

# Lodge Group Care UK Limited

# Strathfield Gardens

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 31 January 2018 and was announced. At our last inspection in March 2015, we found the provider was meeting the regulations we inspected and the service was rated "Good". At this inspection, we found that the service continued to be rated "Good".

Strathfield Gardens is a 'care home'. 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. The service provides personal care and accommodation for seven people with learning disabilities. At the time of our visit, five people were using the service.

There was a registered manager in place. 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 using the service told us they felt safe using the service. Staff had received training to protect people from the risk of abuse. There was appropriate guidance for staff on how to manage risks to people and to keep them safe.

There were enough staff on duty to meet the needs of the people. The provider had an effective recruitment procedure to ensure that employees were of good character and had the qualifications, skills and experience to support vulnerable people.

There were systems in place to manage people's medicines so that they received them when they needed.

People were happy with the care they received. Staff knew people well and understood their needs. They respected people's privacy and dignity and their interactions with people were sensitive and respectful.

Staff received training appropriate to their role so people could be confident they were cared for safely. They understood the requirements of the Mental Capacity Act 2005 (MCA).

People and their relatives knew how to make a complaint if they were unhappy about the support they received. The registered manager had regular contact with people and their representatives and welcomed suggestions on how they could develop the service and make improvements.

People were supported to receive the healthcare that they needed. They were given opportunities to express their choices and to make decisions in their daily lives. People were supported in promoting their independence.

Care plans covered all aspects of people's individual needs. They were reviewed to reflect people's ongoing and changing needs so people received the care they needed. People were supported to eat and drink sufficient amounts of nutritionally well-balanced food and drink that met their needs.

The registered manager operated an open door policy, whereby staff, people and their relatives could speak to them about any concerns at any time. Quality assurance surveys were sent out which invited people and their relatives to make comments about the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Strathfield Gardens

## **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 31 January 2018 and was announced. It was carried out by one inspector. The registered manager was given 24 hours' notice because the service is a care home for younger adults who are often out during the day. We needed to be sure that members of the management team were available to assist us with the inspection.

Before the inspection, we checked the information that we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with two people who used the service, two members of care staff, and the registered manager. We looked at three people's care plans, three staff recruitment files, staff rotas, and a range of records about people's care and how the service was managed. These included medicine administration record (MAR) sheets, satisfaction surveys, quality assurance audits, complaints, compliments and policies and procedures.

After the inspection we spoke to three relatives on the telephone to seek their views about the service.

# Is the service safe?

## Our findings

People and their relatives told us the service was safe and they did not have any concerns. One person told us, "Yes I feel safe here." A relative said, "I am very happy with the home and the way the staff look after [person]."

Staff had received training in safeguarding adults and had a good understanding of different types of abuse and how to report any concerns they might have. Information on how to raise concerns was displayed in the office. People were also encouraged to discuss any concerns with staff or the registered manager. The provider also had a whistle blowing policy in place for staff to report matters of concerns. Staff were clear of the process to follow should they identify any safeguarding issues or concerns. One member of staff said, "I would report any concerns to the manager." There had not been any safeguarding incidents since our last inspection.

We saw risk assessments were in place which included information about how to manage and reduce risks to ensure people's safety. Each person had a range of risk assessments specific to them. Staff knew the risks associated with people and provided them with appropriate support. One person told us, "I go out on my own."

There were systems in place to ensure any accidents or incidents were recorded and action taken to investigate these to help prevent reoccurrence. The registered manager audited all incidents to ensure any trends were identified and acted upon.

The provider had systems in place to ensure the environment and equipment was safe. Regular checks were carried on fire safety equipment as well as electrical items within the service. People had a personal emergency evacuation plan (PEEP) in place. These are documents which advise of the support people need in the event of an evacuation taking place.

There were sufficient numbers of staff working at the service to meet people's needs. Relatives, people and staff felt there were enough staff to support people who used the service. One relative said, "Staff are not an issue, they are always enough of them." One member of staff said, "There is enough staff to look after the residents." If a person had an appointment outside of the service, the registered manager would have an extra member of staff on shift. We looked at the staffing rota for the past two weeks and found sufficient numbers of staff available to support people in line with their care needs as some people needed two staff to look after them during daytime.

The registered provider had a robust recruitment process and appropriate checks were completed before staff started work. The checks included a completed application form, references, copies of identifications and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. This helped to ensure people were cared for only by staff who were suitable to look after them thus keeping them safe.

We found medicines were managed in a safe way. People told us they received their medicine when they needed to have them. We saw staff had received training in how to administer medicines safely. From the medicine administration records (MAR) we sampled, we found people received their medicines as prescribed. Medicines were stored safely. The registered manager carried out regular check to ensure people had received their medicines at the time they had been prescribed.

