Stride Lodge Ltd

Stride

Inspection report

133 Cardigan Road
Bridlington
North Humberside
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Date of inspection visit:
03 October 2019
10 October 2019

Date of publication:
27 March 2020

Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
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 six people living at the service.

At our last inspection the service offered accommodation and personal care and support for up to 29 people aged 65 and older, some of whom were living with a dementia related condition. Since our last inspection of the service, the provider has made changes to their model of care and renamed the location. In addition, the provider had recently undertaken a complete refurbishment of the building.

People's experience of using this service and what we found
People were at risk of avoidable harm; plans to manage known risks to people were unclear and did not provide staff with enough information to keep people safe. There was little evidence of learning from events or action taken to improve safety.

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.

Care and support plans failed to take into account a full assessment of people's needs and the registered provider's duty of care. Therefore, staff were unable to support people effectively

The provider failed to ensure effective governance systems to assess, monitor and drive improvement in the quality and safety of the service. This was the fourth consecutive inspection where the provider had failed to meet all regulatory requirements and improve their rating to Good. We identified three continued breaches of regulation and one new breach of regulation.

Despite widespread and significant shortfalls in the service, people praised the kind and caring nature of staff. We observed positive interactions between staff and people throughout the inspection.

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

Rating at last inspection and update
The last rating for this service was inadequate (published 6 April 2019), 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 followed up these breaches against the providers new model of care. Enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

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, consent to care, person-centred care 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 could 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 of 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 next 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? The service was not safe. Details are in our safe findings below.	**Inadequate**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not well-led. Details are in our well-Led findings below.	**Inadequate**

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 an inspector. Day two of the inspection was carried out by an inspector and an inspection manager.

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

The service was in the process of registering a manager 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
We gave the service 48 hours' notice of the inspection. This was because the service is small and people may often be out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection
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 also contacted Healthwatch, an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

We spoke with four people who used the service about their experience of the care provided. We spoke with

six members of staff including the provider, a director, manager, two social inclusion workers and an administrative worker. We also spoke with two visiting mental health professionals.

We reviewed a range of records. This included three people's care records and two medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including survey results and meeting minutes.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at risk assessments for everyone using the service. We spoke with two professionals who work closely with people using the service.

Inadequate

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.

- People were at risk of avoidable harm. Where action was taken to address risks to people, plans were not clear or coordinated. For example, a risk assessment for one person relating to drug and alcohol misuse, did not include clear guidance for staff about how to reduce the risk of harm. We found medical attention had not been sought until the following day, after a person had been suspected to have taken a drug overdose, fallen and sustained an injury.
- Staff supported one person who kept a sharp implement in their possession which they used to self-harm; there was no clear plan or risk management strategy in place to guide staff in this. It was also unclear how this had been assessed as being appropriate care.
- The provider did not act to prevent the reoccurrence of accidents and incidents. They did not identify factors that may have contributed to incidents or consider wider learning, despite the same incidents continuing to occur. The manager told us they did not monitor accident and incident information to look for themes and trends.
- The provider had a track record of not achieving good standards of safety. This was the fourth consecutive inspection where we have found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

Staffing and recruitment

At our last inspection the provider had failed to ensure the safe recruitment of staff. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 18.

● There were processes in place to ensure the right staff were recruited to support people to stay safe. Enough staff were on duty to meet people's needs.

Using medicines safely
● Medicines were safely managed. Staff administered medicines as prescribed and kept robust medicines records.

Systems and processes to safeguard people from the risk of abuse
● People were protected from risk of abuse. Staff had received training in this area and were knowledgeable about how and when to report any safeguarding concerns.

Preventing and controlling infection
● People were protected by the prevention and control of infection. Staff had access to personal protective equipment and they followed required standards and practice.

Requires Improvement

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 remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 failed to seek lawful authority to deprive people of their liberty. 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.

At this inspection we found no one using the service was being deprived of their liberty and, the provider was no longer in breach of regulation 13. However, we found 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.

● Consent to care and treatment had not been obtained in line with legislation and guidance. Restrictions had been placed on people without consideration as to whether they had the capacity to consent to these restrictions. For example, staff had restricted one person's access to their finances to encourage the person to return to the service when out in the community. The manager told us consent for this restriction had not been considered because it was in place for a short time.

