

Strode Park Foundation For People With Disabilities

Platters Farm Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 05 and 07 December 2017. The first day of the inspection was unannounced.

At the previous inspection on 01 and 03 November 2016 there were breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The provider and registered manager had failed to deliver care in a safe way. People's safety had not always been suitably assessed. The provider and registered manager had failed to ensure that records were complete, accurate and stored correctly.

After the inspection the provider sent us an action plan on 03 February 2017 which detailed how they planned to address the breaches of Regulation. The action plan stated they had met Regulation 17 on 03 February 2017 and Regulation 12 would be met by the 06 February 2017.

Platters Farm Lodge is a care service providing accommodation and personal care for up to 43 people. The service provides care and support for older people and younger adults; and people with physical disabilities, sensory impairment and dementia. It also provides a day care centre which is not regulated by the Care Quality Commission. 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. At the time of our inspection 28 people were staying at the service. The service was split into three different units. One unit provided rehabilitation for people who had been discharged from hospital. One unit provided short stays such as respite care and one unit provided care and support for people living with dementia.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection people told us they felt safe and they had care from kind and caring staff. People told us that the service was not always responsive to their needs but they felt it was well led.

At this inspection we found that registered persons had not met Regulations 12 and 17 as stated in their action plan. We also found a further two breaches of Regulations.

The provider had not always followed effective recruitment procedures to check that potential staff employed were of good character and had the skills and experience needed to carry out their roles.

Effective systems were not in place to enable the provider to assess, monitor and improve the quality and safety of the service. Records were not always complete and accurate.

People's care plans detailed most of their care and support needs. However, care plans had not been updated to reflect each person's current needs or specific healthcare needs. Some people had not received care as detailed in their care plan.

Risk assessments were in place to mitigate the risk of harm to people and staff. These had not always been updated when people's needs had changed. Medicines had not always been well-managed or stored securely.

Appropriate numbers of staff had been deployed to meet people's needs. Staff had attended training relevant to people's needs and they had received effective supervision from the management team.

People had choices of food at each meal time which met their likes, needs and expectations. Food choices were not available in an accessible format. The management team took action to produce a pictorial food menu.

Activities took place in the service. People staying for rehabilitation found they had more activity and stimulation than those staying for respite care and short stays.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager had systems in place to track and monitor applications and authorisations.

Staff knew and understood how to protect people from abuse and harm and keep them safe.

People were supported and helped to maintain their health and to access health services when they needed them.

Maintenance of the premises had been routinely undertaken and records about it were complete. Fire safety tests had been carried out and fire equipment safety-checked.

Staff were cheerful, kind and patient in their approach and had a good rapport with people. The atmosphere in the service was calm and relaxed. Staff treated people with dignity and respect.

People were supported to maintain their relationships with people who mattered to them. Relatives and visitors were welcomed at the service at any reasonable time.

People and their relatives had opportunities to provide feedback about the service they received. Compliments had been received from relatives.

People and their relatives knew who to talk to if they were unhappy about the service. The complaints procedure was available around the service and each person had a copy in their rooms. Complaints had been effectively managed.

People and staff told us that the service was well run. Staff were positive about the support they received from the management team. They felt they could raise concerns and they would be listened to.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any

representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

The provider had not always followed safe recruitment practices.

Potential risks to people were identified and action taken to minimise their impact. However, risk assessments were not always reviewed and updated in a timely manner when people's needs changed.

Medicines were not always managed safely. Medicines had not always been stored securely and recorded adequately.

Staff knew how to recognise any potential abuse and so help keep people safe. Lessons had been learnt and practice had improved when things had gone wrong.

There were enough staff available to meet people's needs.

The service was clean and practices were in place to minimise the spread of any infection. The service was well maintained.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Records relating to people's fluid and health contact were not accurate and complete.

Staff had received training relevant to their roles. Staff had received supervision and good support from the management team.

People had choices of food at each meal time which met their likes, needs and expectations. Menu choices were not available in an easy to read and accessible format. The management team agreed to make immediate changes so that people were supported to make informed choices.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. People were supported to make choices about all elements of their lives.

People received medical assistance from healthcare professionals when they needed it.

The layout of the home met people's needs. Further improvements to signage and the layout were being considered by the provider and registered manager.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were involved with their care. Peoples care and treatment was person centred.

People were supported to maintain contact with their relatives. Relatives were able to visit their family members at any time.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Care plans were in place, these were person centred. Care plans had not always been updated when people's needs changed. Some people's care records evidenced that advanced care planning had taken place to record their wishes and preferences around the end of their lives.

People we spoke with knew how to complain. Complaints information was on display in the service.

Activities were taking place to ensure people could keep active and stimulated when they wanted to be.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Audits had not always been totally effective in identifying shortfalls in the service.

The registered manager had reported incidents to CQC. The provider had displayed the rating from the last inspection in the service.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

People and staff felt the management team were approachable and would listen to any concerns. Staff felt well supported by the management team.

