

ODK Care Hotels Ltd

# Strathmore Lodge

## Inspection report

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20 July 2018

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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

This inspection took place on 28 June, 3 July and 20 July 2018 and was unannounced.

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

At our last inspection in June 2018 we rated the service as requires improvement. This was because people did not always receive their medicines in a timely way and staff were over stretched which meant people sometimes had to wait to be supported. Records were not kept up to date and information was not always current. There was a lack of management oversight and these issues had not been identified as areas that needed to be improved.

Since the previous inspection the Clinical Commissioning Group (CCG) have been supporting the registered manager to make the required improvements in relation to the safe management of medicines. There were effective systems in place for the safe storage and management of medicine and regular audits were being completed. This was a work in progress at the time of our inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

People were safeguarded from the risk of harm. There were effective safeguarding procedures in place and staff had received safeguarding training.

There were sufficient numbers of staff deployed to meet people's needs. Safe recruitment practices were followed.

People were asked to consent to their care and support. The service operated within the principles of the Mental Capacity Act 2005 (MCA). Staff felt well supported and received training relevant to their roles.

People were supported to eat a healthy and balanced diet to help maintain their wellbeing. People were assisted to access a range of healthcare professionals.

People appeared comfortable and relaxed when engaging with staff and managers. Staff were positive about their work and the support provided. People were treated with dignity and respect.

People received care that was responsive to their changing needs and the service operated flexibly. People were supported to raise any concerns and these were investigated and resolved effectively.

The service had an open and inclusive culture and staff were positive about the support they received from staff and the registered manager.

Quality monitoring systems and processes were in place to help drive continual improvements. An action plan had been developed which recorded where action needed to be taken. Feedback was being sought to capture people views on the overall quality of the service.

## 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 

Sufficient staff were deployed to meet people's needs in a timely way.

People received their medicines regularly by staff who had been trained and had their competency checked.

Risks were assessed and actions put in place to reduce any identified risks.

People were safeguarded from the risk of harm. Staff had received safeguarding training.

There were effective infection control measures in place

### Is the service effective?

Good 

The service was effective.

Staff members received training and supervision to enable them to care for people safely and effectively.

People were asked to consent to their care and the service worked within the principles of the Mental Capacity Act 2005.

The registered manager and staff demonstrated a good awareness of what steps needed to be followed to protect people's best interests.

People were provided with support where needed to have a healthy diet and fluid intake.

People's health concerns were reported to health professionals in a timely manner.

### Is the service caring?

Good 

The service was caring.

People and their relatives consistently told us the staff team were kind, caring and compassionate.

People and their relatives praised the staff and management team for the care they provided for people.

Care was provided in a way which respected people's privacy and promoted their dignity.

People received their care and support from a consistent team of staff which enabled them to build up positive relationships.

People's care records were kept secure in order to promote their dignity and confidentiality.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances.

The staff and registered manager operated a flexible service, which took account of people's changing needs.

People felt the registered manager took them seriously and if they needed to change or adapt their care they only had to speak to staff or the registered manager.

People were confident that any complaints and concerns were taken seriously and dealt with appropriately to help make continual improvements.

### **Is the service well-led?**

**Good** ●

Record keeping had been improved and there were further plans to develop processes to help sustain the improvements.

The registered manager had implemented some quality assurance systems and was continuing to develop quality monitoring arrangements.

The registered manager operated in an open and transparent way, which was inclusive and empowering.

# Strathmore Lodge

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 June, 3 and 20 July 2018 and was unannounced. 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.

During the inspection we reviewed three care records and documents relevant to people's health and well-being. These included medication records, records relating to people's safety and quality assurance records and audits.

As part of our inspection we received feedback from eleven family members and relatives of people who used the service. We spoke with two people who used the service, and two staff members to confirm the training and support they received. We also spoke with the registered manager, deputy manager and activities staff. We received feedback from the local authority commissioning team.

# Is the service safe?

## Our findings

At the last inspection in June 2017 we found the service required improvement in relation to the safe administration of medicines. This was because people had not always received their medicines in a timely way.

We had also found that staff were over stretched which meant that people were not always assisted when required and sometimes had to wait a few minutes to be assisted.

At this inspection we found that improvements had been made in both areas.

People told us they felt safe living at Strathmore Lodge. Relatives confirmed they had no concerns about their relative's safety. One relative told us, "I have no concerns in respect of [Name's] safety here, all the staff know what they are doing and do their best to keep people safe." Another family member told us, "I have not had any safeguarding concerns and on the whole, have been very impressed with the level of person centred care." A person told us, "The staff help me to take my medicines and they are very prompt."

