

Strode Park Foundation For People With Disabilities

Platters Farm Lodge

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Platters Farm lodge is a residential home that provides accommodation and personal care for up to 43 older people. At the time of inspection there were 31 people living at the service with a variety of needs. Needs included people living with dementia and with a physical disability. The home consists of 3 separate wings, each of which has separate adapted facilities. One of the wing's provides specialist care for people living with dementia.

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

People in the service were kept safe from harm and abuse. People were cared for in a safe environment. Medicines were managed safely, and enough staff were deployed to keep people safe. The provider followed infection, prevention and control guidance.

The service assessed people's needs before admitting them to the service. People were supported by staff who were adequately trained to meet their needs. 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 and their relatives told us the support they and their loved ones received was kind and caring. Staff encouraged people to be as independent as possible. We observed caring and compassionate interactions between staff and people.

People were receiving person-centred care and their communication needs were being met. Relatives told us they were able to visit and were happy with the process.

The registered manager worked well with other agencies to ensure joined up care for people. Effective audits were in place to ensure the quality of the service delivered by staff. Staff spoke highly of the management team.

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 November 2020) covering two key questions safe and well-led).

Why we inspected

This was a planned inspection based on the previous 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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Platters Farm Lodge

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.

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 team consisted of two inspectors.

Service and service type

Platters Farm Lodge 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke to five people who used the service and four relatives. We spoke to nine members of staff including the registered manager, deputy manager, director of care and care workers.

We reviewed a range of records. This included three people's care plans and medicine records. We looked at two staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the managements of the service, including quality assurance audits.

After the inspection

We continued to seek clarification from the provider to validate evidence we found. We looked at training data and feedback from people.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One person told us, "I would like to go home but I do feel safe here." A relative told us, "Yes they are very safe there."
- People were protected from the risk of abuse and harm. The provider had a safeguarding policy in place and staff understood their role in reporting potential abuse or harm.
- Staff had completed safeguarding training. Staff we spoke to understood how to identify and report safeguarding concerns. One staff member said, "We have done our training and I would look out for things like bruising or mood changes."

Assessing risk, safety monitoring and management

- People's needs were well managed and individualised care plans included risk assessments specific to each person. People who were high risk of falls had a risk assessment in place and staff understood how to support them. One staff member told us, "Some people have falls mats in place by their bed, if someone does fall, we complete a post fall check with observations or contact 999 depending on severity."
- The provider had completed environmental risk assessment to ensure the premises was safe. This included regular fire checks, fire drills and water checks.
- Fire risks were well managed. Staff received fire awareness training and had guidance to support people in the event of a fire. People had individual personal emergency evacuation plans in their care plans.

Staffing and recruitment

- There were enough staff to meet people's care needs. We observed staffing levels which were appropriate to respond to people's needs. One person told us, "They come when I call them, and they get me what I need."
- Safe recruitment processes were followed. The provider ensured pre-employment checks were complete before staff began working at the service. These checks included current Disclosure and Barring Service criminal records check (DBS). DBS help employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

Using medicines safely

- People's medicines were managed safely. The provider used an electronic medication record system. Staff received training and were competency assessed. We observed staff following guidelines when giving medicines to people.
- Medicines were stored safely in a locked cupboard in their rooms. Where this was not possible other medicines was stored behind two locked doors. Temperature checks were regularly carried out which

ensured medicines were being stored in line with recommended guidance.

- Guidance for 'as required' medication was in place to inform staff what the medication was and when it may be required. People told us they got the help they needed with medication and they could ask for pain relief if needed.
- Medicine records were up to date and accurate. A random stock count of two people's medicines matched the tally for those people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated where appropriate. The provider carried out regular audits to identify any potential trends or patterns. Where needed investigation meetings took place and people's care plans updated.
- People's needs were reassessed following an analysis of incidents and accidents that had occurred. For example, an incident resulted in a person displaying challenging behaviour. On reflection of the incident it identified the trigger which initiated the behaviour. Care plans were updated to support and inform other staff members to prevent reoccurrence.
- Systems were reviewed following incidents. For example, when a medicine error occurred investigation were carried out. As a result, the provider reinforced the importance of checking uploaded information to the medication computer system. Further audits were introduced, and a meeting was held with the medicines computer system company.

