Strode Park Foundation For People With Disabilities

Strode Park House

Inspection report

Strode Park House
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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

Strode Park House is a 55 bedded, early Victorian Mansion House set in 14 acres of gardens. The service is staffed with nurses, therapists and carers to meet the needs of a wide range of people with physical disabilities. There are four separate 'wings' in the service: New Wing, Basil Jones Wing, Patton Wing and Rees Wing. The service provides long-term residential or nursing care, respite care, neuro rehabilitation, and activities including an on-site wheelchair accessible theatre. The facilities are either purpose built or adapted to meet the needs of people with disabilities. A t the time of the inspection there were 50 people living at the service.

There was a registered manager employed at the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager was responsible for the day to day control of the service.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

People were protected from the risks of abuse, discrimination and avoidable harm. People and staff embraced each other's differences. People told us they felt safe and would not hesitate to speak with staff if they were worried about anything. Staff knew how to report any concerns, who to report them to and felt confident that action would be taken.

People were involved in discussing any risks to make sure they had the freedom, choice and control of their care. Risks to people were assessed, identified, reduced and monitored. Action was taken by staff to keep people as safe as possible. When people needed specialist equipment this was regularly checked to make sure it was safe to use. The premises were maintained to keep people safe.

People were supported by sufficient numbers of trained staff who knew them and their preferences well. The registered manager continuously monitored staffing levels and had contingency plans to cover any unexpected absence. Recruitment checks were completed to make sure staff were honest, reliable and safe to work with people.

People told us they received their medicines on time. Medicines were stored, managed and disposed of safely. Medicines errors were recorded, investigated and action plans implemented. Staff were trained to support people with their medicines and their competency was regularly reviewed.

People received effective care from staff who were trained and supervised to carry out their roles. The provider's HR department monitored staff training to ensure refresher courses were booked on time to help keep staff knowledge up to date. New staff shadowed experienced colleagues to get to know people and their preferred routines. Staff met with their line manager for regular one to one supervision to discuss their

personal development.

Staff understood their responsibilities under the Mental Capacity Act. Meetings were held with the relevant parties to make decisions in people's best interest. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLS applications had been made to the relevant supervisory body in line with guidance

People were supported to eat a healthy diet and to drink enough. People told us they enjoyed the food. Staff monitored people's nutrition and hydration needs to help them stay healthy. Risks to people with complex eating and drinking needs were identified and monitored and a speech and language therapist provided additional guidance which staff followed.

People were supported to maintain good health. Staff worked closely with health professionals, such as GPs and occupational therapists, and followed advice given to them.

People told us they were happy living at Strode Park House. There was an inclusive and cheerful atmosphere. People were treated with kindness and respect. People were comfortable and relaxed in each other's company and with staff. Staff knew people and their families well. People's needs, preferences, likes and dislikes were recorded.

People's privacy and dignity were both promoted and maintained by staff. Staff spoke with people and each other in a respectful way. People's religious beliefs and cultural needs were discussed and recorded. People told us they had friends and family visit them whenever they chose and that there were no visiting restrictions.

People's preferences and choices for their end of life care were discussed and clearly recorded. People had access to support from specialist palliative care professionals when needed. Staff made sure people and their families had the support and equipment they needed to ensure comfort and dignity remained the priority.

People and their relatives were involved in the planning and reviewing of their care. People's care plans were an accurate reflection of people's choices and centred on them as an individual. People were supported to be as independent as possible. People were supported to follow their interests and take part in social activities.

People said they felt listened to, their views were taken seriously and any issues were dealt with quickly. People were able to provide feedback at any time about the quality of service. People, relatives and stakeholders were encouraged to provide feedback on the quality of the service. People told us they did not have any complaints about the service or the staff. When concerns or complaints had been received they were investigated in line with the provider's policy.

People and their relatives had built strong relationships with staff. People were actively involved in developing the service. There was a culture of openness, inclusivity and empowerment which was promoted by staff. The registered manager and provider had clear visions and values which were understood and promoted by staff to make sure people received care and support in a dignified, respectful and compassionate way.

