

Stratfield Care LLP

Stratfield Lodge Residential Home

Inspection report

65 Wellington Road
Bournemouth
Dorset
BH8 8JL

Tel: 01202553596
Website: www.stratfieldlodge.co.uk

Date of inspection visit:
07 December 2016

Date of publication:
29 December 2016

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

Stratfield Lodge Residential Home provides accommodation and personal care for up to 17 people with diverse and complex support needs. Some people living in the home have needs associated with enduring mental health problems, others need support with needs related to a learning disability or dementia. At the time of our inspection there were 17 people living at Stratfield Lodge.

The service had a registered manager at the time of inspection. 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.

People felt safe and well cared for. They were protected from harm because staff understood how to reduce the risks people faced. They also knew how to identify and respond to abuse and told us they would be confident to do so.

People had support and care when they needed it from staff who had been safely recruited and understood their needs. Staff were consistent in their knowledge of people's care needs and spoke confidently about the support people required to meet these needs. They told us they felt supported in their roles and had undertaken training that provided them with the necessary knowledge and skills. Staff were cheerful and treated people and visitors with respect and kindness throughout our inspection.

People saw health care professionals when necessary. Records and feedback from a healthcare professional reflected that staff responded appropriately to both on going healthcare needs and health emergencies. People received their medicines as they were prescribed.

Staff understood how people consented to the care they provided and encouraged people to make decisions about their lives. Care plans and practice reflected the framework of the Mental Capacity Act 2005. Deprivation of Liberty Safeguards had been applied for where people needed to live in the home to be cared for safely but did not have the mental capacity to consent to this.

People were engaged with activities that reflected their preferences, including individual and group activities both within Stratfield Lodge and the local area.

Everyone described the food as good and there were systems in place to ensure people had enough to eat and drink. Where people needed particular diets or support to eat and drink safely this was in place.

Quality assurance had led to improvements being made and people, relatives and staff were invited to contribute their views to this process. Staff, people and professionals spoke positively about the management and staff team as a whole.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People were supported by staff who understood the risks they faced and provided consistent support in response to these risks.

There were sufficient staff to support people at the times when they needed and wanted support.

People received their medicines as prescribed.

People were protected by staff who understood their role in keeping them safe.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were: knowledgeable about their needs; felt supported and had received relevant training for their role.

People were supported by staff who worked within the framework of the Mental Capacity Act 2005 and where needed, decisions were made in people's best interests.

People were supported to access healthcare professionals appropriately for both ongoing and acute healthcare needs.

People enjoyed a choice of food and were supported to eat and drink safely.

Is the service caring?

Good ●

The service was caring.

People had a good rapport with staff and we observed that people were relaxed in the company of staff.

Staff knew how people liked to be supported and offered them appropriate choices.

People had their privacy and dignity respected.

People were encouraged to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People had person centred care plans and were involved appropriately in regular reviews about their support. They had access to range of activities and chose how they lived their lives.

People were aware about how to complain and felt heard by the management of the home.

Is the service well-led?

Good ●

The service was well led. The managers and owners worked together to support the staff team.

Staff told us that the management team were all approachable and that they were encouraged to discuss any issues or concerns.

Staff and management communicated well and this meant people's needs and wishes were responded to by the service.

Quality assurance measures were regular and used to identify trends and areas for development

Stratfield Lodge Residential Home

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 unannounced inspection took place on 5 December 2016. Further phone calls were completed on 9 December. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including injuries to people receiving care and safeguarding concerns. The provider had completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the provider does well and what improvements they plan to make.

We spoke with 12 people who lived in the home and spent time observing the support they received from staff. We also spoke with eight members of staff, the manager, registered manager and owner. We looked at a range of records during the inspection. These included five care records and three staff files. We also looked at information relating to the management of the service including quality assurance audits, policies, meeting minutes and staff training

Is the service safe?

Our findings

People told us they felt safe. One person told us they felt safe and comfortable. Some people were not able to tell us about their experience because they did not use words as their main form of communication. We observed that these people were relaxed with staff; smiling and initiating interaction.