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 comprehensive inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us their needs and choices were considered by staff. One person told us, "The staff listen to me when I tell them how I like it done."
- People's needs were fully assessed prior to moving into the service to ensure staff could meet people's needs safely. This was carried out in line with best practice guidance including protected characteristics under the Equalities Act 2010. This ensured people's protected characteristics such as religion or disability were positively promoted.
- People's care plans included different assessments around mobility, personal care and communication. People's needs were accessible via the electronic care plans.
- Staff were able to tell us about people's needs. One staff member told us about someone who was undergoing dialysis for kidney problems. The staff member knew the restrictions in place regarding fluid intake and how to record this.

Staff support: induction, training, skills and experience

- Staff had received effective support and supervisions to carry out their roles. Staff had face to face supervisions with a senior staff member. One staff member told us, "I recently had my 1-1 and I can go over any concerns with them that I have." Another staff member told us, "The new manager is very nice and I think she will be very supportive."
- Staff received training to be able to deliver safe care responsive to people's needs. The training included moving and handling, catheter care, dementia awareness and fire safety. Staff told us they completed most of their training online.
- Staff told us they had an effective induction process to support them into their new role. This included shadowing experienced members of staff and an introduction to the Strode Park Foundation. One staff member told us, "I had a really good induction, it helped me build my confidence."
- We observed staff carrying out safe and good practice. One person told us, "They are all lovely."

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

- People were supported to eat and drink a balanced diet. People were able to access a drink and snack station freely outside of mealtimes. Staff also offered people drinks outside of mealtimes.
- People were weighed regularly. Where people's weight was a concern, appropriate referrals had been made to other health professionals. People who were at risk of weight loss received additional calories such as prescribed fortified milkshakes.
- The provider had good systems in place to record food and fluid intake. Records relating to fluid intake

were clear and consistent.

- Relatives were happy with the food provided at the service. One relative told us, "the food is very good."

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

- The design and layout of the service met people's needs. The home was well-maintained, clean and odour-free.
- One area of the home had made adaptations to be dementia friendly. People's doors were brightly coloured to help identify their own rooms. There were some use of murals in the home including a bus stop sign. It was discussed with the registered manager ways to add to people's positive experience of the murals. For example, include seating at the bus stop sign. This can help people with dementia if they are feeling lost.
- Signage was around the home to help people and their visitors find their way around the service. The garden was well maintained and accessible. The registered manager had plans to create a sensory garden for people to enjoy.

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

- People received support to maintain good health. People were supported to attend health appointments including GP's, opticians and dentist. One person told us, "I was worried about an appointment I had, and they reassured me about it."
- When people's needs changed support was sought from relevant agencies. For example, timely referrals to speech and language therapist were made. Staff were kept up to date with changes to care plans via the electronic care plan system.
- People had hospital passports in place to ensure safe care between different services. Up to date personal healthcare information was detailed, for example current medication for that person. One Relative told us, "[Relative] had to go to hospital a while back and there was really good communication with the carers."
- Staff worked closely with the rehabilitation team and the district nurses to support people. District nurses visited the service regularly to manage peoples nursing needs. This included people who were diabetic.

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.

- The registered manager ensured people's mental capacity assessments involved relevant health care professionals. Care plans also showed that people and their relatives were involved with decisions regarding MCA and DoLs.
- Authorisations had been obtained when a person lacked capacity and needed a DoLs in place. The service knew how to manage conditions set by the DoLs. Conditions are put into place to help ensure people's lives are restricted in the least possible way. For example, supporting people to have regular access to the community.

