

Angels (Stratton House) Ltd

# Angels (Stratton House) Limited

## Inspection report

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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?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Stratton House is a care home that provides personal and nursing care for up to 24 older people. The service is provided in accommodation over two floors. At the time of the inspection, 22 people were living at the home.

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

Since the last inspection the provider and registered manager had failed to assess and monitor the quality and safety of some of the services provided. This included the environment, infection control, safe medication management and accident incident analysis. This had a potential impact on people's safety and quality of care. Some practices around dignity and respect could be improved.

Despite these shortfalls people were happy living at the home and told us they were cared for well and felt safe. We were introduced to people throughout our visit and they welcomed us. They were relaxed, comfortable and confident in their home. The feedback we received from relatives was good. Staff we met and spoke with were happy and proud of the care they provided.

Some aspects of the service were safe. People were supported to take risks and promote their independence. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support. Checks were carried out on staff before they started work to assess their suitability to support people in a care setting.

The service was effective in meeting people's needs. Staff received regular supervision and training. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People were provided a healthy, nutritious, balanced diet whilst promoting and respecting choice.

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.

Everyone we spoke with agreed that staff were caring and kind. Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner. They were knowledgeable about people's lives before they started using the service. People were supported to maintain relationships that were important to them and participate in a range of activities.

The service was responsive to people's health and social needs. People received person-centred care and support. Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals. Where necessary care and support had been changed to accurately reflect people's needs and improve their health and wellbeing. People were encouraged to make their views known

and the service responded by making changes.

Although improvements were required in many ways the service was well led and it was unfortunate that some areas had deteriorated. The registered manager felt this was attributed to her increased presence required at another of the providers homes that she managed. Although there was a deputy at the home in the registered managers absence, improved strategies were required to ensure a stronger management oversight.

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

The last rating for this service was good (report published December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was not always caring.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was not always well led.

Details are in our safe findings below.

**Requires Improvement** ●

# 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Stratton House is a 'care home'. People in care homes receive accommodation and nursing and 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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.

#### What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. 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. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

During the inspection we spoke with five people who lived at the service and four visitors. During our visit we spent a period observing how people were spending their time and the interactions between them and the staff team. We did this to assess what the quality of care was for those people who could not describe this for themselves. This was because some people had a degree of cognitive impairment or were living with dementia. We spoke with four members of staff, as well as the registered manager.

We looked at five people's care records, together with other records relating to their care and the running of the service. This included five staff employment records, policies and procedures, complaints, audits and quality assurance reports.

# 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 deteriorated to requires improvement. Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- We could not be satisfied people who used the service were protected from the risks of cross infection.
- Equipment and some furniture were in poor repair this included commodes which were rusty and beyond effective cleaning.
- Some flooring in bathrooms had come away from the perimeters of the room and dust, dirt and grime had settled in these areas.
- A rubber mat was used to prevent people slipping in the shower and this had black mould underneath it.
- Although cleaning took place, it wasn't always effective. Surfaces felt sticky to touch and there were stale odours in parts of the home.
- Infection control or environmental audits were not completed. The provider and registered manager were not following the Department of Health, Code of Practice on the prevention and control of infections, or other relevant guidance.

The failure to follow appropriate guidelines in infection control were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- People were at risk of harm from unsafe medicine management. We saw two separate containers of a thickening agent that were left unattended in people's bedrooms. Thickening agent is for individual use only. It is a prescribed dose based on an individual assessment for each person with a compromised swallow. If in the wrong hands and consumed by accident a person could choke and would be at risk of asphyxiation. This medicine should always be kept in a locked facility when not in use. We also saw a staff member using one person's prescribed agent for other people. We brought this to the attention of the registered manager who took immediate action to ensure all thickening agent was locked away.
- On the day of our inspection a community pharmacy was conducting a medicine audit. They reported to us some improvements were required to ensure the home's audit was more detailed and robust. Medicines that were given 'as required' had protocols in place for individuals, however more detail was required to reflect a person-centred approach.

