

Ashdale Care Homes Limited

Stratford Court

Inspection report

35 Highfield Road
Hall Green
Birmingham
West Midlands
B28 0EU

Tel: 01217783366

Date of inspection visit:
27 September 2022
28 September 2022

Date of publication:
15 December 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Stratford Court is a residential care home providing personal care and support for up to 30 people, some of whom were living with dementia. At the time of our inspection there were 25 people using the service.

Stratford Court accommodates people across 2 floors and people have access to 2 communal areas and the dining room. There was a lift to access the first-floor bedrooms.

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

The provider's quality assurance systems were not being used effectively, had not provided effective oversight of the service and had failed to identify a number of concerns that came to light during the inspection. Systems were not in place to ensure a number of environmental factors were monitored and addressed including recording of fire drills, personal evacuation plans, fridge temperatures and servicing of equipment.

People were supported by staff who were aware of the risks to them, but care plans and risk assessments had not been consistently reviewed and kept up to date. Accidents and incidents were responded to and acted on appropriately. However, the information gathered was not analysed for any lessons to be learnt. Visiting arrangements in place did not reflect current government guidance and relatives were requested to make appointments prior to visiting loved ones.

Arrangements in place to admit new people were inconsistent as the provider did not always fully assess people prior to them coming into the service. Staff felt fully supported in their role, but arrangements were not in place to ensure their knowledge and skills were routinely reviewed and assessed for any gaps in their learning.

People were supported to eat and drink to maintain a balanced diet but there was a lack of information available regarding some people's likes and dislikes. People told us staff responded to their requests for support in a timely manner. Staff felt supported in their role and able to approach management with any concerns they may have.

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.

People told us they felt safe and were supported by staff who were aware of the risks to them and how to act on any safeguarding concerns that came to their attention. People received their medication as prescribed. Staff wore personal protective equipment [PPE] when supporting people and there were supplies of PPE around the home.

People were supported by a group of staff who worked well as a team and alongside a variety of healthcare professionals to ensure people's healthcare needs were met. People and relatives knew how to raise concerns and felt comfortable doing so. People's feedback was sought via surveys. People, relatives and staff spoke positively about the registered manager and told us they would recommend the service.

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

Rating at last inspection

The last rating for this service was good (published 12 April 2019).

Why we inspected

This inspection was prompted in part by a review of the information we held about this service. We received concerns in relation to a safeguarding concern that took place at the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well led sections of this full report. During and following the inspection, the provider took action to mitigate the risks identified. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stratford Court on our website at www.cqc.org.uk.

Enforcement

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 considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches two breaches in relation to safe care and treatment and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Requires Improvement ●

Stratford Court

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Stratford Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Stratford Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 service users and 6 relatives. We also spoke with 2 healthcare professionals. We spoke with 9 members of staff including the registered manager, a director, the deputy manager, senior carers, care staff and the cook. We looked at 5 care records and a number of medication records. We looked at 2 staff files, training records and a variety of records relating to the management of the service including policies and procedures. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant 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.

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

- Accidents and incidents were acted on and recorded but not analysed for any lessons to be learnt. For example, we found 1 person had suffered 4 unwitnessed falls since July 2022. The registered manager later advised they knew the reason why the person had fallen on the last 2 occasions and what action to take to reduce the risk of reoccurrence. However, this was not documented in the person's care records and there was no evidence at staff handovers that this information had been passed onto staff. This meant the person remained at potential risk of harm as staff had not been made aware of the actions to take to reduce the risk of re-occurrence.
- There were no Personal Emergency Evacuation Plans (PEEPs) in place for people living at the service. PEEPs are documents that describe how people, who may need assistance, will be evacuated or supported to reach a place of safety in the event of a fire. This placed people at increased risk.
- The provider had failed to review their fire safety checks to ensure they were up to date, and staff understood what was required of them. For example, we saw the last recorded fire drill was in November 2018. The registered manager told us they were confident a drill had taken place since that date but were unable to provide evidence of this. This meant people were placed at potential risk of harm as checks had not been made to ensure people could safely escape if there was a fire.