Platters Farm Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 05 and 07 December 2017. The first day of the inspection was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for older family members.

We carried out the inspection because the service had been rated Requires improvement at the last inspection in November 2016. Where a service has been rated as requires improvement we inspect them within 12 months of the report being published.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service including previous inspection reports. We looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information of concern which had been shared with us by people who had used the service and their relatives and information from the fire service.

We spent time speaking with 13 people who were staying at Platter Farm Lodge. We observed care and support in communal areas. We also spoke with two relatives to gain feedback about the care and support their family member's received.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners. We spoke with 14 staff; including care staff, senior care staff, team leaders, the registered manager and the director of care services.

We looked at eight people's personal records, care plans and medicines charts, risk assessments, staff rotas,

staff schedules, three staff recruitment records, meeting minutes, policies and procedures.

We asked the registered manager to send us additional information after the inspection. We asked for copies of the training matrix, staffing rotas and a copy of an audit report. These were received in a timely manner.

Is the service safe?

Our findings

At our last inspection on 01 and 03 November 2016 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider and registered manager had failed to deliver care in a safe way. People's safety had not always been suitably assessed. We also made recommendations in relation to safeguarding training for staff and staff deployment.

At this inspection we found that risks to each person's safety had not always been well managed. Each person's care plan contained information about their support needs and the associated risks to their safety. This included the risk of a person falling, of malnutrition, developing pressure areas and of deterioration in their health or medical condition. Guidance was in place about any action staff needed to take to make sure people were protected from harm. For people who were at risk of falling, guidance was in place about any specialist moving and handling equipment they required when moving around the service, transferring and when moving in bed. However, staff had not always followed guidance listed in people's risk assessments. One person's risk assessment clearly showed they had bed rails in place to prevent them from falling whilst they were in bed. The person told us they had rolled over in bed and had fallen out. We checked the records relating to this and found that the staff had recorded that they had not put the bed rail in place when they supported the person to go to bed.

All risk assessments were regularly reviewed to ensure actions to minimise risks were still effective and appropriate. However, risk assessments had not always been updated when people's needs had changed. One person's risk assessment in relation to their skin integrity was dated 24 November 2017. It stated that the person had no pressure areas or sore areas to the skin. However, the person's care records and records of telephone calls to the person's GP showed they had sore areas to their skin. We spoke with the registered manager about this; they checked the records and agreed the person's risk assessment had not been updated when their needs had changed. Records did show that referrals had been made to healthcare professionals to report the changes and seek advice. There was no evidence to show that pressure relieving equipment had been sought for the person to assist their recovery. We spoke with the registered manager about this. They told us that Medway Community Healthcare (MCH) staff who were not employed by the service were responsible for equipment and records relating to requests for this would be logged in the communication book. We checked these records together and found that that it was not recorded if the person had been referred to MCH staff to gain equipment. The communication book also listed a number of medical appointments including visits from paramedics which had not been recorded in the person's care records or care plan.

Medicines were not always managed safely. We counted medicines and found that the balances did not tally with the amount of medicines received and the amount given. Medicines that were classed as controlled drugs (CDs) under the Misuse of Drugs Act 1971 had not always been recorded appropriately. Matrifen pain relief patches for one person had been wrongly recorded in the CD record. The record showed there should be 20 in stock, however there were 21 in stock. Medicines records for people who were prescribed medicated pain patches had not detailed where on the person's body the patches should be applied and had not detailed the length of time between reapplying the patch to the same area. This would be required

to prevent skin irritation as detailed in the manufacturer's instructions. Some people's medicines records did not include a picture of them which could cause staff to give medicines to the wrong person. We found that one person's prescribed antibiotic liquid in the medicines room did not have a prescription label on to identify who it was for.

We observed a medicines round. This was carried out by a staff member who had undergone medicines administration training. The staff member checked each person's medicines administration records (MAR) before dispensing the medicines carefully from the compliance aid. The staff member signed the MAR at the point of dispensing, rather than after the person had taken their medicine. This meant if the person refused the medicine, or spat it out the MAR would be incorrect. The staff member explained to each person what their medicine was for when they took it to them and they ensured the medicines were taken with a drink. People who were prescribed as and when required (PRN) medicines such as Paracetamol for pain relief were asked if they were in pain and whether they needed any pain relief. Protocols were not in place to describe why people may need the PRN medicine, what the maximum dose would be and how the person communicated that they were in pain or required the PRN medicine.

During the inspection we entered an office which had been left unlocked and open. We observed that a large amount of medicines were left unattended on the desk. We waited in the office until staff returned to ensure that people, relatives and other visitors could not access the medicines that had been left unsecured. We reported this to the registered manager and the director of care services.