The failure to ensure the safe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

### Learning lessons when things go wrong

- Staff understood their responsibilities for reporting accidents, incidents or concerns. We saw written

accident and incident documentation; the level of detail could improve to ensure a clear account of the lead up to the event, what had happened and what action had been taken.

- There was evidence of learning from incidents that took place and appropriate changes were implemented. However monthly audits of incidents needed to be completed to help identify any trends to help ensure further reoccurrences were prevented for example for those people who were at risk of falls.

#### Assessing risk, safety monitoring and management

- Despite the service not recognising the risks associated with thickening agent and the potential risks to people, we did see evidence where other completed risk assessments were in place. This included risks associated with weight loss, moving and handling, maintaining skin integrity.
- Some people required equipment to keep them safe. This was risk assessed and staff received training on how to use the equipment to reduce risks to people. Equipment included pressure relieving mattresses, profiling beds, mobile hoists and equipment to help people shower and bathe safely. Where required equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).
- There was a full-time maintenance person who was responsible for health and safety checks in the home. This included, fire alarms, emergency lighting, water temperatures, call bells and equipment.

#### Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- Staff understood the processes to follow to safeguard people in their care. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse, had occurred. Agencies notified included the local authority, CQC and the police. One staff member told us, "I feel people are safe here and I would report to the manager if I thought someone was at risk".
- People were supported by enough staff with the appropriate skills, experience and knowledge to meet their needs. Staff rotas were well managed and were planned.
- The registered manager increased staffing if required for example if people became unwell. At the time of our inspection six people required one to one support during certain periods of the day, due levels of anxiety and confusion. People living in the home, relatives and staff did not raise any concerns about staffing levels during the inspection, although staff said it was difficult when staff went off sick at short notice. The registered manager told us she had started to experience manager sickness and unplanned absence.
- The service continued to ensure staff employed had suitable skills, experience and competence to fulfil their roles. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

# 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 Good. At this inspection this key question has remained the same. 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

- Assessments were completed for those who were considering moving into the home. The information supported the registered manager and prospective 'resident' to decide as to whether the service was suitable, and their needs could be met.
- Care and support was reviewed and evaluated so that people received support that was responsive, and person centred.

Staff support: induction, training, skills and experience

- People were supported by staff who felt confident and competent to assist and care for people.
- The registered manager ensured staff were equipped with skills and knowledge to meet people's needs. Staff confirmed their induction and subsequent training they received was effective.
- Staff felt encouraged and supported to increase their skills and gain professional qualifications.
- The service had a small, longstanding, steadfast group of staff. Staff worked well as a team and there was a continuous theme of supporting and supervising each other. Staff received supervision and told us felt they were supported by the registered manager.

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

- People chose where they wished to receive their meals. The meals prepared and served to people had always been well received. Although there were menus, people were supported to choose whatever they wanted on the day. Drinks and snacks were readily available throughout the day.
- People were supported with any special dietary requirements that needed to be catered for. This included diets for people with diabetes, compromised swallow and fortified foods for those at risk of weight loss.
- If people were at risk of weight loss staff had guidelines to assist with developing a care plan and identifying any action required. Food and fluid intake was recorded if required, so that any poor intake would be identified and monitored. People were weighed monthly, but this would increase if people were considered at risk. Referrals had been made to specialist advisors when required, including speech and language therapists, GPs and dieticians.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff were working with other agencies to provide consistent, effective, timely care.
- They ensured everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services.

- Staff recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected.

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

- Some parts of the home were 'tired' and in need of redecoration. Some flooring in the bathrooms required repair or replacement. As mentioned previously in the report some equipment and bedroom furniture either required replacement or repair.
- The lounges and dining rooms were homely and inviting. People had been supported to personalise their bedrooms with personal effects.