The registered manager led by example, motivating, mentoring and coaching staff on a day to day basis to provide safe and effective levels of care and support. Staff told us they felt supported by the management team and by the organisation.

Effective quality assurance and clinical governance systems were in place which was used to continuously drive improvements. Reports following audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action.

The registered manager had submitted notifications about important events that happened to CQC in an appropriate and timely manner and in line with guidance. The latest CQC report and rating was displayed in the service and on the provider's website in line with guidance.

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 remains safe.

People were protected from the risks of abuse, discrimination and avoidable harm.

Risks to people were assessed, monitored and regularly reviewed with people to help keep them safe.

People were supported by staff who had been recruited safely. There were enough staff on duty to keep people safe and meet their needs.

People received their medicines safely and on time. Medicines errors were recorded, investigated and action plans implemented.

Is the service effective?

Good

The service remains effective.

People received effective care, based on best practice, from staff who had the knowledge and skills to carry out their roles.

Staff understood their responsibilities under the Mental Capacity Act. Applications to deprive a person of their liberty were completed in line with guidance.

People were supported to eat a balanced diet and to drink enough. When people were at risk of malnutrition or dehydration they were closely monitored and any changes were recorded.

People were supported to stay as healthy as possible. People were referred to the relevant health professionals when needed.

Is the service caring?

Good

The service remains caring.

People were treated with respect and kindness.

People were given the information they needed in a way they could understand. Different methods of communication were used to support and empower people to express their wishes.

People's privacy and dignity were promoted and maintained.

Is the service responsive?

Good

The service remains responsive.

People received care and support that was centred on them as an individual. People's preferences, likes and dislikes were considered by staff.

People were supported to follow their interests and take part in social activities.

People and their relatives were able to share their experiences, raise concerns or complain.

Is the service well-led?

Good

The service remains well-led.

People were the centre of an open, transparent culture. People were actively involved in developing the service. The provider had strong links with the local community.

The registered manager led by example. Staff promoted the visions and values of the service.

Effective quality assurance and clinical governance systems were in place which was used to continuously drive improvements.

The registered manager had submitted notifications to CQC in an appropriate and timely manner. The latest CQC report and rating was displayed in the service and on the provider's website.

Strode Park House

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.

The inspection took place on 05 September 2017 and was unannounced. The inspection was carried out by two inspectors, a specialist advisor and an expert by experience. The specialist advisor was someone with clinical experience and knowledge of nursing and a background in care for the elderly. An expert by experience is a person who has personal experience of using or caring for someone in a care home setting.

Before the inspection the provider completed a Provider Information Return. 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 reviewed information we held about the service. We looked at notifications received by the Care Quality Commission. Notifications are information we receive from the service when a significant event happens, like a death or a serious injury.

During the inspection we reviewed people's records and a variety of documents. These included six people's care plans and associated risk assessments, three staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance records. We spoke with the chief executive, the registered manager, deputy manager and staff. We engaged with more than 15 people living at Strode Park House and with relatives. We looked at how people were supported with their daily routines and activities and assessed if people's needs were being met. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

The service was last inspected in August 2015 and was rated Good overall.

Good

Is the service safe?

Our findings

People told us and expressed that they felt safe living at Strode Park House. People were relaxed and looked comfortable in the company of each other and with staff. One person commented, "I am very safe here" and another person smiled and gave a 'thumbs up' when we asked them if they felt safe.

People were protected from the risks of abuse, discrimination and avoidable harm. Staff understood the importance of keeping people safe. Checks were completed on people's monies to protect people from the risks of financial abuse. Restrictions were minimised so that people felt safe but also had as much freedom as possible regardless of disability or other needs. People told us their needs were met in a way that was individual to them. Staff knew what action to take if they saw any signs of abuse. They were aware of the provider's whistle blowing policy and the ability to take any concerns outside of the service, for example to the Care Quality Commission or the local authority safeguarding team, if they felt they were not being dealt with properly. Staff completed regular training on how to keep people safe and said they felt confident the management team would act appropriately and take their concerns seriously. The registered manager notified the local authority of any safeguarding concerns and contacted them for advice when needed.