This was a breach of Regulation 11 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were appropriately trained and inducted following employment. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

● Staff had the right skills and experience to carry out their roles. All staff completed an induction and were assessed as competent by the manager. Supervision and appraisals were used to review staff practice and focus on development. A staff member told us, "I have been deemed competent and I'll help with medication."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People's care and support needs were assessed prior to admission into the service. However, this information was not always transferred into people's care plans. Staff were unable to apply their learning effectively and in line with best practise.

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

● Systems and processes for referring people to external services were inconsistent. We found arrangements were in place to make a doctors' appointment for one person, however, it was unclear how another person was being supported to access appropriate mental health support.

● People had access to an on-site gym and were supported by a personal trainer to engage in regular exercise.

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

● People had access to enough to eat and drink throughout the day. The dining environment was pleasant and meal times were set to suit people's individual needs.

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

● The provider had recently invested in a complete refurbishment of the building. The interior of the premises had been decorated to appeal to modern tastes. People had access to a cinema room, on-site gym, and café. They were invited to decorate their bedrooms to suit their individual preferences. One person told us, "I use the cinema room most days and I saw the personal trainer last week."

Good

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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people with kindness and respect. People gave positive feedback about the caring nature of staff. One person told us, "Staff are lovely."
- Staff had the right skills to make sure that people receive compassionate support. They spoke about people with fondness and respected their individual differences.

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

- People contributed to care planning and their preferences for how they wished to be care for were generally respected by staff.

Respecting and promoting people's privacy, dignity and independence

- Staff communicated with people in a way they understood and asked for permission before offering help and support.

Requires Improvement

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

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.

● Whilst people's care plans reflected their preferences, the provider did not ensure care and support was designed to meet people's needs. Information provided by other health professionals was not incorporated into people's care plans and/or risk assessments and was not reflected in staff practise. For example, one person needed staff to support them in a specific way; staff were unaware of this and there was little guidance to follow.
● Whilst staff received training to increase their awareness of common mental health problems, there was little guidance in people's care plans for staff to apply their learning effectively.
● Care reviews were irregular and not person-centred. The manager told us they reviewed people's care plans, however, records were unclear; in some cases, records simply said 'evaluated', with no explanation about how the review had been carried out, whether any changes had been made or if care delivery was effective.

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

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.
● It was not clear from the providers pre-admission assessment, how people's communication needs were identified, as required by AIS. However, staff gave examples of how they adapted communication to meet people's individual needs.

We recommend the provider consider current guidance on AIS and take action to update their practice accordingly.

End of life care and support

● Changes to the model of care meant staff did not support people at the end of their life at this time. However, people's preferences and choices in relation to end of life care had not been explored.

We recommend the provider consider current guidance and update their care records to include information about people's preferences for end of life care.

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 supported to maintain relationships with family and friends and to avoid social isolation. Staff promoted social contact and encouraged people to come together as a group.

● People accessed the local community and engaged in hobbies and interests. One person told us they visited the local bowling alley and cinema.

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.

Inadequate

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders did not assure the delivery of high-quality 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.

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

- There were widespread and significant shortfalls in the service. This was the fourth consecutive inspection where the provider had failed to meet all regulatory requirements and improve their rating to Good. We identified three continued breaches of regulation and one new breach of regulation.
- The provider had introduced a new governance framework into the service, however, this had not been put into practise; issues relating to risks to people, consent to care and person-centred care had not been identified or addressed.
- The lack of robust recording of people's care needs and associated risks placed people at significant risk of harm.
- There was little evidence of learning, reflective practice and service improvement.

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, the provider had not worked effectively with these external professionals and agencies to contribute to individualised risk assessments and care planning.
- We looked at the results of a recent survey which demonstrated people were able to provide feedback about their experience of care. However, we did not see evidence of any in-depth analysis of survey results, such as identifying any themes or trends. This meant the provider failed to use the information which could contribute to continued learning and improvement in the standards of care for people.

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

(Regulated Activities) Regulations 2014.

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

● Staff spoke passionately about delivering person-centred care and we observed positive interactions between staff and people throughout our inspection.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9: Person-centred care (1) (b) The provider failed to ensure people received care and support appropriate to their needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 11: Need for consent (1) The provider failed to ensure consent of the relevant person was sought prior to care and treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17: Good governance (1) (2) (a) (b) (f) The provider failed to ensure effective governance systems to assess, monitor and drive improvement in the quality and safety of the service.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12: Safe care and treatment (1) (2) (a) (b) The provider failed to ensure the safety of people using the service.

The enforcement action we took:

Urgent imposing of conditions.