#### 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager demonstrated a good knowledge of the MCA. Staff understood the principles of the MCA, how to implement this and to support best interest decision making.
- There were no restrictive practices. Staff offered choice to people and asked for their consent when offering support.
- Daily routines were equally flexible and centred around personal choices and preferences. People were moving freely around their home and socialising together.
- The service had submitted DoLS applications for people. Some were waiting to be processed by the local authority and others had been authorised. Systems were in place so that the registered manager would know when these expired and when to reapply.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection we found some practices that required improvement. This was with regards to treating people with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Some practices did not always promote dignity and respect. All the lounge chairs had continence protectors on them regardless as to whether the person sitting in a chair was incontinent. This was undignified and was not person centred.
- There was a poster on the wall which gave personal details about those people who had continence needs and what products they were using.
- Some parts of the environment showed a lack of respect for people. This included the areas that were not effectively cleaned and the equipment that was in poor repair for example, the rusty commodes. Some bedroom furniture was in poor repair and the drawers would not shut. Curtains were not hung properly and there were hooks missing. Some people did not have other suitable screening to their windows for example net curtains, these rooms were overlooked by houses. These would allow for natural light to enter the room whilst offering a degree of privacy.
- At lunch time we saw the main course and pudding being served together for those who were receiving meals in their rooms.

The failure to ensure people were treated with dignity and respect was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Independence was promoted. Care plans provided information for staff informing them of what people could do for themselves and where they required assistance.
- People had been assessed for walking aids due to restricted mobility. Staff were seen assisting discreetly, keeping an eye on them, but giving them the space and room to move around independently.

Ensuring people are well treated and supported; respecting equality and diversity

- People looked comfortable and relaxed in their home and when approached by staff. The atmosphere appeared to be good and we observed friendly, caring interactions, and smiles.
- Staff were proud about how they supported people and felt they provided care that was caring and respected individual wishes. They had built up good relationships with people and their families.
- We received some lovely compliments from people and their relatives about the staff. This included, "My friend looks very well, we are impressed with the care", "Overall I am pleased with the care mum receives", "I am impressed with the care and my relative looks well", and "All the staff are very nice I have no concerns".
- During our visit we saw staff demonstrating acts of patience and kindness. One person who was receiving one to one support was quite distressed and we saw a staff member walking with them in the gardens providing reassurance.

- People were smartly dressed and looked well cared for. People were supported with personal grooming and staff had sustained those things that were important to them. This included preferred style of clothes that were clean and ironed, shaving, manicures, and access to weekly visits with the home's hair dresser.
- People's needs under the Equalities Act 2010 were considered and respected. These were reflected in people's care records.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to choose how they wanted to spend their day. On the day of our inspection two people had requested to stay in bed and have a 'resting' day and this was respected by staff. Staff regularly checked on them to make sure they had everything they needed.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People had care plans and where possible they took part in developing these so that staff respected individual wishes. Family also contributed when required.
- Staff were knowledgeable about people they cared for and supported them in accordance with their individual preferences.
- Any change to people's needs were responded to quickly and appropriately. People had a continuous daily evaluation which helped identify any deterioration or change in people's health. During our inspection staff had identified that a person was unwell, they requested a GP visit and the person was subsequently admitted to hospital.

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

- People were offered and provided with a range of activities, they handpicked what they liked to do or take part in. They took ownership about preferred interests and hobbies and were encouraged to express, discuss and share new ideas.
- Trips were planned and enjoyed by people. Outside entertainers visited regularly, we saw some photographs where people joined in and enjoyed these events. We saw some activities were particularly popular including, cupcake café, flower arranging, gardening, pet therapy and arts and crafts.
- Every effort was made to enhance and maintain family support and existing relationships so that their life experiences were meaningful and relationships remained important.
- Visitors were welcome any time and people saw family and friends in the privacy of their own rooms in addition to lounge/dining rooms in the home. Family and friends were invited to special events throughout the year.

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.

- Information was shared with people in formats which met their communication needs in line with the Accessible Information Standard.
- The speech and language team worked alongside staff to help formulate care plans around effective communication.
- The registered manager shared with us methods they used. People with a hearing impairment found the

homesound pod and headphones was useful and those people who had some anxiety also benefited from this.