We checked a selection of topical medicines charts to ensure people had received their medicated creams as prescribed by their GP. We found there were some gaps in records. For example, one person's medicines records showed they were prescribed Dermas cream twice a day. There were two gaps on the topical record on the 04 December 2017. The medicines chart had been signed for on 05 December 2017. The staff member administering medicines told us they had left a gap of two lines on the chart in case a staff member had given the cream but had forgotten to sign for it. This meant that there was a potential risk of harm from skin conditions or pressure ulcers. We reported this to the registered manager and the director of care services.

The failure to manage care and treatment in a safe way and failure to ensure that medicines were suitably managed was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked that the provider was following safe recruitment practice. The provider had not carried out sufficient checks to explore staff members' employment history to ensure they were suitable to work around people who needed safeguarding from harm. All three staff files contained unexplained gaps in their employment history. One staff member had a gap from leaving school in 1972 through to 2002 which the provider and registered manager had not explored. Another staff member had an unexplained gap between 1991 and 2007. Their interview notes showed that gaps were discussed, a list of employers were noted but dates and reasons were not. Another staff member had a gap between 1992 and 2015. Their interview notes also recorded that gaps had been identified and discussed but records of the discussion had not been recorded. References had been received by the provider for all new employees. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Photographs were in place for all staff members.

The provider had failed to operate effective recruitment procedures. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people told us they felt safe. Comments included, "I feel safe here, the staff can't do enough for you. The home is clean"; "I feel safe here. The balance is great. Enough help to be safe. I was involved in the risk assessment for moving and handling when I came in. The physio I use when I am at home comes in here to do my physio. I administer my own medication. The staff discreetly check that I have had my tablets. The medication was checked on arrival"; "I feel safe here"; "I've lived here about two weeks. It is my first time here. It is a nice place. I feel safe here. I am trying to learn how to move around. The home is clean" and "I feel safe, and the place is clean". One person who was confused about their environment told us, "I'm worried. I don't feel safe here; I'm waiting to go home. I have lost cash, some things happen, so I speak to the manager". We observed that the person did talk to the registered manager about this and they reassured the person. Relatives told us their family members received safe care.

At this inspection we found staff had a good understanding of safeguarding people from abuse. All 46 staff had completed safeguarding adults training. Staff understood the different kinds of abuse to look out for to make sure people were protected from harm. Staff knew who to report any concerns to and had access to the whistleblowing policy. All staff told us they were confident that any concerns would be dealt with appropriately. Staff had access to the providers safeguarding policy. The service had a copy of the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager had raised safeguarding concerns appropriately.

The registered manager explained how the service had learnt lessons from when practice had not mirrored training and policy. Following the last inspection staff received update training, discussions took place within meetings and further guidance was given to staff around safeguarding people from abuse to ensure they were all aware of their responsibilities. The registered manager shared, "Whenever we raise a safeguarding we discuss it as a team".

There were suitable numbers of staff deployed on shift to meet people's needs. Senior staff were on duty every day of the week. The registered manager was also present in the service several days per week as they were returning from maternity leave. Directors of the company visited the service on a weekly basis to provide management cover.

Accidents and incidents that had taken place were appropriately reviewed by the registered manager. Actions had been taken such as contacting healthcare professionals, relatives and notifications had been made to CQC. The provider monitored accident and incident records to review trends and themes.

All 46 staff had received training in fire safety. Each person had a personal emergency evacuation plan (PEEP). PEEPs set out the specific requirements that each person had, such as staff support or specialist equipment, to ensure they could be evacuated safely in the event of a fire. PEEPs were stored within people's care records and within the fire file. We checked the fire file and found that some PEEPs were missing. We reported this to the registered manager and the director of care services and they took immediate action to ensure that the fire file was updated. PEEPs had not always been updated to reflect people's needs. One person's PEEP detailed they did not have good mobility and required a wheelchair to mobilise. The PEEP then stated that the person did not have a wheelchair.

Visual checks and servicing were regularly undertaken of fire-fighting equipment to ensure it was fit for purpose. Fire drills had been carried out to ensure people and staff knew what to do in the event of a fire. Regular fire alarm testing had also taken place. Maintenance records evidenced that repairs and tasks were completed quickly. We observed maintenance staff carrying out repairs around the service. We observed that they checked with people to ensure they had permission to enter their rooms to carry out repairs before

entering. Checks had been completed by qualified professionals in relation to legionella testing, asbestos, moving and handling equipment, electrical appliances and supply and gas appliances to ensure equipment and fittings were working as they should be. Weighing scales had been calibrated on 18 May 2017 to make sure they were working correctly to enable staff to monitor people's weight effectively.

The service looked and smelt clean and fresh. Housekeeping staff carried out cleaning tasks in people's own rooms and communal areas. Forty three staff had received infection control training. There were suitable supplies of personal protective equipment available and these were used appropriately by staff. There were clear procedures in place to deal with laundry. Most laundry such as bedding and towels were laundered by an external company off site. People's own clothing was either laundered by relatives in their own homes or people's washing was completed in the service. When people began to use the service they were asked their preferences as to how they wished for their clothing to be laundered. One person told us, "My clothes are bagged up each day and sent to the laundry, and returned the next day. No problems, I haven't lost anything". Another person said, "I used the laundry here last time I stayed here. I probably will do again".

