

Aura Care Living LTD

# Stratton Court

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

Stratton Court is a residential care home providing personal and nursing care. At the time of the inspection 19 people were receiving care. The service can support up to 60 people. People were accommodated across two of the three care floors.

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

People told us they felt well cared for and the staff were kind to them. We observed caring and meaningful interactions, by staff, with the people who used the service

People's health needs were met. There had been positive improvements in appropriate referrals to healthcare professionals for assessment and advice.

Risks to people's health and care had been identified and action taken to reduce or mitigate these.

Staff were receiving better support to understand best practice guidance and to deliver people's care safely and in line with people's assessed needs. Staff told us they felt well supported and empowered to ask questions where needed. They told us they enjoyed working at the service.

People received support to take their medicines and medicines were generally managed safely.

Risks to people from infections were reduced because the provider's infection, control and prevention plan was adhered to. We made a recommendation in relation to the removal of personal protective equipment (PPE) worn by visitors.

The provider has an inspection history of inconsistent management of the service. At this inspection the leadership provided to staff had improved. Some newly introduced processes had resulted in care staff being better informed about people's care needs and how to meet these. This had a positive impact on the care people received.

Some provider audits had ensured that good practice was implemented in relation to medicine management and infection control as these had effectively identified any shortfalls and had driven improvement. Although the management of people's risks associated with their care had improved since our last inspection; these risks had not always been pro-actively identified and promptly addressed to ensure people were protected from potential risks. Risks to people had not been identified by the use of effective monitoring systems and processes, instead, after concerns had been reported or by individual managers observing poor practice. The effectiveness of the provider's monitoring systems, to identify risk and drive improvement, in relation to people's more complex needs was required. There remained shortfalls in some care and management records, which monitoring processes and a lack of enough scrutiny had not identified.

Representatives of the provider were keen to improve the service and told us about their plans to improve clinical governance and overall management of the service. Time was now needed for these plans to be implemented and developed and to be sustained moving forward.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 14 January 2020) and there were multiple breaches of regulation. 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 found improvements had been made and the provider was no longer in breach of regulation 12 Safe Care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although some improvements had been made in relation to regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; further improvement was needed and the provider was still in breach of this regulation.

#### Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We also follow up concerns we had received about people's care. We checked whether a Requirement Notice we previously served in relation to Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

The overall rating for the service has not changed following this targeted inspection and remains Requires Improvement.

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

#### Enforcement

We found the Warning Notice had not been fully met. The provider needs to make further improvements in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, to their monitoring systems and to some records in order to fully meet the requirements of this regulation.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when checking to see if this Warning Notice had been met and what action was necessary and proportionate to keep people safe as a result of this inspection. The Warning Notice remains in place and we will review the provider's progress in meeting this during a future inspection.

#### Follow up

We will work alongside the provider and local authority to monitor the services overall progress. We will request a report from the provider on their progress in meeting the Warning Notice. 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?**

The service was safe.  
Details are in our safe findings below.

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

**Inspected but not rated**

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

The service was not always well-led.  
Details are in our well-led findings below.

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about the service.

**Inspected but not rated**

# Stratton Court

## Detailed findings

### Background to this inspection

#### The inspection

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We also followed up concerns we had received about people's care. We checked whether a Requirement Notice we previously served in relation to Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

Stratton Court 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 should have, but currently does not have, a manager registered with the Care Quality Commission. Once registered this means the manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider was in the process of recruiting a new manager to fulfil their registration requirements.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed all the information we had received about this service since the last inspection. This included information of concern, information provided by the provider and feedback from commissioners of the service and involved healthcare professionals.

We used all of this information to plan our inspection.

Inspection activity started with a visit to the care home on 3 August 2020, we spoke with more staff by phone on 5 August 2020 and the inspection feedback was given to the provider on 7 August 2020.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided to them. We spoke with three representatives of the provider, the nominated individual, deputy manager and eight further members of staff. We reviewed a range of records. This included six people's care records and multiple medication records. We reviewed a variety of records relating to the management of the service. We carried out a review of the service's infection, prevention and control arrangements.

The nominated individual is responsible for supervising the management of the service on behalf of the provider although in this case, they are currently acting as the home manager. The last registered manager had stopped managing the service in August 2019.

#### After the inspection

After our visit to the care home we continued to seek clarification and information from the provider. We requested and received a selection of the services management records, staff training and supervision information and policies and procedures. We spoke with two healthcare professionals who had knowledge of people's care and treatment.

# 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 Requires Improvement. We have not changed the rating of this key question as we only looked at the parts of this key question, we had specific concerns about.

