

Stride Lodge Ltd

Stride

## Inspection report

133 Cardigan Road  
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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# 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 eight people living at the service.

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

The provider had failed to address the widespread and significant shortfalls across the service. This was the fifth consecutive inspection where the provider had failed to meet all regulatory requirements and improve their rating to Good. The provider had failed to embed an effective governance system to assess, monitor and drive improvement in the quality and safety of the services provided; they had not identified the issues we found during the inspection.

People were not always protected from potential harm or abuse. Risks to people were not managed consistently and there was limited action to prevent reoccurrence when things went wrong. Staff did not always follow good infection control practises or manage medicines safely.

Recruitment was not robust; the provider had not always carried out required recruitment checks on staff to prevent unsuitable people from being employed at the service. Many staff had not completed the provider's mandatory training and not all staff had received an induction in preparation for their role.

Care and support was not based on a thorough assessment of people needs and/or preferences. Staff, including the manager, were not aware of the risks of or the need to monitor people's physical health for the emergence of side-effects relating to some prescribed medicines.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

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 inadequate (published 6 January 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 3 and 10 October 2019. Breaches of legal requirements were found. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

## Enforcement

We have identified breaches in relation to risk management, safeguarding, person-centred care, consent to care, staffing and safe recruitment process and the management of the service at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## Follow up

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate 

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

Inadequate 

The service was not effective.

Details are in our effective findings below.

### Is the service caring?

Requires Improvement 

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Inadequate 

The service was not 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

Day one of the inspection was carried out by two inspectors and an inspection manager. Days two and three of the inspection were carried out by two inspectors.

#### Service and service type

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service. We spoke with seven members of staff including the

manager, the nominated individual, director, senior care staff, two care staff and an administrative staff member. We also spoke with a visiting healthcare professional. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and other quality assurance records.

# 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 remained the same. This meant people were not safe and were at risk of avoidable harm.

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.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- The provider had a track record of not achieving good standards of safety. This was the fifth consecutive inspection where we have found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Risk management did not always consider the least restrictive option, which limited people's control over their lives and their independence. For example, people had been given paper cups to drink from, including people who were not at risk.
- The provider has not assessed environmental-related risks to ensure the premises were safe for people using the service.
- There remained limited action to assess, monitor or improve the safety of the service. The manager did not investigate each incident reported by staff to ensure appropriate action had been taken.
- One person told us they did not feel safe living at Stride.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Systems and processes were not in place to ensure the proper and safe management of medicines.
- People did not always receive their medicines as prescribed and the manager took limited action in response to errors that had occurred.
- Staff did not dispose of medicines safely and the manager told us they did not know what the correct procedure for this was.
- The provider's policy for the management of medicines was not specific to the service. For example, areas of the policy referred to homecare practices and did not outline any clear procedures for staff to follow.

Systems were either not in place or robust enough to demonstrate medicines were safely managed. This placed people at risk of harm. This was a further breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Preventing and controlling infection

- Staff did not always follow best practice for the prevention and control of healthcare-associated infections.
- Staff did not dispose of sharps and/or contaminated waste safely or correctly. Staff had filled a sharps container beyond its maximum capacity; the container had not been replaced which left staff without a safe means to dispose of sharps for several months. The manager told us items contaminated with blood, following incidents of self-harm, were disposed of in the general waste bin.
- Areas of the home were unclean, including floors and furniture. A used, dirty mop had been left on the floor and a chair was stained from where a drink had been spilt.

Staff practice did not always meet national guidance in relation to infection control. This was a further breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Systems were not adequately robust to safeguard people from the risk of abuse.
- Not all staff had received training in this area.
- Staff had failed to act without delay following an allegation of abuse. Action taken to keep the person safe was not taken until two days following the allegation, despite the manager and provider being made aware at the time.

We found no evidence people had been harmed however, systems were either not in place or robust enough to safeguard people who use services from abuse. 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.

#### Staffing and recruitment

- The provider had not taken appropriate steps to ensure there were enough, suitable and competent staff to keep people safe.
- The manager had not taken a systematic approach to determining the number of staff and range of skills required, in order to meet the needs of people using the service.

We found no evidence people had been harmed however, systems were either not in place or robust enough to ensure sufficient numbers of suitably skilled and experienced staff 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.

- Recruitment processes were not robust. The provider had not always carried out required recruitment checks on staff to prevent unsuitable people from being employed at the service.

Systems were either not in place or robust enough to ensure required recruitment checks were carried out to ensure 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.



# 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 requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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

- People did not receive person-centred care.
- Support was based on uniformed decisions and did not take into consideration people's diverse needs.
- Staff had not appropriately assessed the needs, preferences, and goals of people regarding their access to the kitchen; people were only allowed to enter the kitchen with staff supervision, including those who were not at risk.
- Staff were not aware of their responsibilities to monitor the physical health of people prescribed certain antipsychotic medicines.
- A visiting healthcare professional told us they were unclear what support was being offered by the service and some of the activities suggested were not suitable for one person using the service.