People were at a reduced risk of harm because staff were able to consistently describe the measures they took to keep people safe and this understanding reflected care plans that were written to mitigate assessed risks. For example staff described how they: helped people manage anxiety that could lead to harm; protected people's skin from developing sores; limited the risks of them falling and responded to risks of social isolation. During the inspection we observed care being delivered in ways that were described in people's care plans to reduce risk. For example, one person used equipment to assist their mobility and staff understood how to support them to use this safely and in ways that suited them as an individual. Another person was supported to reduce risks associated with their lifestyle choices in a respectful manner that promoted their dignity.

Staff were confident they would notice indications of abuse and knew how they should report any concerns they had. Staff told us they had received information about how to whistle blow and were committed to doing so if it was needed.

Accidents and incidents were reviewed and actions taken to reduce the risks to people's safety. For example, incidents of aggression were monitored and this information was shared appropriately with health professionals. Where people had fallen there was a robust system in place to ensure they were monitored for signs of deteriorating health and records were monitored to ensure appropriate referrals were made. This meant that people were at a reduced risk of reoccurring accidents and they received support guided by the expertise of appropriate professionals.

There were enough safely recruited staff to meet people's needs safely. People all told us they did not have to wait to receive care and staff were able to spend time talking as well as responding to the reason they had called them. People who did not spend their time in communal areas were visited regularly by staff who offered them drinks or stopped for a chat. Staffing levels were monitored alongside the needs of people living in the home and this was reviewed by management in conjunction with feedback from staff and people.

People received their medicines and creams as prescribed. Medicines were stored and administered safely and we observed people receiving their medicines as prescribed. People were asked if they wanted pain relief that was prescribed if they needed it in addition to their regular medicines. Some people were not able to communicate pain verbally and records detailed how staff would know if they were in pain using behaviour, facial and body expressions as indicators

Is the service effective?

Our findings

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. The application 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People received care that was designed to meet their needs and staff supported people's ability to make choices about their day to day care. Some people living in the home were able to make decisions about their care and they did so throughout our inspection. Where people were not able to make decisions this had been clearly assessed and decisions made on their behalf reflected the principles of the MCA. Staff understood how this legislation provided a framework to their work and talked about the importance of encouraging choice wherever possible. Where people were not able to consent to their care families and representatives received appropriate updates and were able to contribute to decisions appropriately.

The home had applied for Deprivation of Liberty Safeguards (DoLS) where necessary. DoLS aim to protect the rights of people living in care homes and hospitals from being inappropriately deprived of their liberty. The safeguards are used to ensure that checks are made that there are no other ways of supporting the person safely. We spoke with an advocate who was employed as the relevant person's representative for people living in the home. This is a role defined by the MCA to act on the person's behalf in respect of their DoLS. The advocate told us that the staff "always support rights and independence" whilst ensuring that the conditions of DoLS were met.

People and professionals told us the staff had the skills they needed to do their jobs. One professional observed that the staff were knowledgeable about people's needs and the way their health impacted on their lives. Staff told us they felt supported to do their jobs. They spoke competently about the needs of people living in the home and told us that their training was appropriate for their role. One staff member told us: "I have all the training I need." Another member of staff told us the "support is brilliant". Staff described how guidance from the whole management team and their colleagues ensured they were kept up to date with people's needs. One member of staff said: "This is absolutely the right way to do this job... we are doing our best with support." Training reflected national changes such as the introduction of the Care Certificate which ensures that new staff receive a comprehensive induction to care work. There was a system in place for ensuring that staff training was kept up to date and training was reviewed in respect of the changing needs of the people living in the home. For example a training course had been sourced to

improve staff understanding of how Huntington's disease can impact on people in response to a person's support needs. Staff told us that their training helped them understand people better.

Staff told us that they received supervision from the management team and that these covered both practice and development issues. All the staff we spoke with gave examples of how they had been offered development opportunities and felt valued by the management team.