The purpose of this inspection was to follow up on concerns we had received about people's care and treatment and to check if the provider had met the Requirement Notice we had previously served. We will assess all of the key question at the next inspection of the service.

### Assessing risk, safety monitoring and management

At our inspection in November 2019 the provider had continued to fail to assess risks to people and take action, in a timely way, to mitigate risks. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made to how people's risks were assessed and mitigated, and, in how people's care was delivered. The provider had met this regulation.

- People's health risks had been appropriately assessed and action taken to provide safe care and treatment, reducing the risk of further harm to people. When we spoke with staff, we discussed with them some people's more recently assessed needs. Staff were able to tell us the outcome of those assessments and they knew what care people now required.
- Concerns had been raised about people's eating and drinking and safe moving and handling. People who had difficulty in swallowing and who were at risk of choking, had their care subsequently reviewed and were receiving food and drink, which now met their needs. Action had been taken to ensure food and drink was prepared in line with the International Dysphagia Diet Standardisation Initiative (IDDSI) Framework guidance and, staff had improved access to thickening agents for people's drinks.
- People with risks associated to the way they were moved had been assessed by Community Occupational Therapists. Subsequently the equipment used to move people, such as hoists and slings had been reviewed and the correct equipment and safe working practices were now in place. When we spoke with staff, they knew which hoist and sling had to be used on which person and they knew how to safely move those who had been assessed as too frail to be moved with this equipment.
- People at risk of developing pressure ulcers had been assessed. People's skin integrity was monitored by staff and people received the care and treatment they required to prevent damage to their skin. We saw the condition of one person's skin had improved after a tissue and wound specialist nurse had been involved and the nurses in the service had followed their guidance.
- There had been improvements to how staff communicated with and worked with external healthcare professionals to meet people's physical health needs. Nurses and the nominated individual had regular contact with local GPs surgeries, so people received appropriate medical review and support. Two people had been referred to a Dietician and their recommendations followed.
- Information was being gathered by staff in preparation for people to be assessed by the continence

service so they could obtain appropriate continence aids.

- People's mental health needs were reviewed and discussed with appropriate specialists to support people's mental wellbeing.

#### Staffing

- Managers had experienced difficulty in staffing the service in a consistent way during its COVID-19 lockdown period; there had been a high turn-over of staff. In the absence of well-developed governance systems, this impacted on the service's ability to achieve continuity of care. However, by the time of the inspection, there was a more stable staff group and we found there were enough staff in number to meet people's needs and the needs of the service.

#### Using medicines safely

- People's medicines were managed safely. There were clear management systems in place, which nurses followed, to safely administer people's medicines. Staff kept a record of people's stock and followed the provider's medicine policy to protect people from the risk of medicine errors.
- People who had medicines prescribed for occasional use, such a pain relief, were asked if they required these and staff acted on their wishes. People were given the time they needed to take their medicines. We observed staff being patient and kind with people when supporting them with their medicines. Medicine records were well maintained.

#### Preventing and controlling infection

- People's risks associated with infection, including COVID-19, were reduced because staff checked for the signs and symptoms of infection. Action was taken to get people treated or in the case of COVID-19, segregated in line with government guidance, to reduce the spread of infection. The service had experienced an outbreak of COVID-19 but had been free of COVID-19 symptoms since May 2020.
- Personal protective equipment (PPE) was worn appropriately by all staff in accordance with national guidance and local infection, prevention and control specialist advice. There was plenty of PPE available for use.
- Visitors were prevented from catching and spreading infections. There were processes in place so visitors could visit safely. Visitors were provided with appropriate PPE to wear.

We recommend the provider review its arrangements for the safe removal (doffing) of PPE by visitors, in readiness for when more visitors visit the service, to ensure the process of getting rid of this PPE is done safely.

- Necessary shielding and social distancing rules were supported. Staff helped people to socially distance. To promote people's wellbeing, activity staff supported people to enjoy tailored one to one activity as well as promoting their contact with relatives through video calls.
- There were arrangements in place to admit people safely to the service, following national guidance. This included a dedicated area for people newly admitted to the home, or for those who presented with COVID-19 symptoms, to isolate from other people. This supported the effective prevention of infection from spreading.
- The provider was accessing testing for people who used the service and for the staff. The nominated individual explained the service had routine COVID-19 testing in place. Each day staff recorded their own temperature and oxygen levels before they started work. Staff ensured people's temperatures and oxygen levels were taken daily and any concerns were appropriately escalated.
- The provider was promoting safety and hygiene practices throughout the premises. The service was clean during our inspection and people commented on the cleanliness of the home. The housekeeper followed a

clear cleaning schedule.