The provider had failed to assess, monitor and mitigate risks to people's health and safety. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded to each of the concerns identified and actions were taken to address some of these concerns during the inspection. PEEPs were put in place during the inspection and a fire drill took place the day after the inspection.
- Staff were able to describe the risks to people and how to support them. However, information in people's care plans and risk assessments was not consistently reviewed to ensure it reflected people's current needs. For example, where one person had been identified as being at risk of weight loss, their care plan and risk assessment had not been reviewed since June 2022. This meant the provider could not be assured the actions they were taking to support the person with their nutrition were meeting their needs.

Staffing and recruitment

- Staff files did not always demonstrate a robust and effective recruitment process which meant people were placed at risk of being supported by unsuitable staff. For example, we looked at 2 staff files and in both cases there was no evidence to show gaps in staffs' employment history were being explored. Also, in one of the files there was no evidence of a Disclosure and Barring check [DBS]. DBS checks provide information

including details about convictions and cautions held on the Police National computer. The information helps employers make safer recruitment decisions. We were later provided with evidence of the DBS check.

- We observed people were supported in a timely manner by a consistent group of staff who knew them well. A relative told us, "I always see regular faces [staff]. It tends to be the same staff who look after [person]."
- Staff told us they felt supported in their role and felt there were enough of them on shift to meet people's needs. A member of staff told us, "I enjoy my job. I like helping people. I think the residents are cared for well."

Preventing and controlling infection

- We were not assured that the provider's infection prevention and control policy was up to date. The policy was last reviewed in April 2022 and did not reflect the latest government guidance. A separate policy for visiting which was reviewed in August 2022, did not give any up to date information about current arrangements for visiting.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

At the time of Inspection, there were some restrictions on visiting in the home, as visitors were required to make an appointment prior to visiting. Visitors were allowed to visit people in a designated pod which was separated by a screen and were able to sit with their relatives provided both the person and visitors wore masks. Alternatively, visitors could choose to not wear a mask, provided they were behind a screen.

At the time of inspection, visitors did not have access to the main body of the building including communal areas or bedrooms. The registered manager told us that visitors were not currently going into the main body of the home to prevent any spread of infection, although exceptions were made if people were not well. This approach was not in line with government guidance.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Stratford Court. We observed people approach staff for support and appear comfortable in the company of staff who supported them. A relative told us, "Yes, I have always felt [person] is safe, there never seems anything that is danger."
- People were supported by staff who had received training in how to recognise signs of abuse and were aware of their responsibilities to report and act on any concerns. A member of staff told us, "I would tell the senior [if there was a concern]. I'm confident they would look into it." Where safeguarding concerns had arisen, appropriate actions had been taken and both the local authority and CQC had been made aware.

Using medicines safely

- Medicines were stored safely and records indicated people received their medicine as required.

- Where people received pain relief through patches, body maps were in place to ensure the patches were regularly rotated in line with the manufacturer's guidance, to ensure their effectiveness.
- We were told there was no one at the service who was currently prescribed medication to be administered on an 'as required basis'. We were advised protocols would be put in place if this was the case, instructing staff of the circumstances in which to administer these medicines.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs and choices were not always consistently assessed prior to them moving into the service. On those occasions where a full pre-admission assessment had not taken place, the provider could not be assured they were able to meet the needs of person admitted to the service.
- Where complete pre-admission assessments had taken place, all aspects of a person's needs were considered, including protected characteristics under the Equality Act such as age, religious beliefs and cultural needs.

Staff support: induction, training, skills and experience

- New staff received an induction booklet to complete when they first commenced in role. However, induction workbooks had not been consistently reviewed to provide assurances staff understood their role or identified any gaps in staff's learning.
- Records demonstrating staff competency checks in moving and handling were out of date. We found 5 staff had not had their competencies checked in over 12 months. Although we found no concerns with moving and handling practice, this placed people at potential risk of harm as the provider could not be confident people were being supported safely and in line with their care needs.
- Staff told us they felt supported by senior staff and the provider and if they required additional training or advice, the registered manager would follow up these requests. A member of staff told us, "Whatever you want to do [registered manager's name] would always oblige."

