are so kind and caring here and always have time for you, it's personal, they welcome you with open arms and you always get offered refreshments. They definitely go the extra mile".

Staff were able to tell us how they maintained people's dignity and respected their privacy. People told us that they were treated with kindness and respect. We observed that staff approached people in a gentle manner and had a calm and relaxed approach when they assisted them" We saw staff explaining before assisting people to ensure people had consented to the support they were providing.

We saw staff knocked on people's doors. Staff had positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences and routines. One staff member said, "We always find out about any new people coming to the service as we are given their care plan to read". Another staff member told us how they maintained people's dignity when they assisted people with personal care. For example they covered people with a towel and ensured the door was closed to help maintain respect for their privacy and dignity.

Relatives who were visited the service spoke highly of the management of the service and told us how much things had improved since the current manager had started managing the service. They told us "In our experience everything is perfect it really is they are kind, available to talk when you need support and are marvellous at keeping you informed. Yes communication is excellent".

Confidentiality was well maintained throughout the home and people's personal and confidential information was stored securely. Information about a range of service including how to access advocacy services was available to people and their relatives should they wish to access these services. One person told us "The registered manager and staff provide you with pretty much anything you ask for, they are brilliant".

Is the service responsive?

Our findings

People received personalised care and support that was responsive to their current and changing needs. The service was flexible and was able to respond when people's needs changed. For example one relative told us "When [person] developed a medical condition, the registered manager and staff made sure it was fully investigated and that [person] received the correct treatment". The staff also made sure [person] has their hearing aids, previously staff did not always ensure the hearing aids were being used. Another relative told us when their relatives health deteriorated the staff ensured they got pressure relieving equipment to help maintain their skin and keep them comfortable.

We saw that when a person had had a number of falls a proper assessment was completed and additional monitoring was put in place to try and reduce the risk of the person falling. For example regular hourly checks were put in place. A family member told us "Our [relative] has not had fall in a long time, because they put measures in place to help prevent these falls". A relative told us the registered manager had discussed getting bed rails for their family member to help keep them from falling out of the bed as they had a tendency to lie too close to the edge of the bed". This demonstrated that the registered manager and staff were proactive in responding to peoples changing needs.

Staff had access to information about how to support people in a person centred way. Care plans were personalised and contained relevant information to inform staff how to support people appropriately. People's individual needs were kept under regular review, and when the person's needs changed the care plan was updated to reflect these changes and staff were informed of any care plan updates during handover. This ensured that staff were fully aware of any changes to peoples care and support. We saw that staff repositioned people as specified in their care plan and this was documented appropriately. Regular checks were in place for people who were being cared for in bed and we saw staff had documented when the person was repositioned, so that they did not remain in the same position too long. There was also a record maintained of the amounts of food and fluid consumed by people in order to monitor their nutritional needs to help monitor their food and fluid intake. We checked that where pressure relieving mattresses were being used they were set correctly for the person's weight and that this was recorded in people's care plans.

People were supported to participate in a range of activities both within the home and in the community. However staff told us that these activities were sometimes postponed if they were short staffed. One staff member said "It is frustrating, we plan the activities and then if someone calls in sick I have to step into cover their shift. Another staff member told us "That is the one thing I think we need to develop and have more regularly, there is just not enough 'engagement for people". We discussed this with the registered manager who agreed to monitor this over the coming weeks to identify what the impact this had on people and to put remedial actions in place to address this shortfall.

We saw that information about how to make a complaint was displayed and people we spoke to told us they knew how to raise a concern if they needed to. We saw where complaints had been received these were responded to in accordance with the complaints procedure. Compliment letters and cards had also been received and people we spoke to were extremely positive about the service. One visiting relative told us, "I

don't have any complaints these days, I have in the past and it was difficult to get a resolution but not now, we only have to mention a comment and it's done". People we spoke with told us they had no complaints, and wouldn't wish to change anything they said were very happy at the home. One person said, "I don't need to complain about anything, this is a lovely home and I would not get better care and kindness anywhere".

Is the service well-led?

Our findings

People and relatives we spoke to were very complimentary about the registered manager, the management team and staff in general. They told us they were a lovely team who they described as being available and extremely supportive.

At the previous inspection we found that the service was meeting the regulations. At this service we found that the provider continued to meet the regulations. However improvements were required to ensure they continued to meet the required standards.

The registered manager was committed to providing an excellent service and was involved in all aspects of the day to day running of the service. However we found that records were not always completed in a timely way and some of the 'administration' type tasks were incomplete. For example the inconsistencies in recruitment records, the menus not being available to people, and staff not receiving regular one to one support in a planned way to enable them to discuss their training and development needs and other important issues in relation to them working at the service. We found that dates were missing from records, for example care plan audits had a front sheet indicating which documents were missing and needed to be obtained but the records in the two files we looked at were not dated so we could not be assured these shortfalls had been addressed. We saw that audits had been completed in respect of a number of areas of the service; however the medicines audits had revealed a number of medicines errors which were correctly recorded. But no 'follow up' action was recorded so we could not be assured that staff who had made these errors had been retrained or were being monitored or had their competencies rechecked. We spoke to the registered manager about this issue and they agreed to review the auditing process to ensure actions were recorded, signed off and dated when completed. This process would ensure the audit was effective in both identifying and addressing shortfalls.

The registered manager was involved in all aspects of the day to day running of the service and knew about everything that was happening within the home. One relative spoke about them "Being available and having a real presence". However we discussed with the registered manager a number of areas of the service which required further development, for example to have a better understanding of the impact on people of staff being under pressure, or activities being cancelled, staff not having regular supervision and records not being completed consistently. The registered manager took our feedback on board and provided us with a detailed action plan which informed us on how they would address the shortfalls identified during our inspection.

Audits were carried out in other areas such as care planning, the environment and safety of the home. We saw that a cleaning audit had been completed in December 2015 but no further audits in respect of cleaning had been completed. The registered manager told us that they regularly checked the cleanliness of the home but it had just not been 'formally recorded'. We observed the home to be clean and there were no mal odours but a consistent approach to completing regular audits in a planned way was required. The registered manager told us they carried out regular checks of the environment, and quality of care and support provided; staff and people who lived at the home relatives confirmed this.

The registered manager agreed to review the current situation given the findings from the inspection and one thought being considered was about perhaps the delegation of some less 'management' type tasks to free them up to concentrate more of the areas that required development. The registered manager was very committed to making the required improvements.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This included notifications about falls, accidents and incident and where people had a DoLs in place to enable us to monitor the overall health, safety and wellbeing of people who used the service.

We found the registered manager to be open, transparent and inclusive throughout our inspection. People, relatives and staff confirmed that this was also their experience of the registered manager. Staff confirmed they had clear roles and responsibilities and that the ethos from management was a 'People first' approach.