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.

Staff support: induction, training, skills and experience

- Not all staff had received an induction in preparation for their role.
- Not all staff had undertaken the provider's mandatory training in areas including, safeguarding, mental health, equality and diversity and moving and handling.
- One member of staff told us they had not been given any time to familiarise themselves with people's care records or training to understand their specific mental health needs.

The provider had failed to ensure staff were suitably skilled to meet the needs of the people using the service. This was a further breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 the provider had not acted in accordance with the requirements of MCA and associated code of practice. This was a breach of Regulation 11 (Need for consent) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

- One person, subject to a DoLS authorisation, had their money looked after by the home and had to request money from the office when they went out. There was no record to show the person consented to the arrangements or a corresponding capacity assessment or best interest decision.

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.

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

- People had limited options at meal times. During the inspection, sausages had been served for breakfast and for dinner; one person told us they had not eaten due to the lack of choice.
- Not all staff supporting people in this area had received training in food safety or nutrition and hydration.

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

- Areas of the home, including communal shower rooms, needed decorating and maintenance work to ensure a consistent standard throughout.
- The lounge had only two settees', a chair and a television mounted to the wall. People told us the décor was 'old fashioned' and the seating was uncomfortable.
- People had access to other facilities including a gym, cinema-room and pool table.

# 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 this key question has now deteriorated to requires improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Not all staff had received training on the subject of equality and diversity.
- When we spoke with staff and the manager, they referred to people in demeaning terms. This demonstrated they did not have a good understanding and were not respectful of people's diverse needs.
- Despite our concerns, we observed kind interactions between staff and people.

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

- The provider did not collect the views of people using the service, as a result, they did not feel listened to. One person told us, "[We're] not really asked our opinions."
- People were not involved in developing their own care and support plans.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was not always respected, and staff did not support people to be as independent as possible.
- Information was not always managed securely. We found information about an allegation of abuse had been displayed on a wall in the staff office; the office was frequently accessed by staff, visitors and people using the service.
- The remote control for the television was held in the staff office and people had to request this each time they wanted to change the channel. One person told us, "We get treated like children."

# 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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection the provider had failed to ensure people's needs were met. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- The provider had failed to ensure care and support was designed to meet people's needs.
- People were not always involved in making decisions about their care.
- Reviews were irregular and not person-centred; some care records were out of date and did not fully reflect people's needs.
- Staff supported people to access the local community, however, planned activities were limited to daily resident meetings. One person told us, "There [are] no planned activities...I am bored."

The provider failed to ensure people received care and support specifically tailored for them. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were given a choice of which member of staff they wanted to provide support each day.

### 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.

At our last inspection we recommended the provider consider current guidance on AIS and act to update their practice. The provider had not made improvements.

- The provider had not taken any steps to comply with the Accessible Information Standard to identify, record, flag, share and meet the information and communication needs of people with a disability or

sensory loss.

The provider failed to ensure people received information in a way they could understand. This was a further breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### End of life care and support

At our last inspection we recommended the provider consider current guidance and update their care records to include information about people's preferences for end of life care. The provider had not made improvements.

- Staff were not supporting people at the end of their life at the time of the inspection. However, people's preferences and choices in relation to end of life care had not been explored.

#### Improving care quality in response to complaints or concerns

- The provider had not received any complaints since our last inspection of the service.
- Information was displayed in the service, informing people how they could raise any concerns or issues.

# Is the service well-led?

## Our findings

Our findings - Is the service well-led? = Inadequate

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 remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- There remained widespread and significant shortfalls across the service. This was the fifth consecutive inspection where the provider had failed to meet all regulatory requirements and improve their rating to Good.
- The provider had failed to embed an effective governance to assess, monitor and drive improvement in the quality and safety of the services provided. Issues relating to staffing, risks to people and person-centred care had not been identified or addressed.
- There was no registered manager in post, which is a requirement of the provider's registration.
- The manager did not demonstrate an understanding of their responsibilities in providing safe and effective care. The manager did not recognise the inconsistencies we identified in how risks to people were being managed. They did not respond appropriately to prevent the reoccurrence of adverse events, including medication errors, and they had not acted when alerted to poor practices regarding medicines and infection control.
- People had not always been informed when things went wrong. Staff had decided not to tell one person about a medication error that occurred so as not to upset the person.
- There remained little evidence of learning and service improvement.
- We requested information of the manager, including records relating to DoLS and the provider's action plan; this information was not provided. We also requested clarification about information provided after the inspection; this was not given.

The provider failed to ensure effective governance systems to assess, monitor and drive improvement in the quality and safety of the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008

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

- Whilst we acknowledge other external professionals and agencies had ongoing involvement in people's care, there was little evidence of partnership working. We spoke with a visiting healthcare professional who told us they had not met with the provider to discuss one person's care and support.
- The manager told us they had recently undertaken a survey of staff and service user views; however, we did not see evidence of this or how this had contributed to improvements in the service.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had not acted in accordance with the requirements of MCA and associated code of practice.</p>