Accidents and incidents were recorded by staff and reviewed by the registered manager to check for any patterns. When a theme was identified staff liaised with health professionals to reduce further risks. Accidents and incidents were also reviewed at senior management meetings as used as a learning opportunity across other services owned by the provider.

Risks to people were assessed, identified, monitored and reviewed. Risk assessments noted the potential risk and gave staff guidance on what control measures could be used to reduce the risks and keep people safe. Risk assessments were updated as changes occurred and were reviewed to make sure they were kept up to date.

When people were at risk of developing pressure sores there was guidance for staff to follow to help keep people's skin as healthy as possible. For example, using special equipment like pressure cushions or mattresses, supporting people to reposition regularly and using special creams. Staff spoke with us about how they recorded any changes in people's skin and, when needed, used photographs to monitor and chart the changes. Staff were knowledgeable about pressure sore prevention and how to support people to take care of their skin.

People were supported to move around the service safely. Restrictions were minimised so that people felt safe but had as much freedom as possible. People were able to move freely around the service and staff kept rooms and corridors free from obstacles which could be hazardous. Some people used wheelchairs and these were checked to make sure they were safe to use. There was good wheelchair access throughout the service and the grounds. When people had difficulty moving, for example from their bed to a chair, staff used hoists to support them to move. There was guidance for staff to follow which detailed how to use the hoist, the sling and any straps. Staff completed regular theory and practical training on how to move people safely. During the inspection we saw staff explain what they were doing and reassure people when they

supported them.

People were supported to live in a safe environment. There were policies and procedures in place for emergencies, such as, gas / water leaks. Fire exits in the building were clearly marked and regular fire drills were carried out. Fire alarms were tested weekly to make sure they were in good working order. Dedicated maintenance staff completed regular checks on things, such as; portable appliance (PAT) tests and legionella tests were completed. Specialist equipment including hoists and pressure mattresses were serviced to make sure they were safe for people to use.

Staff told us that they knew what to do in the case of an emergency. Each person had a personal emergency evacuation plan (PEEP) in place so staff knew how to evacuate each person if they needed to. A PEEP sets out the specific physical and communication requirements that each person had to ensure that people could be safely evacuated from the service in the event of an emergency.

People told us that there were enough staff to provide their support when they needed it. A nurse told us that the staffing levels were "Always good". The registered manager monitored staffing levels and, in times of any unplanned staff absences, used agency staff to cover. There were consistent numbers of staff on each shift. During the inspection call bells were answered in good time, staff did not appear to be rushed and they had time to spend engaging with people.

People were supported by staff who had been recruited safely. The provider's HR department completed Disclosure and Barring Service (DBS) criminal record checks before people started to work at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. Nurses Personal Identification Numbers (PIN) were checked to make sure they were registered with the Nursing and Midwifery Council and a note of the expiry date was kept to prompt the registered manager to check the PIN was kept in date. Written references were obtained and included the most recent employer. Records of the interviews were kept and notes were made of any gaps in employment. These checks were completed to make sure new staff were honest, reliable and safe to work with people. The registered manager followed the provider's disciplinary procedures when needed.

People's medicines were managed safely and they received them on time. Staff completed medicines management training and had their competency assessed before they began to support people with their medicines. The provider had a medicines policy which staff accessed. Some medicines required additional records and the registers for these were accurately completed.

Staff made sure people had taken their medicine before they signed the medicines record. The medicines given to people were accurately recorded. Some people were prescribed medicines to take on an 'as and when needed' basis. There were guidelines for staff to follow about when to give these medicines and these were regularly reviewed. When people needed creams to help keep their skin healthy there was guidance for staff on where the creams should be applied. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

Some people were unable to swallow their medicines and had a Percutaneous Endoscopic Gastrostomy (PEG) - This is where a feeding tube is used for people who cannot obtain medicines or nutrition through swallowing. Care plans included guidance for staff on what to do if the PEG became blocked or removed and the timescales they needed to respond in.

