

Stride Lodge Ltd

Stride

Inspection report

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22 November 2021
23 December 2021

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Stride is a residential care home supporting up to 29 people living with complex mental health needs. Single occupancy accommodation is provided over two floors. At the time of this inspection there were 13 people living at the service.

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

The service had made improvements since our last inspection which had been embedded into daily practice. Improvements had been made to the way people were involved with determining their care. Care plans were personalised, detailed and tailored to meet people's needs.

Staff knew where people were at risk and supported them to remain safe and make positive lifestyle choices.

The service had a stable staff team meaning people had continuity of care. Staff were recruited safely. Staff developed positive relationships with people and demonstrated a good understanding of the support people required.

People received their medication in a safe way. Medication reviews took place and all aspects of medication administration were reviewed and audited regularly.

Infection prevention and control procedures were in place and followed, and the latest government guidance was followed regarding COVID-19.

People were encouraged to become more independent, try new activities, and be involved in the local community.

There was an effective governance system to enable the manager and provider to monitor and improve the service. Lessons were learnt and shared amongst the team.

The manager understood their role and people and staff had confidence in their ability to run the service to a good standard. They worked to gain the views of the people living and working there in order to make improvements.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 14 August 2020).

At this inspection we did not inspect all key questions. We found improvements had been made regarding

elements of a breach of regulation 9 which remained from an inspection report published on 27 March 2020 in the responsive key question. The provider was no longer in breach of this regulation.

Why we inspected

We carried out an unannounced focused inspection of this service on 29 July 2020. Elements of a previous breach of legal requirement remained from an inspection conducted between 15 January and 7 February 2020.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements.

This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stride on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

Stride

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Stride is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The manager had submitted their application to register with CQC. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. However, we gave the service notice of the inspection on our arrival. This was because we had to gather information on the home's current COVID-19 status and the provider's procedures for visiting professionals.

Inspection activity started on 22 November and ended on 23 December 2021. We visited the service on 22 November 2021.

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

During the inspection

We spoke with five people who used the service. We spoke with two visiting social care professionals and five members of staff including a director of the organisation, manager, quality lead, and two support workers. We reviewed a range of records. This included two people's care records in full, and four in part, and a selection of medication records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. A variety of records relating to the management of the service, including staff recruitment, training data, quality assurance records, and policies and procedures were reviewed remotely. We spoke with one further support worker by telephone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Risks to people had been assessed and well managed to ensure staff had the required information to provide safe care, and maintain good physical and mental health.
- Environmental risk assessments were in place. These included a number of risks including fire safety and COVID-19.
- People told us they felt safe and supported living at Stride. One told us, "Staff look after me".
- Staff had received safeguarding training to ensure they understood how to keep people safe. The manager was aware of the local authority reporting procedure for any safeguarding concerns should they arise.

Staffing and recruitment

- There were enough suitably trained staff to meet people's needs.
- Safe recruitment processes were followed. For example, employment histories were checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work in the care sector.

Using medicines safely

- Medicines were safely managed. People received their medicines as prescribed, in line with guidance.
- Staff had received medication training and had their competency assessed regularly.
- There was regular auditing of medications to identify any errors.

Learning lessons when things go wrong

- Policies and reporting procedures were in place regarding accidents and incidents.
- Staff we spoke with were aware of the process to follow should an accident or incident occur. The manager reviewed information to identify any learning or improvements needed to ensure learning was taken forward.
- Internal auditing documentation included any actions or shortfalls identified and dates for actions to be implemented.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service responsive?

Our findings

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

At the last inspection of this key question in January and February 2020 it was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had failed to ensure people received care and support specifically tailored for them, and to ensure people received information in a way they could understand. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Care plans were detailed, person centred and fully reflected people's needs. These provided staff with clear information to enable them to provide consistent care to people. This meant that everyone received personalised care.
- Everyone living at Stride required support in relation to their mental health. Great care had been taken to ensure people were fully involved where they chose to be, in determining and making decisions about their care.
- Information on people's life histories meant that staff had background knowledge about people and understood their needs, particularly events in people's past that may have impacted on their mental health.
- Staff and the management team went out of their way to support people to do the things they wanted to do. People were involved in a variety of activities that had been imaginatively planned in line with people's interests and abilities. Examples we saw included the introduction of groups for walking, cooking and self-care, and fundraising for charities. One member of staff told us, "There are a lot more resources for people now which has brought us all together. People spend more time in communal areas now and various groups have been introduced."
- The manager was aware that some people had complex family dynamics and did not have regular contact with their families. People had been encouraged to choose their own keyworkers who worked with them to increase their confidence and offer support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- Staff considered people's individual needs and communicated with people in ways they understood. Staff could adjust information to support people's communication preferences as and when this may be necessary. We saw examples of when this had been done, such as providing easy-read information, and information in a spoken language.

Improving care quality in response to complaints or concerns

- People knew how to complain and there was a clear procedure for this. One person told us they would speak to the manager or a member of staff if they had any concerns.
- Records showed the provider investigated any complaints and concerns they received promptly and thoroughly.

End of life care and support

- Nobody using the service at the time of our inspection was expected to need end of life care in the foreseeable future. However, the manager had made an effort to gather information about people's needs and preferences around end of life care, where they chose to engage.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others; Continuous learning and improving care

- Staff told us they felt there had been significant improvements to the way the service was managed. Comments included, "Since I started there have been loads of improvements. The home is a lot more organised and better led" and, "I came back to work here and things are so much better, you can tell a difference with the new manager."
- We observed the staff team to be committed and approachable during the inspection. People had a good rapport with staff, and we saw some friendly interactions.
- Staff and the manager had worked tirelessly to empower people to make positive improvements to their lives. This include encouraging people to go out and experience their local community, and supporting people to explore coping mechanisms when they became upset by introducing strategies such as journal writing, and access to calming environments.
- The service worked closely with health professionals involved in peoples care, including mental health teams, GPs and specialist nurses. The manager was candid, and open when discussing the lack of access to psychological support for people who required it to enable them to move forward on their reablement journey. The provider and manager had taken steps to try and secure this support for people by raising their concerns with the local authority and NHS trust.
- We found the management team open and responsive during the inspection. The improvements noted in this report demonstrated a culture of learning and improving.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager demonstrated a clear understanding of risk and regulatory requirements. They had good oversight of the day to day running of the service and knew staff, people and their needs very well.
- Regular audits and risks assessments were completed which demonstrated a good level of oversight to ensure quality was maintained.
- Keyworker roles and care plan reviews showed people were engaged with in how their care was provided considering their individuality.
- People and staff had opportunities to provide feedback through surveys and share their views via an open-door policy.

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

- The manager was aware of their responsibilities to be open and honest with people and relatives if something went wrong.
- The manager completed statutory notifications and referrals were completed to other organisations when required.