People and staff said the food was good. One person told us: "The food is very good." Lunchtime was a calm and social event for those that wanted to eat together. People who needed support to eat and drink received this and where people had guidance in place about safe eating and drinking this was followed. People who chose to eat in their rooms were able to do so and received their meals at the same time as those in the dining room. People were offered a choice of meals in ways that were meaningful to them individually.

People's weights and other indicators of adequate nutrition and hydration were measured regularly and there were systems in place to make sure that action would be taken if anyone became at risk.

People were supported to maintain their health and records indicated they saw medical professionals whenever this was appropriate. One staff member described how people communicated if they were feeling unwell and the actions that could be taken. We spoke with a two health professionals who told us that the staff contacted them in a timely manner and followed guidance competently. They were both highly complementary about the way staff had supported people with complex and challenging health conditions.

Is the service caring?

Our findings

People all told us the staff were kind and that they felt cared for. One person communicated that staff made them feel cared for by telling us the name of a staff member who they liked to call and smiling warmly when asked about how they helped them. Another person described how staff helped them with a personal care task that made them feel good about themselves.

Some of the people living at Stratfield Lodge found caring for and about themselves and others difficult as a result of their mental health conditions. Staff were attentive to people and were respectful of each person individually. The owner described this approach to us saying: "You start where people are." This philosophy of valuing people's individuality and promoting an environment that was not judgemental was evident in the way staff spoke about and with people.

Staff took time to build relationships with people in an individual way and spoke of, and with, people with affection. They spoke confidently about people's likes and dislikes and were aware of people's social histories and relationships. We heard laughter, from people and staff, during our inspection but staff also spoke respectfully to people living in the home and each other.

Staff described the importance of respect for individuals when providing care. For example, they described small details that people appreciated when they were supported with personal care. This respect was apparent when people were in groups also with care and support provided with a subtlety that promoted privacy and dignity. Staff's respect for people was also evident in their adherence to principles of confidentiality. Records were kept securely and any communication required between staff about people's care was conducted away from other people.

People were supported and enabled to make choices and the care provided reflected this. People were encouraged to choose their food and drinks, what activities they joined and day to day decisions such as when they got up and when they went out. One person told us: "We couldn't wish for better". People's independence was promoted and staff described how they only helped when needed and encouraged people to take on responsibilities. Where there were issues surrounding dependence and independence for individuals careful thought had been given to the person's care plan and guidance had been sought from an appropriate range of professionals. If people were more comfortable expressing their wishes through other people this was respected and staff liaised with the people the person had identified.

There was a community atmosphere promoted by staff when people were together in groups. For example when doing activities people were encouraged to share stories and experiences with each other.

Care plans included information about people's end of life care preferences where this was known and it was clear that this was only discussed with people who wished to do so. The home was working towards achieving the gold standard in End of Life Care and we saw positive feedback from a health professional related to the way a person had been supported to die with dignity at home in Stratfield Lodge.

Is the service responsive?

Our findings

People received the care they needed in ways that suited them and enabled them to live their life the way they chose. Professionals described the service as responsive giving examples of how people's needs and wishes were respected and addressed. Staff were attentive to people throughout our inspection. One person told us: "I always get the help I need." The staff team regularly reviewed and discussed people's current care needs and this ensured that people experienced continuity of care. Staff knew people well and were able to describe recent changes in their support needs with confidence. This was important as some of the people living at Stratfield Lodge had fluctuating support needs

People were involved in developing the care and support they received. Records indicated that relatives and professionals were also involved appropriately and their knowledge and experience was valued. People's care needs were assessed and these were recorded alongside personalised plans to meet these needs. Records showed that people's needs were reviewed monthly and reflected changes. Advice was sought appropriately from professionals as part of this process. For example one person had experienced a change in their emotional well-being and the care plan had been updated, incorporating guidance from a healthcare professional, to inform staff how to support them safely. Recording was put in place to monitor the effectiveness of this support change. Needs were assessed and care plans written to ensure that physical, emotional, communication, social and spiritual needs were met.