- Pictures cards helped to improve communication so that people could express their wishes. For one person living in the home English was not their native language. With the support of their family staff developed a poster of pictures in their own language, this had a positive impact where the person was able to express their needs and wishes each day.
- All staff had received training to help understand non-verbal body language to help interpret how people might be feeling. Some people with dementia had difficulty expressing if they were in pain. Staff used the Abbey Pain Scale which is used as part of an overall pain management plan. The Pain Scale is an instrument designed to assist in the assessment of pain in people who are unable to clearly articulate their needs.
- The service used a colour coded environment to help assist people to use the services effectively and safely. They used the colour red to help people identify where toilet and bathroom facilities were located and blue for all communal areas.

Improving care quality in response to complaints or concerns

- The daily presence of the registered manager or deputy meant people were seen every day and asked how they were. This had helped form relationships with people where they felt confident to express their views.
- People told us they were listened to and concerns were taken seriously and acted upon.
- We read some recent feedback from a relative who stated, "I am very happy and feel listened to, I will always go to the manager and she is very responsive".

End of life care and support

- People were cared for when they required end of life care, with the support of GP, district nurses and palliative care nurses.
- Staff felt privileged to care for people when they were dying and took pride in making sure they respected choices and maintained people's dignity.
- Staff had received some lovely written comments from relatives when they had lost a loved one by way of thank you cards.

# 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 Good. At this inspection this key question has now deteriorated to 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.

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

- The provider had failed to identify or act to mitigate the risks to people of receiving care that was not consistently safe and of a high quality.
- It was disappointing to see that some areas around well led had deteriorated since the last inspection. The registered manager felt this was attributed to her increased presence required at another of the providers homes that she managed. Although there was a deputy at the home in the registered managers absence, improved strategies were required to ensure a strong management oversight.
- Systems to monitor and audit the service were not effective and had not identified the required improvements we found at this inspection.
- The provider had not considered the Key Lines of Enquiry (KLOE) which CQC inspect against and how they planned to improve.
- Previously the registered manager had sent annual surveys to people, family and staff to gain their personal experience and views of the services provided. This had not been carried out since April 2018. We had no up to date feedback to consider or reflect how the service was improving.

Continuous learning and improving care

- Concerns, incidents, accidents and notifications were not reviewed each month. This lack of analysis meant the registered manager might not identify trends and risks to prevent re-occurrences and improve quality.

The failure to assess, monitor and drive improvement in the quality and safety of the services provided was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although we identified some shortfalls around quality assurance, there were some that were effective and helped improve the services provided. This included, health and safety, care documentation, staffing levels, training and staff supervision and medication. Action plans were developed with any improvements/changes that were required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Systems in place contributed to the smooth, effective operation of the home whilst still retaining its

personalisation.

- The ethos of a person-centred approach to care and treating people as individuals was consistent amongst all staff.
- Recently the registered manager had arranged for update training in raising dementia awareness. Family members also attended the training to support them and their loved ones. This also helped to assist with continuity and consistency of care delivery.
- The manager led by example and was caring, kind and respected. People and relatives spoke well about her.
- Staff were equally complimentary about the manager and it was evident that she had built positive, trusting relationships with them. Comments from staff included, "I think she is a good manager, I can talk to her about anything she does her best for residents and staff" and "The manager is approachable and easy to talk with".

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 provider and registered manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service promoted and encouraged open communication amongst everyone who used the service. There were good relationships between people, relatives and staff, and this supported effective communication on a day to day basis. Two relatives we spoke with told us communication had improved and they felt they were kept informed about their loved ones and things happening in the home.
- Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included daily handover reports and written daily records.
- Other methods of communication included planned meetings. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. The minutes reflected meetings that were effective and meaningful.

Working in partnership with others

- The service ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and DoLS teams and CQC.
- The registered manager attended local provider and care home forums and linked up with other local home managers.

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 10 HSCA RA Regulations 2014 Dignity and respect  People's privacy and dignity was not always respected.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The service failed to follow appropriate guidelines in infection control in order to protect people from the risks of cross infection.  The service failed to manage medicines safely.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The service had failed to assess, monitor and drive improvement in the quality and safety of the services provided.