The provider had cleaning schedules in place to ensure the home was clean and hygienic. This helped to ensure people were in a safe and infection-free environment. Staff were aware of their responsibilities in the prevention and control of infections. They were provided with Personal protective equipment (PPE) such as gloves and aprons to protect them from the spread of infection.

## Is the service effective?

### Our findings

People and their relatives told us the staff knew what they were doing. One relative said, "[Person] is lucky to have staff who have the skills to look after them. One person told us, "I am happy with the way the staff look after me."

We saw people's needs were assessed before they moved into the service. We looked at the assessment carried out when the last person moved in and found it was very comprehensive. The assessment covered areas of the person's physical, social and psychological needs. People's needs were assessed in a holistic way.

Staff received appropriate training which gave them the skills to carry out their roles and responsibilities. We saw staff had attended a number of training courses in areas such as medicine management, infection control, moving and handling and food hygiene. One member of staff told us, "The training courses are good." Nearly all training courses were classroom based and the registered manager informed us only one was done through e-learning. The registered manager monitored each staff training to ensure they were up to date and when training needed to be refreshed. This helped to ensure people received care and support from staff who had been trained in their roles.

We noted staff received regular supervision which gave them an opportunity to discuss any work-related issues, such as any training needs as well as people's needs. Supervision sessions are one to one meetings that staff have with their line manager. We saw staff had also received an annual appraisal. An appraisal is a formal opportunity for the registered manager to look at the performance of staff which included career development.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make 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 process for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the registered provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found where DoLS authorisations were needed, these were in place. Staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. They understood the importance of the MCA and told us how they supported people to make decisions in their daily lives.

Care records contained information about people's capacity and what support they required. Staff told us



how they sought the consent of people before providing care and support to them and this was confirmed by people we spoke with.

Staff liaised with other healthcare professionals as required to ensure they met the needs of people. People had hospital passports which contained information to inform health professionals. There were records kept of when people attended appointments and the outcome of those visits. This helped to ensure staff were kept informed of people's changing needs and how to meet these, for example, if a person had their medicines changed by their GP. Relatives told us that the staff were very good at keeping them informed of any changes in their family members' health needs.

People were given a choice of food and drinks and they were involved with planning the menus. Comments from people about their meals served in the service were positive. One person told us, "The food is good." Staff encouraged people to eat a healthy and balanced diet and were aware of people's preferences.

## Is the service caring?

### Our findings

People and relatives told us they were satisfied with the service and with the staff. They felt the service provided was good and the staff were kind and caring. One person said, "The staff are very helpful and friendly." One relative told us, "The staff look after [person] very well, when they come to visit me; they look forward to go back to the care home." Another relative commented, "We are fortunate in knowing that [person] remains content, surrounded by friends at Strathfield Gardens which helps to eliminate any anxiety that we feel regarding [person] living away from the family home."

During our inspection, we saw people were relaxed in the presence of staff and the interaction between them was of a friendly and caring nature. People and staff were sitting together watching TV or playing table tennis. We saw staff took time to listen to people when they needed something. People were free to choose how and where they spent their time, for example either in their rooms or in the communal areas.

Staff knew people well. They were aware of their likes, dislikes and preferences. This helped them to ensure people's individual needs were met. For example, one member of staff told us, "[Person] does not like loud noise." There was a communication plan in people's care records which gave guidance to staff on how to meet people's communication needs. For example, one person was having speech therapy to help them with their speech. There were guidelines in place for staff to follow.

People were encouraged to maintain their independence. Staff were aware of how much each person was able to do for themselves and what assistance they needed. For example, people made their own drinks or cleaned their rooms. People also helped during mealtimes to clear the table or helped drying up the dishes. One person visited the local shop regularly on their own to buy items for themselves.

People's privacy and dignity were respected. Each person had their own single bedroom. Staff explained how they maintained people's privacy, such as closing the doors when providing people with personal care and knocking on people's bedroom doors before entering. This was confirmed by people we spoke with.

From care records, we saw people were involved in decisions about their care and support. Where people were unable to do this their relatives did so on their behalf. One relative told us, "They [staff] always keep me informed about [person], they do check with me before doing anything differently."

Staff ensured people had equal opportunities, regardless of their abilities, their background or their lifestyle. They were aware of people's beliefs and cultural needs and ensured these were met, for example, which types of food some people like to eat.

## Is the service responsive?

### Our findings

People and relatives gave us positive feedback about the care and support provided at the service. One relative said, "The staff have a very good understanding of [person] needs and they do look after them well."