- Staff had a good understanding of their responsibility regarding DoLS and MCA. Staff had training in both these areas. Staff told us about MCA and consent. Staff were observed asking for consent before moving people.

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 comprehensive inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People were treated and supported well. One person told us, "I do think the staff are caring." A Relative told us, "They always call the doctor if [relative] is unwell."
- Staff were observed supporting people in a friendly, positive manner. One staff member was singing with a person whilst walking.
- People's equality needs were supported. Pre-admission assessment covered equality and diversity which fed through to the care plans. One relative told us that the kitchen staff had made their relative a special meal and sweets for their birthday which was traditional from where they used to live. The relative also told us, "They spoil her rotten."

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

- People were involved in making decisions about their care and support. Care plans detailed information about people to support staff. Care plans included personal preferences including what name they like to be addressed by.
- Staff supported people to make their own decisions. People felt they were able to express whether they had a female or male carer. One person told us, "If I don't want a man, they get me a female member of staff, but they are all good."
- People were supported to have choice and freedom around their care. For example one person told us, "I can go and join in things if I want to but sometimes I like to have peace in my room and that is ok if I say that is what I want."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people's privacy and dignity. Staff were observed knocking on people's door and asking before entering their room. One staff member told us, "I always make sure I cover people up with a towel during personal care."
- People's independence was maintained and encouraged by staff. Care plans detailed what people could do independently. One staff member told us, "I always try and promote their independence and get them to do as much as they can, for example with showering."
- People were supported to be independent with their medicines. Carers and the rehabilitation team encourage independence with medicines for when they return home. For example, people who live with diabetes are encouraged to take their own blood sugar levels.

Is the service responsive?

Our findings

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

At the last comprehensive inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were receiving person centred care. Care plans contained information about how people liked to be supported in all aspects of their care. This included how staff can support people to reach their goals and aspirations.
- Care plans detailed people's routines. This included how they would like to be supported on a day to day basis. One person's care plan detailed they wanted staff to ask them if they were okay and if they needed any pain relief regularly throughout the day. Daily notes showed staff were checking with the person regularly and offering pain relief.
- Care plans were regularly updated. The registered manager updated care plans to reflect changes with people's care needs. For example, where a person was exhibiting new behaviours, and this was updated in the care plan to support staff.

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.

- The registered manager ensured staff were able to effectively communicate with people who had individual communication needs. Care plans provided detail and guidance for staff to follow. One care plan described how one person can get become frustrated and staff should talk in clear short sentences.
- The registered manager had systems in place to help with communication. Menus were available in picture format. Signs were on toilet and bathroom doors which were dementia friendly to help with people's orientation.

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

- Staff ensured they spoke to people about their likes, dislikes and hobbies. The registered manager told us when people were admitted they wasn't always given information about people's hobbies.
- The registered manager had activities in place for people. Physical and mental stimulation activities were available daily. This included music and movement, arm-chair exercises, charades and name that tune. One relative told us, "They (people) always seem to do an upper body workout and then games like hangman."
- Staff supported people to follow their hobbies and interest. One person liked gardening and was able to have plants outside their room. Staff supported this person by helping to water the plants. One relative told

us, "She was always a keen gardener and that's been really well supported."

- People were supported to maintain relationships with friends and relatives. Staff supported people to use technology such as tablets for video calls. On inspection we observed one person engaged in a video conversation. One person also told us, "I went out the other day and it was great, I'm going out again Saturday."
- People were supported to see visitors in the home. One relative told us, "The staff have been good at facilitating visiting."

Improving care quality in response to complaints or concerns

- The registered manager had systems in place for complaints. Where complaints had been made, they had been responded to and resolved satisfactorily. There had been no complaints in the short amount of time the registered manager had been in post.
- People and relatives told us they would be able to make a complaint. One person told us, "I would speak to [staff care lead] if I was worried about anything. One relative also told us, "I've not had any complaints, they are always very helpful."