Is the service effective?

Our findings

People told us they received effective care. One person confirmed they had been consulted and involved with their care plans. They said, "We talked about a care plan in detail when I came in. We discussed how I transferred from the chair to the bed. They asked me if I wanted my door closed at night. They told me they would check me hourly during the night. I was happy with it. They discussed if I had a fall, who to share the information with if there was no injury". People told us that staff met their needs and mostly answered call bells quickly. One person said, "I press my buzzer if I need help. They come as quickly as they can. It varies depending how busy they are". Another person said, "If I press the buzzer I can wait up to 10 minutes. I feel that is acceptable when they are busy". We spoke with the registered manager and director of care services and they told us they frequently monitored call bell response times. After the inspection the director of care services told us, 'We have checked the Assistance Call System and although there are occasional unpredictable peaks in terms of usage, staff response times appear reasonable and consistent throughout'.

Records relating to people's fluid intake were poor. In one person's care plan it stated that they had a catheter and suffered from urinary tract infections (UTI's) and should be encouraged to have a good diet and fluid intake. There were food and fluid monitoring charts in place for the person however there was no guidance about what amount of fluid they should be consuming daily and the fluid intake was not added up daily. There was also inconsistent recording of fluid output so staff did not know the total input and output of the person for the day. The person told us, "They encourage me to drink two litres of water per day and they keep it topped up" and pointed to the jug of water near them. This was not reflective of what was recorded in their fluid monitoring chart which mainly recorded 'tea'. There was also inconsistency in the recording of measurements for fluid input and output on some people's fluid monitoring charts. It was sometimes monitored in millilitres (ml) and other times it was recorded as 'mug', 'glass' or 'beaker'. This meant that monitoring of people's hydration was not effective which put people at risk through not drinking enough to maintain good health.

Other people's fluid intake records were not accurate or complete. One person's fluids chart showed their drinks had been recorded as cups or beakers and had not been recorded as the amount of ml consumed. On some of the person's records there were amounts written in the urine output column, it was not possible to ascertain if this was an accurate record of urine passed or whether the urine input had been recorded in the incorrect column. We spoke with the registered manager about this, who also agreed this was not clear. Another person had a catheter in place. Their fluid records were checked at 18:30 on 05 December 2017. There was no urine output recorded for the person. Their fluid input charts recorded 'coffee mug, water beaker, squash beaker' rather than the amount in ml. Another person's records detailed they had only had sips of fluid on 05 December 2017. They were admitted to hospital during the inspection for rehydration.

People's care records evidenced that people had been referred to and they had been seen by healthcare professionals such as nurses, GPs, out of hours GP's or paramedics. However, the communication books maintained by the team leaders evidenced that not all of the appointments and visits by healthcare professionals had been recorded in the person's care records. One person's care file listed four calls to the GP or nurses. The communication book listed two paramedics visits and other medical appointments that

had not been listed in the care records. We reported this to the registered manager and showed them what we had found. They said, "The information has not been translated on to the care plan". There was a professional's contact log in place which recorded when other healthcare professionals visited the person such as district nurses or speech and language therapists. However, when staff who provided support with people's physical rehabilitation provided care it was not always recorded in these records.

The failure to maintain accurate and complete records is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed staff throughout the inspection encouraging people to drink to keep hydrated and maintain good health. Most people were offered choices of meals at meal times. However, vegetarians were only offered one choice. One person who followed a vegetarian diet told us they were "Worried about the food as I'm not sure what is in it". They also went on to state they were diabetic and had to be careful with their sugar intake. Menus were available in print only and not in a pictorial format to assist people to make choices. We spoke with the registered manager and the director of care services about the lack of pictures to aid choice and they agreed that they needed to implement a picture menu to help people.

During the breakfast service on the second day of our inspection people were asked what they wanted for breakfast. One person requested a boiled egg. The staff member said they were not sure the kitchen could do that and said they would check. They asked the person what else they would like if the egg was not available and was offered porridge instead. The staff member did not go back to the person to tell them the outcome of talking with the kitchen. When we spoke with the staff member to find out the outcome of their discussion with the kitchen about the person's request they told us that the kitchen had boiled eggs but they only had cold ones. A team leader told the staff member that people could have cooked breakfasts on request. The staff member said, "I didn't know that, someone else had also asked for bacon and egg". The team leader advised they would follow this up with the kitchen staff.

We observed mealtimes in the service and found that people had their meals where they preferred, some people sat in the dining room with others and some people had their meals in their rooms. Meal times were sociable, calm and friendly. There was plenty of food available and people were offered more if they wanted it. One person told us, "The food here is wonderful. I love the quiche. Also baked beans and roast potatoes. It is tasty, appetising, and lots of it. We get the menu the day before. There is lots of choice, I eat in my room. The staff encourage me to go to the dining room, but I need to use the hoist to move, and also, I need to keep my legs raised when I am sitting. I prefer to stay here, even though the staff said they could help me". Another person said, "The food is sufficient here. I had low expectations, and was pleasantly surprised. We are offered cups of tea between meals".