Following the last inspection, the Clinical Commissioning Group (CCG) worked with the provider to support them to make the improvements in relation to the administration of medicines. At the time of our inspection additional measures had been put in place to ensure the improvements were maintained. These included staff wearing a red tabard saying, 'DO NOT DISTURB' medicines administration in progress' and specific times were being recorded to help ensure there was adequate time in between medicine rounds.

Accidents, and incidents were recorded and reviewed to help reduce the risk of a reoccurrence. However, there had not been any incidents since our last inspection.

We reviewed a sample of Medicine Administration Records (MAR) and found that these had been completed correctly in most cases. However, we saw that some signatures had been missed. The registered manager showed us the audits that had been completed which had picked up when a signature had been missed. They then did a stock count of the medicines to confirm the medicine had in fact been administered but just not signed.

We observed that people were supported in a timely way. Calls bells were answered within a couple of rings. One person told us, "They (staff) come very quickly if you buzz, the only time there may be a short delay is if they are busy elsewhere but they come and tell you they will be with you shortly." We looked at a sample of staff rotas which confirmed that sufficient staff with the right skills and abilities were deployed to meet people's needs safely and effectively.

People were kept safe because risks to individuals had been assessed and measures put in place to reduce or mitigate those risks where possible. We saw that risk assessments included environment, mobility and skin integrity. Staff told us risk assessments were review regularly and always if there was a change to a person's ability. This helped to keep people safe.

There were effective infection control measures in place, which helped maintain a clean environment for people. For example, chopping boards were colour coded, mops and cleaning materials stored securely and labelled appropriately. Staff used personal protective equipment such as aprons and gloves when supporting people with personal care tasks.



## Is the service effective?

### Our findings

Staff were knowledgeable about the people they supported and their needs, and had the skills required to care for people who lived at Strathmore Lodge. One relative told us, "I think the staff are really good here, they take the time to get to know people as individuals, yes I definitely think the service is effective."

Staff had completed an induction when they started work at the service, and had ongoing training and development opportunities. The staff we spoke with told us they felt well supported by the registered manager and felt that the training provided gave them the skills they required to support people effectively.

Staff were able to develop personal areas of interest, for example; one staff member told us, "I am the Dementia Champion, I really enjoy learning about all aspects of dementia care". There were other champions in place which included a 'health care' champion to ensure people remained as healthy as they could.

The registered manager had just introduced a 'formal' programme of regular supervision and had introduced regular team meetings. All supervisions were recorded to help ensure they retained a record of supervision topics which were discussed.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's capacity to make and understand decisions about their care were assessed and documented within their care records. Staff had received training on the requirements of the MCA and the associated DoLS. Where it had been assessed that people lacked capacity we saw that best interest decisions had been made on behalf of people with input from family members and their GP who knew them well.

During the inspection we observed staff gaining consent from people both verbally and through observing their body language. Where people refused, we saw that their decisions were respected. Staff told us, "we would always come back later and offer assistance again, by which time they would usually accept the help".

People were supported to have a nutritional and balanced diet at the service. We observed people being offered a choice of food and drinks, along with a range of snacks throughout the day.

People were supported to access a range of healthcare professionals and appointments and correspondence was recorded in people's care records.

## Is the service caring?

### Our findings

People appeared to be comfortable and relaxed in the company of staff and the registered manager. The atmosphere during our inspection was busy yet calm with many things going on. We observed that staff were attentive to people and sat beside them to chat at various times during the day. One relative told us, "I feel so lucky, this is just such a lovely place and the staff are all for the residents here. They really do put people first."

Staff were positive about the support provided and their experiences of working at the service. One staff member told us, "It's a family home, small and personal. We know everyone really well and the atmosphere here is lovely. We all look out for each other." The detailed information in the care plans enabled staff to understand how to care for people in their preferred way and to ensure their needs were met.

People and their family/relatives were involved in the development and review of care plans. People told us the staff always talk about the care and support they required. One relative told us "The registered manager always invites us to discuss [Name] relatives care plan, and they are reviewed frequently. Sometimes if nothing has changed we don't see the need to attend, but we can always discuss things with staff and know whatever need to be amended will be straight away". A person told us "I am always involved, they discuss our care all the time. They ask if I am happy and I always am. Its' such a lovely home. I am very happy here".

