

Stride Lodge Ltd

Stride

Inspection report

133 Cardigan Road
Bridlington
North Humberside
YO15 3LP

Tel: 01262672145

Date of inspection visit:
29 July 2020

Date of publication:
14 August 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

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; bathing and showering facilities are shared. At the time of this inspection there were seven people living at the service.

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

Since our last inspection the provider had introduced a number of checks to monitor the safety and quality of the service and improvements were evident. A new manager was in post and they spoke with us about their plans to improve people's experience at Stride.

Although care plans and risk assessments were now in place for routine daily medicines, information about when and how to administer 'as required' medicines was not available to staff. Following our inspection, the manager put guidance in place to support the safe administration of these medicines.

There were enough staff to support people to be safe. However, staffing levels at weekends did not account for when managers and administration staff were not available to give additional support. We have made a recommendation about staffing.

Improvements had been made to the way staff managed risks to people. Detailed guidance was now available to staff about how to minimise harm. The provider had established a process for reviewing and investigating accidents and incidents and staff took steps to prevent reoccurrence.

People benefitted from a team of staff who knew them well and made appropriate referrals to outside services where appropriate.

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.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 27 March 2020) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we did not inspect all key questions. We found improvements had been made regarding the breaches of regulation noted in the safe and well-led key questions and the provider was no longer in

breach of regulations in these areas.

This service has been in Special Measures since December 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service between 15 January and 7 February 2020. Breaches of legal requirements were found.

We undertook this focused inspection to check they 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, Effective and Well-led. Breaches contained in the last report found in the responsive key question have not been reviewed at this inspection and remain as a breach of legal requirement.

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 inadequate to requires improvement. This is based on the findings at this inspection.

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 communicate 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 return to visit as per our re-inspection 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

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.

Inspection team

The inspection was carried out by one inspector and a pharmacist specialist.

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.

A new manager was in post at the service. They were at the very beginning stages of registering with the Care Quality Commission. Once registered, they and the provider would be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced one hour prior to arriving at the service.

What we did before the inspection

We used the information we had received about the service and the information the provider had sent us since the last inspection. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

This inspection was carried out by conducting a site visit, speaking to staff remotely and reviewing various records remotely. We spoke with three people who used the service. We spoke with seven staff members including four care staff, the manager, a director and the provider.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment. We reviewed a range of records and policies regarding the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure systems were in place to ensure sufficient numbers of suitably skilled and experienced staff were employed to meet the needs of the people using the service. This was a breach of regulation 18 (Staffing) 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 18. However, we recommend the provider review their systems to ensure appropriate staffing levels are maintained.

- People received the care and support they needed to be safe, but staff did not always have the time to be flexible or respond to changing needs.
- The provider used a dependency tool to assess how many staff were needed. However, this did not account for changes in staffing levels at weekends when managers and administration staff were not available to give additional support.

At our last inspection the provider had failed to ensure required recruitment checks were carried out so that only fit and proper people were employed at the service. This was a breach of regulation 19 (Fit and proper persons employed) 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 19.

- The provider operated safe employment processes. Appropriate recruitment checks were carried out as standard practice.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Information to support the safe administration of 'as required' and over the counter medicines was not in place. Following our inspection, the provider addressed our concerns and put guidance in place for the

administration of as required medicines.

- People received prescribed medicines on time and in the right way.
- Staff kept accurate records for the administration of medicines.
- The clinic room was well organised, and medicines were stored securely with temperature monitoring in place.
- Medicines audits were in place and provided assurance for processes within the home.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to establish systems and processes to prevent harm and abuse of people using the service. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) 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 13.

- People were protected from avoidable harm and abuse.
- Staff received safeguarding training relevant to their role and they were aware of their responsibilities to prevent and report abuse. One staff member told us, "I would speak with my manager."
- The provider's safeguarding policy outlined local safeguarding procedures and staff kept a log of safeguarding concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- The provider had assessed environmental-related risks and had taken action to ensure the premises were safe for people using the service.
- Staff assessed risks to people and referred people for professional assessment where appropriate. This included risks associated with nutrition and hydration.
- The provider had established a process for reviewing and investigating accidents and incidents and staff took steps to prevent reoccurrence.
- Staff worked with people to understand and reduce the causes of behaviour that distressed people or put them at risk of harm.

Preventing and controlling infection

At our last inspection staff practice did not always meet national guidance in relation to infection control. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- The home was clean, and the environment was well-maintained.
- Staff completed regular checks in infection control and prevention to ensure any issues were addressed.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to 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; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

At our last inspection the provider had failed to properly assess the needs of people using the service. 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 for this element. The second element of the breach around people's involvement in determining their care based on their preferences remains a breach of legal requirement. This element will be reviewed at the next inspection when the key question of responsive is looked at.

- Staff carried out a holistic assessment of people's needs and preferences.
- Staff knew people well and were consistent in the support they provided. They made appropriate referrals to outside services where appropriate.
- The provider had reviewed access to the kitchen and had carried out individual risk assessments based on people's preferences and abilities for cooking.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were suitably skilled to meet the needs of the people using the service. This was a breach of regulation 18 (Staffing) 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 18.

- Staff had completed an induction and received training in areas relevant to their roles including mental health awareness, medicines administration and nutrition and hydration.
- Staff received opportunity for group supervision and told us they felt well-supported by the manager and provider.

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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

At our last inspection there was a failure to undertake decision-specific capacity assessments and best interest decisions in line with the principles of the MCA. This was a breach of Regulation 11 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 11.

- Staff were able to judge whether people had capacity to make certain decisions and involved relevant people and professionals when needed.
- Staff kept records of their actions and assessments and adhered to conditions where appropriate.

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

- People contributed to planning and preparing meals and were encouraged by staff to make healthy food choices.
- Staff were aware of people's individual needs and preferences and supported people to eat and drink well.

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

- The provider had made improvements in the environment to ensure a consistent standard of maintenance throughout.
- People benefited from additional seating in communal areas and more modern décor in the lounge.
- People had access to other facilities including a gym, cinema-room and pool table.

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 inadequate. At this inspection this key question has now improved to requires improvement. We were not able to increase this rating further as there are still breaches of regulation not yet assessed. At this inspection the provider had put systems in place to drive improvement in the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

At our last inspection the provider failed to ensure effective governance systems to assess, monitor and drive improvement in the quality and safety of the service. This was a breach of Regulation 17 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 17.

- The provider had introduced several checks to monitor and drive improvement in the service and progress was evident.
- Staff and managers were united in wanting to support people in a person-centred way.
- We observed positive interactions between staff and people.
- Staff were aware of their responsibilities and kept robust records of care and support and contact with other professionals.
- Learning had taken place in relation to how risks to people were managed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff consulted with people about what activities they would like to engage in at Stride. Most recently, a BBQ had been held in the garden.
- One person had contributed a set of questions to be asked at interview.
- Staff routinely engaged with and sought advice from healthcare professionals about people's physical and mental health needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Elements of this breach around people's involvement in determining their care based on their preferences remains a breach of legal requirement.