Staff received training in areas such as fire safety, safeguarding and moving and handling. Most staff were up to date with required training which had been updated in line with the frequency determined by the service such as infection control training every three years. Staff were supported to achieve additional work based qualifications such as diplomas. Staff were also able to complete additional training relevant to their role such as an epilepsy workshop. Staff received supervision and appraisals which allowed them to discuss their personal development and performance with team leaders and the management team. Additional supervision sessions were held with staff if it was felt that there was something else that needed to be discussed with them such as learning from a complaint.

Staff talked about how they applied the knowledge that they had learned through training to how they supported people such as becoming more aware of how to support people living with dementia but not assuming that they did not have the capacity to make choices all the time and giving them the option to

make a choice.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were.

There was a system in place for applying for DoLS for people who did not have the capacity to make specific decisions such as where they received care. The service kept a register of applications which included dates that applications had been made and the status of the applications. It was also recorded when they had been followed up. If they had not been approved before people left the service, the provider cancelled the applications. We reviewed one person's DoLS application. It contained information about who was involved in deciding what care would be in the person's best interest and that the person was present for the discussions. Capacity assessments were carried out to determine whether the person had capacity to make decisions about their care. An urgent authorisation had been granted and an extension had been applied for when it had expired.

Permission and consent was sought for a number of decisions on one document such as sharing basic information with other healthcare professionals, photographs to be taken and to be assisted by both male and female carers. Records showed that people had been involved with making these decisions and had signed to evidence their consent if they were able to. Mental capacity care plans were in place which recorded whether people had capacity to make decisions or not. One person had a capacity assessment completed which recorded which questions they appeared to understand and their responses and which they were unable to understand. One of the questions asked whether they preferred a male or female staff for personal care and the person was documented as saying "Certainly not ladies". It was not recorded in the person's care plan that they had expressed this preference. It was recorded in the person's daily records that they often refused personal care and that they were frequently asked by female staff if they would like to have personal care. There was no information about any adjustments which had been made to respect the person's wishes. We reported this to the registered manager.

Although some people used the service for rehabilitation services, the healthcare support was provided by another provider. Information between both services was kept individually so people's care records did not always contain information about how people were supported to improve so that they could be discharged from the service. Because two different staff teams worked together under one roof people told us they didn't always know what was happening. For example, one person was being discharged to go back home, however staff employed by the provider were not party to the discussions and arrangements so were not able to help reassure the person when they became anxious about their medicines and travel arrangements. Prior to the inspection we had received information where discharges from the service had not gone smoothly. We also found that some people had fed this back in the surveys when they left. We spoke with the registered manager and director of care services about this and they told us they would review discharge procedures. They took immediate action. Draft procedures and copies of communication between the two providers were sent to the inspector to evidence that this had been discussed and is in the process of being rectified.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff had sought medical advice from the GP when required. Records demonstrated that staff had contacted the GP, mental health team, district nurse, ambulance service, hospital and relatives when necessary. Where people had lost weight, this had been quickly addressed with support, food supplements and referrals to GP's and dieticians as required. One person had a bandage on their leg which was covering a wound. A member of staff noticed that there was blood on the bandage. The member of staff spoke to the person about it and asked whether they had seen a nurse. The person said that they had not so the member of staff immediately arranged for a district nurse to come and redress the leg. On the day of the inspection one person was taken ill. Staff contacted other healthcare services for advice and the person was taken to hospital.

The layout of the building met most people's needs. The dementia unit had dementia friendly signs to help people find the bathroom or toilet, other doors such as the lounge did not. All bedroom doors had numbers on; those bedrooms that were occupied had the person's name on the door. There were no sign posts for people directing them to communal areas such as lounges or dining rooms or bathrooms. Each area of the home had signs to state what the date, day and month was. These were displayed correctly throughout the inspection. We spoke with the management team about the layout of the building. They shared it was very difficult to put in place signage to meet individual needs due to the short term nature of people's stays but they were developing proposals and plans for the future to develop dementia care further, and were already looking at the dementia friendly signage. We checked through meeting records and found that plans and proposals had been ongoing for some time through discussions with commissioners of the service.

Is the service caring?

Our findings

People told us staff were kind and caring towards them. Comments included, "The staff here are caring, can't do enough for you. It is homely, like a family"; "I feel cared for and have observed the staff being caring towards other people. For example, the staff were encouraging someone to finish their food before they went to bed. Another person wanted a letter posting, which the staff member said they would do. I am my own advocate, my wife as well"; "The staff are friendly"; "I can't fault it here. They have really looked after me. They're so kind to me, they really are good, they've all been lovely"; "The staff are kind and patient, and take time with me. They call me by my name" and "I feel well cared for".