End of life care and support

- People's care plans included information about end of life care. Some people had DNACPR's in place. Preferences were documented including details for visiting and who to contact.
- People were supported to be comfortable. Medicines were readily available as prescribed by the person GP. One staff member was able to tell me who was prescribed end of life medication and it was ready to be administered when needed.
- The registered manager had systems in place to support end of life care. Staff had received training in end of life care. One staff member told us, "The training we had for end of life care was really good, we support [person] to make sure they are comfortable."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives spoke positively about their care. One person told us, "I think this is a well-run place." One person also told us, "I can't fault it here."
- The registered manager had systems in place to ensure a positive culture within the home. The registered manager told us they do a walk around every morning. One staff member told us, "[The registered manager] is lovely and comes around every morning to say hello to us and the residents."
- During inspection people's dining experience was observed and discussed with the registered manager. COVID-19 and social distancing guidelines meant it was not possible to maximise people's positive experience. The registered manager recognised this and when COVID-19 restrictions are lifted the positive dining experience will be addressed.
- The registered manager had an 'open door' policy and encouraged positivity within the home. The registered manager had a whistle blowing policy in place to support staff. One staff member told us, "We have a whistleblowing policy in place and the management have an open-door policy."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The law requires providers to follow a duty of candour. This means that any unexpected incident or accidents occurred regarding a person using a care service, the registered person must provide an apology and explanation to their representative. The provider understood their responsibilities regarding this.

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

- The registered manager had only been in post for less than one month. However, they were being supported by the previous registered manager and the deputy manager. The registered manager understood their legal requirement to notify the Care Quality Commission about events and incidents regarding the service.
- The service had good quality assurance systems in place. The registered manager continued to work with the quality assurance systems that were already in place. A range of audits were carried out regularly including medication, infection control and training audits. Where issues were found actions had been taken. For example, weekly audits highlighted that the laundry room needed tidying.
- Staff were able to keep up to date following changes with people's care needs. Staff used electronic care plans on a mobile phone which flagged up any changes. Staff were able to confirm they had read the

changes that had taken place.

- The registered manager ensured the Care Quality Commission rating was displayed. This was displayed in the home and on the providers website.

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

- The provider sent out surveys to gather feedback from residents. The feedback from residents was positive and they enjoyed their stay. One person said, "All the staff are very kind! Nice, caring people." Another person suggested an improvement that they would have liked a brochure of the home whilst in hospital.
- Staff surveys were carried out and staff meetings were held to provide feedback and communication. The staff survey showed positive results including 98% of staff feeling that communication was good within their team. Staff also told us they felt the home was a good place to work.
- The registered manager worked in partnership with other agencies to provide safe and efficient care. The registered manager worked closely with their GP and are part of a new affiliated scheme. The practice scheme with the GP managed weekly consultations and enabled medication ordering and reviews to be completed efficiently.
- The registered manager worked closely with the hospital placement team when admitting people to their rehabilitation unit. The initial assessments were done by the hospital team for suitability. Additional assessments were made by the home to ensure they could provide the right support and care for the person's care needs.
- The registered manager ensured relatives were kept up to date with information regarding their family members. A system in place called the 'relatives gateway' allowed relatives to have access to care notes and any pictures uploaded on their system.

Continuous learning and improving care

- The registered manager told us that activities were an area they wanted to improve. Due to COVID-19 restrictions the registered manager expressed the difficulty with expanding the activities. Although there was an activities programme in place, they felt this was an area for improvement. Some feedback from relatives also told us that although there are plenty of activities sometimes, they can be the same. One relative told us, "I know for a fact they do activities with [relative] but sometimes I think it can be the same."
- The registered manager had plans to engage with the local community. When COVID-19 restrictions allow the home would work with the local school to support reading sessions with pupils and residents.
- The registered manager stays connected with other network groups. The registered manager is part of a local community forum KIKA which includes what's app communication. Any local updates and improvement ideas can be discussed.