- The provider's infection prevention and control policy was up to date.

# 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. We have not changed the rating of this key question as we only looked at the parts of this key question, we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the Warning Notice we had previously issued. We will assess all of the key question at the next inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

At our inspection in November 2019 we found the provider had failed to make enough improvement in respect of the monitoring of the service. Audits were still not effective in identifying shortfalls in the service that could pose a risk to people and drive forward improvements. Improved management of the service was required as well as improved and consistent leadership for the staff. Care records also required improvement so that staff and visiting professionals had access to accurate and up to date information about people's needs, care and treatment. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In November 2019 we issued a Warning Notice in respect of this regulation, to be met by 31 March 2020.

At this inspection we found some improvements had been made; however, the Warning Notice had not been fully met.

- The systems and processes in place were not supporting effective clinical oversight of the service.
- Although managers kept records for information, about certain aspects of people's care and treatment, including staff training and supervision, there were not systems and processes in place, which enabled them to routinely audit and assess their service's performance against, current best practice guidance and agreed pathways of care.
- Consequently, the inappropriate management of some people's moving and handling and eating and drinking, had not been fully identified, as it would have been if effective monitoring systems and processes had been in place. The new deputy manager had observed unsafe moving and handling practice and the Care Quality Commission (CQC), had received concerns about the support being provided to people who were at risk of choking. CQC shared these concerns with the service so they could act and ensure people received the correct support.
- Records such as the service's 'quality tracker' and "pressure sore weekly audit" recorded people's weights, pressure ulcers, other types of wounds, falls, staff training and supervision which is data that could be used to support effective auditing processes.
- Care plan audits gave more information about what was in place in relation to pressure ulcer management, for example; if a pressure ulcer assessment and relevant care plan had been completed.

Missing were the overarching clinical audits to assess if the processes and practices adopted by the service were effective in keeping people safe and ensuring people's care and treatment was in line with best practice guidance. For example, in relation to pressure ulcer prevention and management, guidance provided by the National Institute for Health and Care Excellence (NICE), NHS guidance on 'Revised definitions and measurement' and the implementation of locally agreed SKIN Bundle pathways and care planning. Training on the latter had been delivered to staff by healthcare professionals in May 2020 and again in July 2020. It had not been implemented as a best practice process as key staff who received this training had left and managers had not taken this forward.

- Scrutiny and review of staffs' practices and knowledge (care and clinical competency checks) had not taken place routinely, except medicine administration and management competencies, and therefore had not formed part of the overall monitoring system to check if staff worked in line with their job description, the service's policies and procedures, relevant best practice guidance, referral pathways and people's care plans.
- Improvement was still therefore needed to ensure the service's own monitoring systems could identify areas of risk, identify shortfalls in practice and process and then take action to drive improvement and sustain this.
- The provider had identified the need for improved clinical leadership and governance and informed us during the inspection they were taking action to arrange this. Time was needed for the provider's proposed plan to be implemented and subsequent improved monitoring systems to be developed and implemented.
- Records had not been fully maintained so they remained accurate and up to date. There had been insufficient scrutiny and review of the records managers kept, such as the 'quality tracker', including some care records, to ensure errors or omissions in these were identified and rectified.
- A process had been introduced in 2019 called 'resident of the day' (which involved a full review of a person's care records when they were 'resident of the day') but, despite this and, despite care plan audits having been completed, we found care plans which had not been altered to reflect people's needs when these had changed.
- One person's mobility care plan, written in May 2020, had not been updated to reflect the instruction given by the community occupational therapy team following their recent assessment of the person's moving and handling needs in July 2020. Another person's nutrition and hydration care plan, written in April 2020, stated the person was on a normal diet and could eat independently. This person had been reviewed twice by the Speech and Language Therapist Team (SLT) since April 2020 and had subsequently required support from staff to eat and drink and had required alterations to the texture of their food so they could eat safely without the risk of choking. Although information about these changes were recorded in the relevant care plan 'evaluation sections' and separate guidance, on appropriate hoists and slings and guidance in line with the International Dysphagia Diet Standardisation Initiative (IDDSI) Framework had been added to people's care files, people's actual care plans had not been amended to reflect these changes giving potentially confusing and conflicting guidance to staff.
- One person had lost significant weight between April and May 2020 due to becoming ill with COVID-19. Reviews of their nutrition and hydration care plan recorded 'no concerns' between this period. Nothing had been recorded at the time, to acknowledge this loss and to direct staff on the support this person required for their altered needs. The person's pressure ulcer assessment tool, at that time, had also not been amended to reflect the loss in weight and appetite and subsequent increased risk of developing pressure ulcers. This person had since gained weight as they had started to recover from COVID-19 and the associated risk of malnutrition and developing pressure ulcer had reduced.
- The service's monitoring systems had not identified these errors or omissions. This showed there were not processes in place which fully ensured staff followed best practice when reviewing care plans and cross referencing them with other associated care risks assessments so that care records remained accurate and up to date.