Medicines errors were recorded, investigated and action plans implemented. The registered manager

analysed medicines errors and discussed them with staff. When a medicines error happened the staff were re-trained and were mentored through their competencies. They also completed reflective practice as a process of continuous learning.

Medicines were stored in the fridges at the correct temperature to make sure they would work as they were supposed to. Processes were in place to ensure waste medicines were disposed of correctly and in line with best practice.

Good

Is the service effective?

Our findings

People received effective care, based on best practice, from staff who had the knowledge and skills to carry out their roles. People told us they were able to live their lives as they chose and that staff supported them to do so. People commented, "The staff plan around me. The management are good at keeping staff and making sure they know my wishes and needs" and "People are supported to make decisions. I also know who to contact if I need more help".

Staff completed an induction when they started working at Strode Park House. Part of this was a corporate introduction into the policies, processes and expectations of the provider. New staff completed the Care Certificate and shadowed experienced colleagues to get to know people's individual routines and preferences. The Care Certificate is an identified set of standards that social care workers adhere to in their daily working life.

People said the staff were knowledgeable and knew them well. Staff told us they completed regular training which kept them up to date with guidance and best practice. An extensive training programme was in place and new staff quickly obtained the basic skills they needed to carry out their roles effectively. The provider's HR department monitored staff training to ensure refresher courses were booked on time to help keep staff knowledge up to date. Training courses were relevant to people's needs and included dementia awareness, communication and dysphagia [swallowing difficulties] and nutrition and hydration. Nurses received clinical supervision and specialist training on topics such as tracheotomy care, catheterisation and wound care.

Staff were encouraged to complete additional training for their personal development. This included adult social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff said they felt supported by their colleagues, the management team and the organisation. Staff told us there was a mentoring system, where staff acted as a support to the teams. One member of staff said "[The mentoring system] promotes confidence and skills around the care we provide". Staff told us about the training they had completed and how they put it into practice. One member of staff commented, "I feel confident, because I know I have groups I can talk about things with and for people caring for people with complex needs for the first time it can be quite daunting. An example of this is getting to know people and considering their expression and communication needs when perhaps there is little verbal contact."

The registered manager encouraged staff to take part in themed group supervisions to enable staff to learn from each other and also to use incidents as a learning opportunity. A nurse commented that "Staff are very good at supporting each other in practice. All staff are approachable and are encouraged to ask questions and share their knowledge with each other".

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.

Staff understood their responsibilities under the MCA. When people had to make important decisions, for example, about invasive medical treatment, information about the choices were presented in ways that people could understand. People's representatives and health professionals met to decide if the treatment was necessary and in the person's best interest. Records of best interest meetings were recorded.

Staff had been trained about the MCA and put what they had learned into practice. Staff told us they asked people for their consent in a way they could understand before they offered support. People's capacity to consent to care and support had been assessed. If people lacked capacity staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests. Some people had made advanced decisions, such as Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), this was recorded and kept at the front of people's care plans so that people's wishes could be acted on. These were reviewed to make sure they were still what the person wanted.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked to make sure 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. Applications had been made in line with guidance.

People were supported to eat a balanced diet and to drink enough. People told us they enjoyed their meals and that the food was good. People said, "Meals are a choice and all freshly cooked" and "The staff who cook always have alternatives available". Menus were displayed, with pictures, offering the day's choices. Some people chose to eat in the dining rooms and others preferred to eat in their own rooms. Their choices were respected by staff. During lunch there was a happy and bustling atmosphere. Staff were attentive and checked that people had everything they needed. When people required support with their meals this was done discreetly by staff to ensure people's dignity was not compromised. Some people used special cutlery to support them to maintain their independence. People's friends and relatives were able to join their loved ones for meals and this was encouraged.

When people were at risk of malnutrition or dehydration they were closely monitored and any changes were recorded and the relevant health professionals were contacted. For example, if a person had a noticeable drop or increase in weight the staff liaised with the dietician. When people had difficulty with swallowing a speech and language therapist worked with staff and made sure they had additional guidance to follow.

