

Angels (Stratton House) Ltd

# Angels (Stratton House) Limited

## Inspection report

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21 September 2023  
22 September 2023

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Angels (Stratton House) Limited is a nursing home providing personal and nursing care for up to 24 older people, some who are living with dementia. At the time of the inspection there were 16 people living at the service. The service is laid out over two floors that can be accessed by stairs and a lift. There are two communal lounges, a dining room and level access to an open front garden.

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

This inspection has shown the provider has made significant steps towards meeting all areas of the Warning Notice. Whilst further work was needed, we were satisfied with the progress made. We will continue to monitor the location to ensure all areas of the warning notice are met within an achievable agreed timescale.

The provider had made improvements to the monitoring, recording and oversight of people's care and risk management. This included, skin integrity, accidents and incidents, safeguarding, choking and care plans. There was improved provider oversight of the service. Governance systems had been improved but required further work.

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 and update

The last rating for this service was requires improvement (published 14 June 2023). There were continued breaches in Regulation 12 (Safe care and treatment) and Regulation 17 (Good Governance) identified. Following the inspection (published 14 June 2023), a warning notice for Regulation 17 was issued.

### Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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 well-led?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

# Angels (Stratton House) Limited

## **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.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Inspection team

The inspection was conducted by two inspectors.

#### Service and service type

Angels (Stratton House) Limited 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. Angels (Stratton House) Limited is a care home with 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. However, they were currently absent

from the service and were not present during the inspection.

#### Notice of inspection

This 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 4 staff members which included the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 7 people's care records. We reviewed daily records relating to food and fluid intake, wound management and skin integrity. We reviewed accident, incident, and safeguarding records. A variety of records relating to the management of the service, including provider and manager audits and the service's action plan were reviewed.

# 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

We have not changed the rating as we have not looked at all of the well-led key question at this inspection. The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We will assess the whole key question at the next comprehensive inspection of the service.

At this inspection we found the provider had made significant steps towards meeting all areas of the Warning Notice, although further work was needed. We will continue to monitor the location to ensure all areas of the warning notice are met within an achievable agreed timescale.

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

- At the last inspection there was no provider oversight of the service. This meant the provider could not be assured if previous breaches in regulation had been met or if the service was improving. Governance systems did not support sufficient oversight of key areas of people's safety and well-being. For example, in the management of accident and incidents, safeguarding concerns, food and fluid intake, skin integrity and wound management.
- Since the last inspection changes had been made to improve provider level oversight. The provider had appointed additional staff to support with this role. A monthly provider report was completed. We highlighted where further details were needed to fully examine actions documented in audits. For example, in relation to incidents.
- The provider had an action plan which detailed and monitored progress towards identified areas of improvement. This had been kept updated. The provider had monitored actions they had taken to meet the warning notice we issued.
- Overall, the quality of management level audits had improved. However, an overview indicated that not all audits the service had outlined to undertake were completed each month. This had not been identified by the provider. For example, there was a lack of wound audits.
- A monthly accident and incident analysis was completed to identify themes, trends and associated action plans. We highlighted where reviews of actions taken to prevent a reoccurrence needed further oversight. For example, for 1 person ensuring a risk assessment was completed around a particular risk or that the actions the service had taken to source external support were fully documented.
- The provider had employed a staff member on a short term contract and given them protected time to

review and update people's care plans. Care plan audits were occurring but with management absences, clarity was needed to ensure clear responsibility and sufficient time for implementing identified changes.

- Accident and incident records were now being fully completed. This ensured relevant people were informed. For example, family members or external agencies. Accident and incident records were reviewed by a manager. This had not occurred in August and September due to management absence. The provider said this would be addressed.
- Accident and incident records were being reviewed for potential safeguarding concerns and reported appropriately. Daily meetings discussed and shared information with the staff team about any potential or reported safeguarding areas. The local authority had highlighted 1 potential safeguarding concern, this was now being investigated by the provider.
- At the previous inspection, fluid intake records were inconsistently completed and there was no monitoring system to assess if people had enough to drink each day. At this inspection we found people were supported to have enough to eat and drink. Fluid records now included a target fluid intake. When people had specific dietary needs such as thickened fluids or specialist diets, this information was available. Food and fluid charts had been completed in full and fluid records were reviewed and discussed at handover daily.
- At the previous inspection we found the service had failed to follow guidance in relation to repositioning, in order to reduce the risk of pressure sores. During this inspection, we looked at people's skin integrity care plans. When people had been assessed as being at risk of skin breakdown, this was included within the care plans. There was guidance in place for staff, such as details of any pressure relieving equipment and the frequency people needed staff support to change position to reduce the risk. Position change charts showed people had their positions changed in line with care plan guidance.
- At the last inspection, wound care records were insufficient. During this inspection, although wound care management records had shown improvements, further improvements were required. Assessments were now regularly completed. However, 1 person had 2 wounds but there was only a wound plan for 1 area. This meant there was no clear care planning for the other area and there was conflicting information about how this area should be managed. It is important staff follow the most recent professional advice and this is communicated to staff. Especially as the service currently had a high proportion of agency nurses.
- Previously wounds had not always been routinely photographed. Therefore, it was difficult to assess for signs of improvement or deterioration. At this inspection improvements had been made, photographs were in place and wound measuring tools were used. However, we highlighted to the provider where confidentiality policies were not being followed as personal mobile telephone and email addresses were being used to communicate this information. The provider said this would be addressed.
- At the last inspection there was a lack of information for staff on how to maintain a person's catheter, such as how to reduce the risk of infection and blockage. At this inspection, no one living at the service had a catheter in situ.
- At the last inspection an incident of choking for 1 person had not resulted in their risk assessment being updated accordingly. At this inspection improvements had been made. Choking risk assessments were in place for people identified at risk. Speech and language therapy (SALT) guidance was available in people's care plans to ensure choking risks were minimised. People's risks in relation to choking had been regularly reviewed.
- Checks had been introduced to monitor and review people's daily records. This ensured for example, fluid records and repositioning records were fully completed, and any identified concerns were escalated.
- Staff attended a daily meeting and were updated on areas such as accidents, incidents, safeguarding, wound care and people's current risks.