We observed that staff respected people's privacy and dignity. They knocked on people's doors before entering their bedrooms. If staff needed to enter a person's bedroom whilst they were not in there they asked permission and explained what they needed to do, such as maintenance tasks or put washing away. We spoke with staff who said that they would ensure privacy by making sure that the door was closed when they gave personal care. People said, "The staff knock on the door before they come in"; "The staff come around regularly. 9 times out of 10 they are friendly and respect me. They knock on the door. My door is closed at night. I am okay with that"; "I feel respected" and "I feel people respect me. They ask my opinion. They knock on the door before coming in".

Staff were gentle with people and talked through what they were doing. Staff approached people using their chosen name and spoke with them at their level much of the time rather than standing over them. When one person became upset repeating "I want to go to bed" staff members went over and reassured the person and helped them to understand that they would support them to go back to their bed once their dinner had gone down a bit. They chatted with the person and tried to relax them. The staff were kind, patient and compassionate. They spoke in a respectful way about the people they were supporting.

People told us they were encouraged to be independent. One person told us, "The staff ask before they do anything, for example, do you want help dressing. If I say 'no' they offer to come back later to see if I have got on alright". People staying at the service for rehabilitation following a hospital stay or illness were encouraged and supported to do exercises and activities by the health staff to build their strength.

People told us their relatives were able to visit at any time. We observed relatives visiting throughout the day. One person said, "He [relative] visits me twice a week". People were supported to maintain links with their family by telephone too. One person told us, "I have a mobile phone. My daughter phones me from Lincolnshire. I can't see the buttons to phone my son. I haven't asked for help to dial the number".

Information was available in the service about advocacy services. Some people told us that they spoke up for themselves and others told us their relatives helped to advocate for them. People told us, "My son acts as an advocate for me"; "I make my own decisions. My wife would speak up for me"; "I make the decisions myself" and "My wife is a nurse. She acts as my advocate". Staff were able to describe some of the people they cared for and what they did differently for people to deliver care that was personal to them. A member of staff told us about one person who had difficulty communicating as they didn't speak English. They said

that they were able to use pictures to understand what the person wanted and ask them questions.

People told us that they were the decision makers in their own lives. People chose what they wanted to do to keep themselves active, what to eat, drink and wear. We observed this in practice. As part of people's rehabilitation, there was a kitchen available where people's ability to manage basic kitchen tasks could be assessed to ensure that they would be able to complete tasks such as cooking for themselves safely when they returned home. People were able to choose where they spent their time. Some people spent time in communal lounges whilst others preferred to stay in their rooms. One person told us, "I feel respected by the staff. They ask me before they wash my back etc."

People were confident that their privacy was maintained because confidential information about them was kept secure and discussions with them and about them were held in private. Daily records were kept in locked cabinets which could be easily accessed by staff. People's care files were kept in locked filing cabinets in the office. People said, "I have every confidence everything is kept confidential. The staff don't gossip in front of me" and "I don't feel the staff talk about us, or each other in front of us".

People had opportunities to feedback about the service they received. This was done formally through completion of a survey at the end of their stay. A member of the administration staff asked people questions and completed the survey if a person was not able to complete it by themselves. Surveys were in an easy to read format which had a smiley face for yes and a sad face for no. Surveys had free text boxes so that people could make comments about why they had answered in a particular way. Some of the additional comments included "Hearing aid has gone missing and carers are looking for this", "Had to wait when buzzer going off but happy to wait my turn", "Enjoying my stay, would like to stay another week", "I don't have to wait long for things but it can feel like it sometimes", "Had to wait for the buzzer to be answered. Some staff speak nice to you but others don't. Staff are always rushed off their feet". All other questions were answered positively. The registered manager told us that they have not analysed the current set of surveys yet but these were usually done on a monthly basis. The registered manager explained that any negative comments about people's stays were discussed at a clinical meeting, which enabled the management team to review feedback and make improvements. People also confirmed they provided informal feedback. One person said, "The staff ask me if I want anything. They ask 'did you enjoy your food?'"

Is the service responsive?

Our findings

People told us the service was not always responsive to their needs. One person said, "When I was admitted, I told the staff I was looking forward to a shower. I had had one on a previous admission. I never got one this time". Another person told us, "I've not had a shower since staying; I've had all over body washes. I have a shower regularly at home. At home I have two carers four times a day, they help me. At night they put a catheter in so I don't have to worry about going to the toilet. Here [I don't have a catheter] sometimes they take too long to answer the buzzer so I have to go for a wee. It makes me feel uncomfortable. I don't want to cause a problem or create a fuss".

Care plans detailed that people liked to have showers or baths and when people would like these. We checked people's care records to see if they had been offered the opportunity to have a bath or shower. The records showed that people had not been supported to bath or shower as detailed in their care plans. The daily records did not show that staff had offered people support to bath or shower and the people had declined. One of these people had stayed at the service for eight days.