People were supported by staff to maintain good health and had access to healthcare services when needed. People told us that staff supported them to attend appointments when they needed it. Staff monitored people's health and recorded any changes to ensure they kept an overview of each person's health. When required, people were referred to healthcare professionals, such as GPs, occupational therapists and physiotherapists. Staff followed any guidance from health professionals to make sure people received the right support to remain as healthy as possible.

The design and layout of the service was suitable for people's needs. The environment was supportive and enabling as there were large print directional signs around the home. These signs were mounted low enough so people could see them easily and had words and pictures with contrasting coloured background.

This reduced disorientation which may distress and frighten people. The premises and grounds were designed and adapted so that people could move around and be as independent as possible.

Good

Is the service caring?

Our findings

People told us they were happy living at Strode Park House and that they had built strong relationships with the staff. There was an inclusive and cheerful atmosphere at the service where people and staff chatted and laughed with each other. One person said, "I can say the staff are good. They look after me, but they respect me. That is important. They treat me as me and appreciate my wider life and what I want to do". A relative had noted on a survey, 'You are all so amazing. So friendly when we visit".

People were treated with kindness, compassion and respect. Staff had developed positive, caring relationships with people and their families. People were comfortable and relaxed in each other's company and with staff. People were supported by staff who knew them and their loved ones well. People's needs, preferences, likes and dislikes were recorded. Each person's care plan included a life history section and staff used this to enable them to chat with people about familiar things and people in their life.

People were spoken with in an appropriate way. Staff were patient and gave people time to respond. People's individual communication needs were recorded in their care plans. Different methods of communication were used to support and empower people to express their wishes. People's religious beliefs, ethnic and cultural needs were discussed and recorded to enable staff to provide the support people needed. When English was not a person's first language the registered manager arranged for an interpreter to support the person and their relatives to make sure their needs and preferences would be met.

Staff showed genuine concern for people's well-being. Staff spoke knowledgably about people and told us how they monitored people's physical and mental health to make sure they received the right care and support. When staff noticed a decline in people's health referred them to and worked with health professionals to stabilise and improve their health. For example, staff spoke with us about liaising with specialist diabetes nurses to help regulate a person's blood sugar levels.

People and their relatives were involved in the planning, monitoring and reviewing of their care and support. One person told us, "I get to make the choices in my life. The staff plan for my long term care. The staff support me". When possible a befriender of the person's nationality was involved in speaking with the person about their life history to make sure staff had important information about the person's past. One member of staff told us, "Using a befriender was fantastic. We were able to learn a lot about [the person] and that helps us to understand them". People were given information in a way they could understand. Staff showed us how they used 'flash cards' make sure people could be involved with their care planning and reviewing.

People's confidentiality, privacy and dignity were both promoted and maintained by staff. One person commented, "Staff take their time and we get on. Staff and other people treat me with respect". Staff were discreet and sensitive when supporting people with their personal care needs and protected their dignity. Staff spoke with people and each other in a respectful way. People's confidentiality was respected and records were stored securely to retain people's trust and confidence.

People were encouraged to maintain and develop relationships with people that mattered to them. People were supported to continue contact with family and friends. People told us their friends and family could visit when they wanted to and that there were no restrictions. People's rooms were full of pictures, photographs, ornaments and other treasured possessions to make them homely. A member of staff commented, "We know people like to have their rooms the way they want them. Sometimes people don't want much and find things can cause clutter. We are led by people and their needs. We found out someone liked a projector to provide stars and patterns on the ceiling – it is important to get to know people so we can fully support them. We try our best to find out about people".

People's preferences and choices for their end of life care were discussed with them and their loved ones. These were clearly recorded to make sure that staff could manage, respect and follow people's choices and wishes for their end of life care. People had access to support from specialist palliative care professionals when needed. Staff made sure people and their families had the support and equipment they needed to ensure comfort and dignity remained the priority. People's choices for their end of life care were kept under review to make sure they remained up to date and what the person wanted.

Good

Is the service responsive?

Our findings

People told us they received supportive, personalised care that was responsive to their needs. People said, "We always have someone to talk to. The people who care [staff] make it feel like it is our home – which it is" and "The staff care here. They anticipate things but not in a way that stops people leading their life. They know how to respond and know what people want". During the inspection staff were responsive to people's needs and call bells were answered promptly.