Staff told us they reflected on the effectiveness of support and always checked with people whilst providing care and support. We observed staff providing care in an attentive and responsive manner during our inspection. For example support with personal care was provided quietly, respectfully and unobtrusively. This approach enabled staff to provide personalised and responsive care. Staff also highlighted that any equipment or home developments they identified as being of potential benefit to people were acted upon swiftly by the owners. For example, outdoor spaces had been created to meet needs identified by staff for two people. These spaces had been considered carefully were respectful responses to individual needs.

The service kept personalised records which provided information about the care individuals received and this meant the care could be reviewed effectively and changes made when they became necessary.

People told us they felt listened to and were able to approach all the staff. People also attended residents meetings affording further opportunities to contribute to decisions about the whole home rather than their own individual care. We saw that these meetings happened regularly, were recorded and led to action and change. For example, discussions about staffing had led to a change in the rota and people contributed to discussions about communal events.

Activities were planned for groups and individuals by a dedicated activities coordinator in conjunction with people and care staff. They told us that resources were always made available and they were able to cater for individual preferences. When necessary additional staffing was provided. A wide range of activities were offered including music, discussion, and trips out. People were supported to maintain links with the community and went out frequently. The owner reflected on the importance of this highlighting that they

did not want people to ever feel "trapped" within their home. Records reflected that people did go out as described and one person showed us recent purchases from shopping trips in Bournemouth. We spent time in the activities room and observed people engaged and involved in individual activities whilst taking part in group discussions. People's skills were openly valued within this group.

People told us they would be comfortable raising concerns and complaints. One person told us how if they had a problem they asked staff to ask the manager to come over. They told us that the manager always came and would always tell staff "what I need". We also saw that another person had spoken at a recent resident's meeting and highlighted that they felt there should always be staff who could drive working at the weekend. This had been listened to by the management and had led to a driver being on shift every weekend. There had been no formal complaints received in the year prior to our inspection. However there was information in the hallway available to all people and visitors about how to make complaints.

Is the service well-led?

Our findings

Stratfield Lodge was held in high esteem. Staff made comments such as: "I think this is the best place I have worked in the care industry." and "I love this job." They all cited the management team including the owners, registered manager and manager as the reason behind this. Staff told us: "They are all dedicated people." and "they want to provide the best care." When asked about the impact of this dedication staff told us they worked in a happy and supported staff team and they believed this meant they provided better care.

Professionals were also complimentary about the home. One health professional told us that they had surpassed expectations in the outcomes they had helped a person with enduring and complex support needs to achieve. Another health professional commented that this was a home they loved to visit. They told us the staff were always consistent and they knew people well. All professionals described the management as receptive and told us they worked effectively together.

The people living at Stratfield Lodge were also positive about the management of the home and the staff team as a whole. One person told us the owners and managers listened to them. Another person with enduring mental health conditions and a complex relationship with receiving support acknowledged the care they received with a smile.

The owner, registered manager and manager described their commitment to achieving a unified and valued staff team in order to achieve the best care for each person. Comments from staff indicated that this commitment was reflected in their experience. Staff had a shared understanding of the ethos of the home and understood their responsibilities. They described both individual and a team commitment to ensuring that people felt at home living in Stratfield Lodge and told us that they believed this resulted in quality care for people. All staff described how they felt part of a team that was invested in by management to ensure they could achieve their best. Staff meeting minutes reflected discussion and challenge regarding practice and a staff team who sought to improve the experience of people living in the home through team work.

The owners were a daily presence in the home supporting the staff and management, reinforcing their ethos of care and carrying out practical tasks such as ensuring maintenance was carried out and any purchases required could be made as soon as possible. Staff commented on this positively describing how this added to people's lives. One member of staff commented: "If someone needs something they get it straight away. There is never a delay." Another member of staff reflected positively on the relationship the owners had built up with people.

There were systems and structures in place to ensure that the quality of service people received was monitored and improved. These included checks on medicines, falls and records. These audits focussed on how records benefitted people and had been effective in ensuring change. For example the nutrition and hydration audit focussed on records kept and how those records ensured people were receiving appropriate support. The audit process had identified that reporting had been inconsistent around the application of creams. We saw that this had been addressed with staff individually and at team meetings and this had

resulted in consistent recording that supported safe care delivery.