Each time a person came to stay at the service an admission checklist was completed. This checked that the service had all the information they needed about people. It also checked that they had given people the information they needed such as fire procedures and had checked everything they needed to be able to put a care plan together. There was a process in place for reviewing care plans which highlighted any changes needed to people's care. Care plans were written in a way which reminded people to protect people's dignity.

Care plans provided basic details about how staff should meet people's care needs. Care plans gave information about why people were staying. For example some people stayed for a short holiday to provide respite care for their relatives who provided care at home. Others stayed because they were unwell and required a period of recuperation. Others had been discharged from hospital and were staying at the service for rehabilitation. The care records detailed information about where people lived, who was important to them and any other essential information. People had completed a form with staff which detailed what they enjoyed doing, what they liked to do to relax and what caused them anxiety. Moving and handling care plans clearly detailed what equipment people used and how to safely move a person. A staff member told us, "Care plans get a lot of information from the referrer, we add items when we get to know them [person]. We don't always get time with respite to get a good picture".

However, some care plans had not been updated with people's current care needs. One person's care plan detailed they did not have any pressure concerns in relation to their skin. Their care plan had not been updated when the person's skin integrity began to decline. Another person was admitted with a number of pressure areas which required medical treatment. The care plan did not specify what additional equipment the person needed to support their stay in order to improve their skin integrity. Oral care plans were in place. One person's had not been completed fully. It detailed that the person had their own teeth but did not specify if the person required assistance or was independent in managing their own oral hygiene. Care records evidenced that staff had recorded the person had their teeth cleaned once in three days. Another

person's oral care plan stated the person had natural teeth and they needed assistance to clean them. The person had stayed for eight days and had been supported to clean their teeth twice a day for two days, once a day for four days and had declined support with their teeth once.

Care plans did not explore people's religious or cultural needs. This is something that the registered manager and director of care services said they needed to improve upon.

The failure to plan care and treatment to meet people's needs and preferences was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Activities took place in the service. People who were staying for rehabilitation following a hospital stay had more to do to keep them occupied as they attended physiotherapy sessions and other appointments to help them become more mobile and independent. Comments included, "My eyesight prevents me from doing my hobbies. I used to repair radio sets. I have a magnifying glass from Kent Association for the Blind"; "I can see what activities there are on the board. I was invited to go to the carols with the school children. I rely on staff to push me around. A staff member showed me all around. I go to activities. I have my hair cut each week. I do exercises" and "I have enough to do, I like to sit in the armchair with my feet up and sometimes I go to bed". One staff member told us that there could be more activities in place to meet people's needs, "Sometimes we get feedback [from people] that they want more".

We observed some people getting involved with decorating Christmas trees around the home, the activities staff turned this into a reminiscence activity talking about people's different Christmas celebrations when they were children such as foods and routines. Other people cut out paper discs to cover jars of jams and chutneys. One person was offered a paper to read on the first day of our inspection as they said they'd like to read the paper. They were given a newspaper which was three days old to read. The service had a large day care service which people who were staying for rehabilitation or respite can attend if they wished. This day centre did not run on a daily basis. People who live in the community also attended the day service. Each lounge area had a television, puzzles, games and music. The dementia unit had twiddle muffs available for people to use. Twiddle muffs are a knitted band that has items attached so that a person living with dementia can twiddle with it in their hands. People were able to choose what they wanted to watch on television. They had said that they didn't want to watch the programme that was on the TV so a member of staff supported them to find out what other programmes were available for them to watch and people were able to decide between them what they would like to watch.

Signage around the service showed that there were church services held. Several people of different faiths told us their religious needs were met. One person told us, "My religious needs are met here".

The provider's care planning records and admission documentation asked people about their end of life wishes and whether they had made any advanced decisions. Some people had consented to do not attempt resuscitation (DNAR) with their GP or consultants. Some records held detailed if people had a pre-paid funeral plan and basic information about people's preferences and wishes to ensure that their wishes were documented in preparation for when their health deteriorated further.

Guidance about how people should complain was on display on notice boards around the service. People also had a copy in their bedrooms. We reviewed complaints received by the service. There had been two complaints within the last three months regarding people's discharges from the service. After the first complaint, the registered manager reviewed the process and designed a new flow chart to make the discharge process clearer. The registered manager had also spoken to staff involved during supervision sessions. Complaints had been investigated and responded to according to the provider's policy. People

told us they were not always sure about who to talk to if they had a complaint. Some people said, "If I had a complaint I would speak to any of the nurses. They all seem equal"; "If I wasn't happy about something I would speak up"; "I don't feel the need to complain to anyone"; "If I have a concern I talk to a senior member of staff" and "I speak to my husband if there is a problem". One person told us, "My daughter told me if I had any complaints I can speak to the manager. I don't want to complain or make a fuss".

Is the service well-led?

Our findings

At our last inspection on 01 and 03 November 2016 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure records were secure, complete and accurate.