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

- Staff were aware of people's hydration and nutrition needs. However, information held in some people's hydration and nutrition care plans had not been updated with the latest information regarding their needs.
- The registered manager told us there was a hot meal choice at lunchtime with alternative options if the main meal choice was not suitable. We observed staff asking people their preferred choice on the day, but there was no menu on display for people to consider, to assist them in making their choices.
- Staff were able to tell us people's dietary needs and preferences. However, the file in the kitchen to record people's nutritional, dietary likes and dislikes was out of date and for some people there was no record of their dietary needs or choices.
- There was no record of fridge and freezer daily temperature checks for the week prior to the inspection. The staff member responsible for recording was on annual leave and there was no system in place to ensure this was carried out in their absence. Some items observed in the fridge were out of date. These were immediately removed by the registered manager.

- We observed people were appropriately supported during lunchtime and enjoyed their meal. People were served drinks with their lunch. A relative told us, "My relative is happy with meals and eats well. They are not on any special diets."

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

- People were supported to access healthcare services to meet their needs and maintain good health.
- Staff worked well together as a team, sharing information and working alongside other healthcare professionals. One healthcare professional told us, "Whenever I ask about a person, they always respond and are on top of things." Another health professional explained how they had worked closely with staff to ensure a person's particular needs were being met, adding, "They don't give up on their residents and keep going; they get staff to understand people and work in a different way."

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

- People's rooms were personalised with their own belongings and items of interest to them. Communal areas were spacious, and people had access to a quieter area away from the main lounge. The dining room was pleasantly decorated and welcoming.
- There was signage to assist people when navigating around the home and a number of clocks and calendars to help orientate people.

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 MCA 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- Where people had restrictions placed upon them, applications for DoLS authorisations had been applied for. Prior to the applications being made, meetings had taken place to ensure the decisions were being made in the person's best interests.
- Staff understood the principles of the MCA and were observed to obtain people's consent prior to offering support.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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; Continuous learning and improving care

- Systems and processes to ensure monitoring and oversight of the quality and safety of the service were not operating effectively. For example, there was no formal system in place to ensure care plans and risk assessments were consistently reviewed and held the most up to date information regarding people's care needs.
- Audits and quality assurance checks did not identify the issues found on inspection. For example, quality assurance systems had not enabled the provider to maintain effective oversight of and accurate records in relation to staff moving and handling competency checks.
- Accidents and incidents were not analysed for any trends or lessons to be learnt.
- Quality assurance systems had not enabled the provider to maintain effective oversight of staff recruitment files and ensure staff recruitment systems and processes were robust. For example, we found in gaps in some staffs' employment records had not been investigated.
- The provider had failed to identify PEEPs were not in place, a hoist had not been serviced in line with regulations and there was no record of a fire drill taking place since November 2018.
- Safety checks to ensure food was safely stored were not consistently taking place.
- There was a lack of oversight of policies and procedures in respect of infection control to ensure they were up to date and reflected the latest government guidance.
- Pre-admission assessment processes were not consistent which meant the provider could not be confident they could meet people's needs based on the initial information gathered.

This was a breach of regulation 17(1) 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff felt supported and listened to by the provider. A member of staff told us, "[Registered manager's name] is really lovely to work with, they muck in, sleeves rolled up, there's no hierarchy, everyone knows who everyone is."
- Relatives were happy with the service their loved ones received and spoke positively of their experience. One relative told us, "My relative is very lucky to be there. [It] feels that you are in a family. My relative is very happy."

- Relatives told us their opinions of the service had been sought through surveys which had recently been sent out.

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; Working in partnership with others

- The provider understood their legal requirements within the law to notify us of relevant incidents involving people or the service, including deaths and safeguarding concerns.
- The registered manager and the deputy were responsive, open and honest in their approach with us during the inspection.
- Staff worked alongside and in partnership with external healthcare agencies to support people's health and wellbeing.
- Relatives confirmed they were kept informed if there were any concerns regarding their loved ones or if they became unwell.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess, monitor and mitigate risks to people's health and safety.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes to ensure monitoring and oversight of the quality and safety of the service were not operating effectively.