

# Strode Park Foundation For People With Disabilities

## Platters Farm Lodge

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Platters Farm Lodge accommodates up to 43 people. At the time of our inspection, 35 people were staying at the service. The service provides short term care and support for older people and younger adults; and people with physical disabilities, sensory impairment and dementia.

People's experience of using this service:

Risks to people's safety had not always been identified. A room containing hazardous items had not been secured to prevent unauthorised access. We made a recommendation about this.

Risks associated with flammable lotions and creams had not been considered which increased the risks to people in the event of a fire. We made a recommendation about this.

Risks associated with people's care and support had been identified. Plans were in place to ensure these risks were reduced.

The service was well led. The management team knew people well. The management team carried out the appropriate checks to ensure that the quality of the service had improved. The audits and checks were robust but had not captured the issues relating to risk management we had identified. This was an area for improvement.

The quality of care people received had significantly improved since the last inspection.

Medicines practice had improved. The management team continuously reviewed medicines practice, including records and storage to ensure people received their medicines in a safe way.

Recruitment practice had improved. The provider had carried out suitable checks to ensure staff were suitable to work with people.

Care planning and records had improved. The provider had introduced and embedded an electronic care planning system. This enabled all staff to know and understand people's care and support needs.

There was a positive atmosphere at the service. People were happy, and staff engaged with people in a kind and caring way. People were busy when we visited, engaging in activities and (for those people staying at the service for rehabilitation) undertaking therapies to aid their recovery.

Staff were kind and caring and had the skills, learning and training they needed to support people. People were encouraged to increase their independence. The service supported people to maintain family relationships.

The environment had been improved to help people living with dementia moved about the service. The

provider had improved signage and accessible information so people understood what options were available to them.

Please see more information in Detailed Findings below.

Rating at last inspection:

The last inspection was carried out on 05 and 07 December 2017. The service was rated Requires Improvement.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. At this inspection we found that improvements had been made to the environment, medicines management and recruitment processes. Records and care planning had improved to evidence that the service was meeting people's health care needs. However, we also identified some areas which required improvement.

Follow up:

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Platters Farm Lodge

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by three inspectors and one expert by experience. One of the inspectors specialised in medicines. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Platters Farm Lodge is a 'care home' that provides short term care, respite care and rehabilitation for people that have left hospital. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service was not registered to provide nursing care. Any nursing care was provided by community nurses.

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

#### Notice of inspection:

The first day of this inspection was unannounced.

#### What we did:

Before the inspection the provider completed a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in

the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

We spent time speaking with 10 people who were staying at the service. We also spoke with three person's relatives to gain feedback about the care and support their family member received. Some people were not able to verbally express their experiences of staying at the service. We observed staff interactions with people and observed care and support in communal areas.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners and local authority safeguarding coordinators.

We spoke with 10 staff including; the cook, maintenance staff, care staff, senior care staff, the care quality monitor, the deputy manager and the registered manager.

We looked at nine people's personal records, care plans and people's medicines charts, risk assessments, staff rotas, staff schedules, two staff recruitment records, meeting minutes, policies and procedures.

We asked the registered manager to send us additional information after the inspection. We asked for copies of the training matrix, quality audits and maintenance records. These were received in a timely manner.

# Is the service safe?

## Our findings

At our last inspection on 05 and 07 December 2017, registered persons had failed to operate effective recruitment procedures and had failed to take appropriate actions to mitigate risks to people's health and welfare. Registered persons had also failed to manage medicines safely.

At this inspection, we found that improvements had been made to recruitment processes and medicines management.

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

Requires Improvement - Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's safety had not always been identified and suitably mitigated. The Handyperson's room containing hand tools and sharp instruments was located off of one of the lounge areas of the service. The door to the room was left open consistently over the days and not locked to prevent unauthorised access. The lounge area was left unattended by staff a number of times on the second day of inspection with people (including people living with dementia) present in the room. This posed a risk to people and visitors. The registered manager told us in their action plan that a digital lock had been fitted to the door since the inspection.

We recommend that registered persons seek guidance from a reputable source on how to assess risks and do all that is reasonably practicable to mitigate those risks to people using the service.

- Emergency plans were in place to ensure people were supported in the event of a fire, however some of these required amending to include that some people were prescribed paraffin based creams which could increase the risk of harm in the event of a fire. One person's PEEP was incorrect as it recorded they did not use any flammable skin creams. However, they did use a cream which contained paraffin.

We recommend that the provider reviews PEEPs to ensure information about the use of flammable creams is accurate.

- One person's risk assessment had not been updated in a timely manner to evidence changes to their skin integrity. Action taken to address the changes had taken place. The district nurse had seen the person and prescribed creams had been applied. We reported this to the registered manager as an area of improvement. The registered manager updated the risk assessment to ensure staff had the most up to date guidance and information to provide the person their care.