- We reviewed people's recorded weights on the service's 'quality tracker'. We questioned three people's recorded weights as these implied there had been a significant loss of weight and it was unclear what action had been taken in relation to this. These people's weights were reviewed again during the inspection and we were told two of the weights must have been recorded incorrectly. The new weights showed there had not been a significant loss of weight. The third person was losing weight and had been referred to appropriate healthcare professionals.
- There had been insufficient scrutiny of this record to trigger concern when the original weights had been entered on to the 'tracker' and to follow these up and identify they were incorrect.
- Poorly maintained records put people at risk of unsafe or inappropriate care and treatment due to inaccurate or confusing information being provided for staff and visiting healthcare professionals.

Monitoring systems were still not sufficiently effective to demonstrate good governance and records did not always provide accurate information or updated information. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some new processes had been introduced for checking and mitigating risks to people. A daily clinical handover had been introduced. This was a short, designated meeting for nurses to review with managers, any health-related issues and updates such as, new infections and newly prescribed antibiotics, other prescription issues, accidents and falls and GP requests, such as taking of blood for testing. Reviews of other required daily checks took place in the handover, such as, medicine stock and medicine storage temperatures.
- The new deputy manager had been employed in May 2020 and they had worked alongside nurses and care staff to ensure people's needs were correctly assessed and met. They promoted best practice to ensure people received the care and treatment they required, safely.
- They had supported the nurses to make improvements to the records, they kept about people's care and treatment. This had resulted in more accurate and up to date information being shared with GPs and other health professionals and had made relevant information easier to find when it was asked for.
- The deputy manager, along with the nominated individual, had taken immediate action to reduce risks to people when they had become aware of incorrect moving and handling practice and the concerns related to people's eating and drinking. The deputy manager had ensured correct referral pathways were instigated and this had resulted in the appropriate assessment of people's moving and handling needs, by community occupational therapists, and the safe use of appropriate equipment to move people.
- They had also done the same in relation to gathering necessary information in order to refer people to the continence advisory service for assessment and had implemented clearer guidance, in relation to the IDDSI Framework for textured food and drinks so people at risk of choking or aspiration received food and drink in a form which met their needs.
- Time was needed for these new systems and new referral pathways to become fully established and understood by all key staff. Staff also still required formal training in the IDDSI Framework and support to follow the SKIN Bundle processes once implemented so they could work confidently and more independently.

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

- We evidenced improvements in the leadership and support provided to staff. This was having a positive impact on the quality of care people received and in how staff now communicated with healthcare professionals. Staff told us it had helped to improve team morale.
- Both the nominated individual and deputy manager were committed to providing personalised care to people. Representatives of the provider had acted when staff had not shown a caring approach or a

willingness to follow guidance and be part of a team.

- Staff were being empowered to improve their practice and knowledge and subsequently their confidence had improved. Four members of staff spoken with told us they received all the support they needed in relation to delivering people's care and they felt able to discuss any needs or concerns they had with any of the senior managers. Staff told us they enjoyed working at the service.

Continuous learning and improving

- The provider had organised for managers from another one of their services to complete a quality monitoring visit of Stratton Court. Some recommendations were made to improve service quality. These included for example, menus for individual dining tables and personalised bedroom signs to help people identify their bedrooms. Several other recommendations were implemented following this visit and managers of Stratton Court had found this a helpful process.

- The same team had completed monthly medicine audits at Stratton Court and medicine management recommendations had also been implemented and sustained. They had also introduced the daily clinical handover.

- Representatives of the provider showed a willingness to improve the systems and processes at Stratton Court in order to meet the Warning Notice and to promote and ensure improved clinical governance. They talked openly about learning from the inspection process and their plans to achieve the necessary improvements required to move forward.

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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>There was not a consistent process in place to demonstrate that appropriate consent from people or their representatives had always been sought and, that where it could not be demonstrated that consent had been provided, that where necessary, requirements of the Mental Capacity Act 2005 and associated code of practice had always been followed.</p> <p>Regulation 11 (1).</p>