People received individualised care that was responsive to their needs. We looked at care plans and found they were written in a personalised way and covered all areas of the person's health care needs. The care plans also contained information about people's likes, dislikes and preferences. This helped to ensure staff had knowledge of how to provide personalised care. Staff were able to tell us what people's needs were and how to meet them.

We saw there were detailed guidelines in place on how to care for people whose behaviour could harm themselves or people around them. Staff were knowledgeable on how to manage those situations such as redirecting the person to do things they liked to do or gave the person space to calm down.

We saw evidence of people who used the service and their relatives had been involved in the care planning process. The care plans were reviewed and updated regularly or when the need arose. People's needs were discussed during daily handovers between shifts as well as during team meetings. This helped to ensure staff had up-to date information about the people who used the service.

People also had a weekly meeting with their keyworkers where they could discuss anything they would like, such as holidays, menus and activities. A keyworker is a member of staff who took responsibility for overseeing the care of an individual person ensuring all their care needs are met. Relatives told us the staff were good at keeping them informed of any changes in the care and support needs of their family members. One relative said, "I do have regular contact with the home."

We found that people were protected from social isolation. Each person had a personalised activity plan in place which included activities such as cooking sessions, music therapy, going out to the pub and disco. This helped to improve their confidence and social skills. Some people went to college at least three to four times a week to learn new skills. One person liked to make bracelets and another liked listening to music. People had been on holidays within the UK and also abroad. They commented that they enjoyed their last holiday very much and were now planning to visit Japan. Staff knew the hobbies and interests of people and supported them accordingly. One person was an ambassador for MENCAP.

The registered manager ensured that information was available in a format that people could understand easily as some people had difficulty expressing their needs verbally. For example, we saw the complaints procedure was in a picture format.

We positively noted that people were able to use technology to keep in contact with their relatives. One person had relatives who lived abroad and they kept in contact using an application on their smartphone. The staff also used the same application to keep up to date with what was happening in the service. However, we were assured that no confidential information was shared when using the application.

People and relatives knew how and who to complain to if they were not happy about something. One person said, "If I am not happy about something, I will talk to [registered manager]." One relative told us, "I am happy with the home, but I will talk to the manager if I have any concerns." There was a comment box where people and their relatives could make comments or suggestions about the service. The service had received only one complaint since our last inspection in 2015 and this was resolved satisfactorily. We saw the service had received a number of compliments from people and their relatives about the service. One relative wrote, "[Person] is very fond of them [staff] all which makes me happy as I know it's the right place for them to be. It definitely ticks all the boxes."

## Is the service well-led?

### Our findings

Staff, relatives and people spoke positively about the registered manager and said they were happy with the way the service was run. They felt the registered manager was very approachable and was doing a good job. One relative told us, "The manager is very kind and caring." One person said, "[Registered manager] is very good."

We saw staff had regular meetings where they could discuss any issues or make suggestions about the service. A number of areas were also discussed during those meetings such as people's care needs and what was happening at the service. This meant that staff were being kept up to date with any changes to the service or people's needs.

Staff told us they were happy working for the service and had done so for a long time and they worked well as a team. They felt the registered manager was very supportive and would always make themselves available to them for advice or guidance. One member of staff said, "The manager is very supportive."

Staff were aware of who they were accountable to and understood their roles and responsibilities in ensuring people's needs were met. The provider had a number of policies and procedures in place to guide the staff in their roles.

The registered manager was aware of the conditions of their registration and had sent us notifications in a timely way. A notification is information about important events which the registered manager is required to send us by law in a timely way. This is to ensure that we were aware of any incidents that had taken place and what action the provider had taken to address them.

The registered manager had a system in place to monitor the quality of care being provided. People who used the service and their relatives were asked to complete satisfaction questionnaires to get their feedback about the service. We looked at the recent completed questionnaires and found people and their relatives commented positively about the service. Some of the comments were as follows; "[Person is very happy and makes me happy to know that they are safe and well looked after.]", "[Person] is cared for to a very high standard." and "Staff are all very caring and friendly towards [Person] ensuring they are happy both at Strathfield Gardens and on trips."

The registered manager carried out a range of audits to ensure service was run well and to identify where improvements were needed. Areas where there were regular audits included; medicine management, care records, health and safety, fire safety and food hygiene. This meant a system was in place to monitor and review the delivery of care and the quality of service that people received.

The registered manager kept themselves up to date with best practice and legislation by attending meetings run by the local councils and through networking events. As the provider had other services, the registered manager met with other managers within the organisation to share ideas and best practices. Any changes or updates were shared with staff during team meetings or at handover time.