When people were considering moving into Strode Park House the registered manager met with them and their representatives to talk about their needs and wishes. An assessment was completed which summarised people's needs and how they liked their support provided. This helped the registered manager make sure staff could provide the care and support the person wanted in their preferred way. This information was used as a base for people's care plans.

People's needs and preferences had been assessed and there was clear guidance for staff about how much people could do for themselves and what level of support was needed. People told us that staff allowed them to do as much as possible for themselves and felt that they were in control of their lives. People's care plans were a reflection of how they had chosen to receive their care and support. Care plans and risk assessments were reviewed and updated regularly and when people's needs changed to make sure staff had up to date guidance on how to provide the right care and support. Health professionals, such as speech and language therapists and GPs, were involved in reviewing people's care with them. When these reviews resulted in changes to the person's care the guidance given was followed by staff. There was good communication between the staff team and a handover was completed at the beginning of each shift to make sure they were up to date with any changes in people's needs.

People received the support and the equipment they needed to help them maintain their independence. Staff knew people and their health conditions well. We spoke with staff about the management of people's skin. They told us how they used specialist equipment, such as pressure mattresses and cushions, to reduce the risk of people getting pressure sores. Nurses spoke with us about people's skin integrity and about the regimes in place to make sure people were turned regularly if they were not able to get out of bed. Some people used special equipment to help them move more easily around the service, for example wheelchairs or walking frames. Staff made sure these were kept in good working order. One person told us how staff had supported them when they were unwell and immediately went to collect the prescription for them. They said, "If they had not done so the drugs would not have been delivered until the following day and this would have delayed my recovery. I wanted to highlight this very good deed and say that I was the recipient of very good care".

People were supported to follow their interests and take part in social activities. Regular activities were planned. Staff chatted with people throughout the day, regularly suggesting ideas to keep people active and supporting them with various activities. People were subtly engaged with and chose if they wanted to take part or not. When people were unable to join in, because they had chosen to spend time in their rooms, they were offered the chance to complete activities in their room on a one to one basis so they didn't

miss out or feel isolated. During the inspection there were communal activities of quizzes, colouring in books and word games. The results of various arts and crafts sessions were displayed around the service. People told us there were opportunities to spend time outside the service at local pubs and restaurants. People said they enjoyed attending various events at the 'Theatre in the Park' within the grounds of Strode Park House. One person commented, "At Christmas we go out to a restaurant and staff plan for events like Halloween and bonfire night. It is a good time. Staff are supportive and easy to get on with". People were supported to continue with their employment and there were opportunities for people to work doing various roles, including reception work, at the service.

People said they felt listened to, their views were taken seriously and any issues were dealt with quickly. People were able to provide feedback at any time about the quality of service. People commented they did not have any complaints about the service or the support they received from staff. One person said, "The whole team are receptive to people's needs and choices and try to find out what people want or need. We even have representatives who meet with the trustees and discuss things that need changing. These things get actioned and they hold people to account to do things. It isn't tokenism". Another person said, "We have representation on the meetings with the trustees. A way we have made a change is that there was a poor signal for the majority of people who used [a particular digital terrestrial television platform] due to the geographical coverage. The staff had to reboot it all the time which was frustrating. We worked together to show them that a new television provider was needed. We are seeing the benefits of it now. They acted on our needs. The trustees informed the management that this was vital and they acted on it". A member of staff commented, "There is a families group for carers and also a service user representative. Staff have their own groups as well to get their voices across to trustees at meetings. They have specific groups for nurses, catering staff and care staff. It makes sure no one gets left out".

There were regular meetings for people when they were asked if they had any concerns or complaints and were reminded how to raise any worries. When people raised any concern or complaint these were explored and responded to in a timely way. When a complaint was received the registered manager followed the provider's policy and procedures to make sure it was dealt with correctly. Action was taken to rectify complaints when needed. The registered manager made sure complaints or compliments were shared with staff. Complaints were used as a learning opportunity across the group of services owned by the provider.