We observed positive interactions between staff and people that used the service and found these to be caring and friendly. We observed members of staff responding to people promptly, using each person's preferred name. Staff listened to what people had to say and gave them time to respond.

People were treated with dignity and respect. Staff members told us they maintained people's dignity by knocking on doors before entering, making sure they offered assistance with personal care to people in a discreet manner and ensuring that doors were closed when providing support to people within bathrooms or their bedroom.

Peoples confidential information was stored securely and staff were aware of data protection requirements to help ensure that information held about the people who lived at the service was only accessible to people and staff who had a right to access the information.

## Is the service responsive?

### Our findings

People received care and support that was personalised to their individual needs. People's care plans were detailed and included information about people's preferences and how they liked to be supported. The registered manager and staff told us that people's needs were kept under regular review and if their needs changed the service was able to tailor their care to continue to meet their needs. One relative told us, "They are marvellous of course they are always flexible, they can't do enough for you here, it is a lovely home with lovely staff".

Staff that we spoke with demonstrated a good knowledge of what was important to people who used the service and this enabled them to provide care in a way that was appropriate to the person. Each care plan had been regularly reviewed and updated.

People were supported to participate in a range of activities and pursue hobbies that were of interest to them. Daily records showed that activities were consistently planned and completed. We observed people participating in activities for example, on one of the days people were playing Bingo which they appeared to be thoroughly enjoying. The activities staff told us that in addition to the range of activities at the service outside entertainers regularly visited the service and people really enjoyed these sessions. One person told us, "I love having a singalong", whilst another person told us, "I like the quizzes, I am very competitive."

People living at the service were able to confirm they knew who to speak to if they were unhappy with any aspect of the service. The registered manager told us how they had used resident's meetings to encourage people to give feedback or raise any concerns. We saw that staff understood people's individual requirements and were able to communicate effectively to establish their levels of satisfaction.

The relatives we spoke to confirmed that they knew who they could raise any concerns to should the need arise. There was an up to date complaints policy in place and the registered manager was able to describe to us in detail the provider's procedure and how they would address any concerns or complaints received and how these would be responded to. There had been no 'formal' concerns or complaints received to the service since the last inspection. The registered manager told us, "We don't really get complaints because if someone is not happy we deal with it there and then." We saw that the service had received many 'thank you' letters, cards and positive feedback which demonstrated people and their relatives were happy with the service they received.

## Is the service well-led?

### Our findings

At the last inspection in June 2017 we found the service required improvement in relation to record keeping. We had found that records had not always been completed in a timely way and some of the 'administration' type tasks were incomplete. This was in relation to a range of documents including recruitment records and staff not receiving regular one to one support in a planned way. We also 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 which had meant that we could not be assured that they were current and still relevant.

At this inspection we found that improvements had been made. Records were dated to demonstrate they were current and the registered manager was continuing to structure administrative tasks to help ensure records were regularly updated.

People and their relatives were very positive about the registered manager and how the service operated. One relative told us, "[Registered manager] is very helpful and I cannot praise the home enough, so glad I made the right choice in sending [person] there, I would recommend this home to anyone." Another relative told us, "[The registered manager] and all the staff are very approachable and always available to talk to. When my relative arrived at Strathmore they were in very low spirits after a very difficult few months. They have improved in every way and it is so wonderful to see them content, relaxed and happy. We are so grateful to Strathmore Lodge for all they have done."

We reviewed a range of documents and found that they contained relevant information to inform staff how to support people appropriately. Records were detailed, written in a person-centred way and were of a good quality. Staff were given time to read updates which helped ensure people received their care in the way they choose.

Staff told us they felt well supported by the registered manager. One staff member told us, "I feel we get really good support. [Registered manager] is always around and available to offer support advice and to assist in whatever way they can."

The registered manager operated in an open, transparent and inclusive way. It was clear that they knew people really well and support was very person centred. People were treated as individuals and people told us they were really happy living at Strathmore Lodge.

We observed the registered manager to be very 'hands on'. They worked regularly alongside staff and so understood challenges. People who used the service had developed positive relationships with the registered manager. There was mutual respect between people staff and the registered manager and this created a positive vibe within the service with much banter between people. Staff confirmed that this created a good working environment and a cohesive team work ethic.

The registered manager had a range of quality assurance checks and audits in place to help make continual

improvements. For example, people were asked to regularly feedback about the service they received. Information was reviewed and actions put in place to address and shortfalls. The registered manager had started to delegate some of the managerial tasks to the deputy manager to enable them to focus more on the strategic direction and forward plans for the service to ensure continual improvements were achieved.