At this inspection we found that records had not improved sufficiently. We have written about this in the Effective domain. We found that despite the quality monitoring systems in place further improvements were still required to drive the service forward to ensure people were receiving safe, effective, responsive and well led care. Quality assurance processes had not been successful in recognising all of the issues we identified in this inspection; such as effective recruitment procedures, risk assessments, medicines, care planning and records accuracy.

The failure to operate effective quality monitoring was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Audits and checks were carried out by the management team as well as external companies. An external company had carried out an in-depth quality audit of all of the provider's services, including Platters Farm Lodge at the end of November 2017. The quality report showed this looked at the premises, training, staffing, medicines, laundry procedures, kitchen and equipment. Additional checks were scheduled to be carried out in one year to recheck. The registered manager carried out regular audits and checks. These included checks of accidents and incidents, complaints and compliments, medicines administration records and care plans as well as infection control, health and safety and building checks. Any concerns identified were actioned immediately and reported to the provider.

Although the registered manager was on a phased return from maternity leave they were present and part of both days of the inspection. The director of care services was also present on both days. The director of care services was responsive to feedback following the inspection and sent regular updates through to evidence what was being done to address the issues found.

The provider had identified that they needed a dedicated quality checker to support the continuous cycle of audits and checks to ensure that service is meeting people's needs. The advert for the post has been agreed and it was being advertised in January 2018.

Staff clearly knew the registered manager and the director of care services. People told us the service is well run. Comments included, "I feel it is well run. It is my first time here. I would come again"; "I have no idea who the manager is. I think the place is well run"; "The team leader introduced herself. I don't know who the manager is. I feel it is well managed. Last night I rang my buzzer to go to bed. The staff said that I was in charge. I would stay here again to give my wife a break"; "I don't know who the manager is, but I feel everything is well organised" and "I have no idea of the name of the manager. I feel it is well managed. The staff have set jobs at set times. They picked up on concerns about my weight".

The registered manager attended local provider and registered managers forums including forums involved in improving discharges of patients from the local hospital. The registered manager had maintained records when they had gained clinical advice following an outbreak of diarrhoea and sickness. There was evidence to show that the advice was followed and the outbreak was brought under control.

Staff said that they were proud to work for the service. One member of staff said "I'm proud to do my job properly. I like to think that I am approachable and likeable and helpful to people". Staff did their utmost to ensure that people had the best quality of life.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures had been updated by the management team. The registered manager and director of care services were committed to reviewing care documentation and policies to ensure that the service continues to meet people's equality, diversity and human rights.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Staff told us that they had confidence in the registered manager taking appropriate action such as informing the local authority and CQC. Effective procedures were in place to keep people safe from abuse and mistreatment.

Staff told us they had regular meetings and daily handovers between shifts. A senior staff detailed, "We have a good working relationship with MCH [Medway Community Healthcare] we have weekly meetings and updates on a daily basis. It helps with corresponding with families". A staff member told us, "We have regular staff meetings. These didn't happen when she [registered manager] was off". Another staff member said, "We have regular supervisions and meetings. We had a big meeting a few weeks ago. We missed a few when [registered manager] was on leave. It is nice as everyone is involved".

Staff told us they had lots of support from the management team. Comments included, "If I've ever had a problem, I've been listened to"; "The manager's door is always open" and "I know [director of care services] is there if we need him". Staff said they thought the registered manager was approachable and there was an open culture. One staff member said, "If someone does something wrong, we all talk about it and work out how to fix it. No one gets blamed". Another member of staff told us, "If I've got something to say, I'm normally listened to". Another staff member said, "Staff are listened to. I feel happy [working here]" and "I feel supported. It has been busy. Strokes as a provider are good. They ring daily [name] or [name] came regularly through the week [when the registered manager was on leave]. [Registered manager] was contactable".

Relatives were sent annual surveys so that the service could gain feedback from them about their family members care. We looked at three completed surveys and found they contained positive feedback. Comments included, 'I could not wish for better care and attention given to [person]' and 'My dad has come on leaps and bounds since his arrival and as a family we are happy'.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. The registered manager and the provider had notified CQC about important events such as deaths safeguarding concerns and serious injuries that had occurred since the last inspection.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the

reception area and on their website.

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 Registered persons have failed to plan care and treatment to meet people's needs and preferences. Regulation 9(1)(a)(b)(c)(3)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to operate effective recruitment procedures. Regulation 19(1)(2)(a)(3)(a)

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 Registered persons had failed to deliver care in a safe way. People's safety had not always been suitably assessed. Medicines had not always been managed safely Regulation 12 (1)(2)(a)(b)(g)

The enforcement action we took:

We served the provider and registered manager a warning notice and asked them to meet the regulation by 07 February 2018.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Registered person's had failed to operate effective quality monitoring and failed to maintain complete and accurate records Regulation 17 (1)(2)

The enforcement action we took:

We served the provider and registered manager a warning notice and asked them to meet the regulation by 07 February 2018.