Additional feedback was encouraged from people, relatives, health professionals and staff through annual surveys. An easy to read survey and a suggestion box were also located in the reception area for people and visitors to complete. A member of staff commented, "I feel I can make suggestions and give my ideas and these are discussed and are taken on board".

Good

Is the service well-led?

Our findings

All of the people we spoke with told us they felt the service was well-led and that they felt listened to and could approach management with concerns, no matter how small these were. One person said, "People feel supported. It is important both staff and people living here are. That`s why the meeting with the Trustees and the access to the manager is so important". People who lived at the home and staff told us the registered manager and deputy manager were approachable and easy to talk to. Staff told us they felt the service was well-led. A member of staff commented "There is an open-door policy. We all work together".

People knew the staff and management team by name and said they could rely on them to provide them with the support they needed. The registered manager led by example and worked with staff each day providing support, guidance and advice. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were actively involved in developing the service. People told us they were represented on the board of trustees. People commented, "This is in order for us to exchange views and shape changes" and "The manager has an open door policy that is used by people living here and staff alike. We know we have somewhere to go to make changes". Staff said, "People are represented on the meetings with the trustees. People work together here". People and their relatives were asked their views on the service and the quality of care given in a variety of ways. There were regular meetings for people and their relatives. These were chaired by a service user advocate and management and they told us they were invited to take part in the meetings.

The provider had strong links with the local community. A number of local businesses had helped with the redecoration of one of the large lounges by providing wallpaper and curtains. People told us they were able to meet and decide which wallpaper they wanted in the lounge. One person said, "The lounge is looking beautiful. We chose the wallpaper and it is lovely".

The registered manager had a clear vision of the quality of service they required their staff to provide. This was understood and promoted by staff to make sure people received care and support in a dignified, respectful and compassionate way. During the inspection staff supported people in respectful and dignified way. Staff supported people in a respectful manner. Staff were calm and confident.

The registered manager told us they felt well supported by their line manager. The registered manager had the opportunity to meet other managers from the provider's other services to share learning and keep up to date with good practice. Staff told us they felt supported by the registered manager and by the organisation. An extra member of staff was on each shift and was supernumerary. They completed additional quality checks and provided support to the staff team. Staff told us this worked very well. Staff said, "Having the star lead has really made a difference", "Having the extra person is supportive and helpful and helps with staff retention, as well as information exchange" and "I feel that the floating role makes

people feel confident to feed things back. It is challenging when people come to work here for the first time. There are a lot of new things to learn and it is important that people feel supported".

Staff told us team meetings were held monthly and they were encouraged to attend. One staff said, "Staff meetings give me the opportunity to share my ideas and make suggestions". Another member of staff said, "It gives the team the opportunity to share what's working and what's not working".

Staff told us they enjoyed working at Strode Park House and understood their roles and responsibilities. Staff said, "I can speak to the manager at any time and nothing is too much trouble", "It is a good team and it is all down to the manager and the deputy manager" and "I like coming to work here, it is a good place to work and I feel valued. When there have been concerns, these are addressed by the manager quickly".

Effective quality assurance and clinical governance systems were in place which was used to continuously drive improvements. Reports following audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action. Environmental checks were completed by the registered manager and the provider's facilities team prioritised the actions needed.

The registered manager worked alongside organisations that promoted best practice and guidance. They kept themselves up to date with new research, guidance and developments, making improvements as a result. They noted on the provider information return (PIR) that Strode Park Foundation [the provider] held ISO9001 (a quality management system) and ISO50001 (an energy management system) certificates. They had the Investors in People accreditation and were a member of the Kent Integrated Care Alliance.

The registered manager had noted on the PIR that '[The provider] has been recognised by the following: Sainsbury's Charity of the Year, Kent Messenger Group Charity of the Year, Reeves Solicitors Charity of the Year, Kent Charity of the Year 2015 Awards Finalist'.

The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.

Providers are required, by law, to display their CQC rating to inform the public on how they are performing. The latest CQC report and rating was displayed in the service and these details were also on the provider's website.