- Risks associated with people's care and support had been identified. Plans were in place to ensure these risks were reduced. Positive risk management was evident as this was focused on people's needs, choices, wishes and abilities and approached in the least restrictive way possible.

- Cleaning materials and chemicals were locked away to keep people protected from the risks of ingesting items that would harm their health.

#### Using medicines safely

- We discussed with the registered manager that medicines information should be clearer. For example, one person had angina. They had a care plan in place about this which did not detail that they had PRN medicine in place to help them if they suffered an angina attack. The care plan and information did not detail what symptoms the person may show if they were having an attack. This is an area for improvement.
- People who required medicines on an 'as and when' (PRN) required basis, did not have protocols in place to detail how they communicated pain, why they needed the medicine and what the maximum dosages were. This meant that staff administering these medicines may not have all the information they need to identify why the person takes that particular medicine and how they communicate the need for it. We spoke with the registered manager about this. The registered manager had an arrangement with the GP to review medicines as part of the weekly visit to the service and following this visit, information about why and how people take medicines was then added to the medicines administration charts.
- Improvements had been made to medicines management. Medicines were ordered, stored, administered and disposed of safely. People's medication records confirmed they received their medicines as required and this was audited by the care quality monitor. Regular checks were completed and action was taken when necessary to ensure people's medicines remained safe.
- The provider told us in their PIR that monthly clinical meetings took place to review medicines errors and medicines management incidents to review how they can further improve practice in these areas. During a review of medicines incidents, the management team had identified an increase in errors/incidents in December 2018. They had put in place that medicines must be administered and checked by two staff to reduce the risk.
- People's day to day medicines were kept in their own rooms in locked, secure cabinets. People's medicines records (MAR) were also contained in their rooms. All MAR charts had photographs of people on them to help prevent errors.
- Medicines that required additional control and special storage had been appropriately stored and recorded.
- All staff involved in administering medicines had completed training in medicines administration and their competency was checked regularly to ensure their practice had remained safe.
- People who were able to, looked after and administered their own medicines.

#### Staffing and recruitment

- Improvements had been made to recruitment processes. The provider followed recruitment procedures which included police checks and taking references to ensure that new staff were safe to work with people.
- There were systems in place to plan staffing levels according to individuals' needs. This was flexible to support people's activities and needs. A staff member was responsible for rostering staff. The management team ensured that staffing levels met the needs of the people staying at the service. As and when new admissions took place, staffing levels were reviewed.
- People told us there were enough staff. Comments included, "Yes, I feel safe. It's because there are always people around" and "They answer my buzzer quickly."

#### Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place to protect people from the risk of abuse.
- Staff had a good understanding of what to do to make sure people were protected from harm or abuse. Staff had confidence in the management team and provider to appropriately deal with concerns.
- All staff were aware of the whistle-blowing process and who to contact if they had concerns about



people's care or safety.

- Staff training records showed that all staff had undertaken safeguarding training.
- People told us they felt safe.

#### Preventing and controlling infection

- The provider ensured people were protected by the prevention and control of infection.
- Staff told us they followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare-related infections where necessary.
- The service was clean and smelt fresh. Housekeeping staff undertook cleaning throughout the service.
- The equipment and the environment had been maintained. Handypersons carried out repairs and maintenance in a timely manner.

#### Learning lessons when things go wrong

- The provider had a system in place to monitor and record accidents and incidents.
- There was a process to identify where any mistakes were made and action plans to mitigate future occurrences were put in place. People, relatives and staff were consulted throughout and informed of any actions.
- The registered manager monitored accidents and incidents to check for trends and patterns.

# Is the service effective?

## Our findings

At our last inspection on 05 and 07 December 2017, registered persons had failed to maintain accurate and complete records.

At this inspection, we found that improvements had been made to record keeping. The management team were constantly reviewing records to ensure people's care needs were met.

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good - People's outcomes were consistently good, and people's feedback confirmed this.

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

- People accessing the service were assessed by local authority health and social care professionals.
- Assessment information was then shared with the service so that they could prepare for the person's admission. We checked through the admission information and found that the local authority assessment had not always captured all of the information required to enable staff to meet people's needs. For example, one person's first language was not English. The assessment recorded this, however it did not record which country the person originated from and what language they spoke. This led to a delays and confusion for the person when healthcare staff had arranged a translator to help the person understand their health needs and treatment options. The translator booked did not speak the person's language. Staff we spoke with were not sure what language the person spoke. We observed care staff interaction with the person and they could communicate effectively. For example, the person asked for help to put on a sock, they could communicate this and staff understood and provided assistance. The person was also able to communicate if they required pain relief. We spoke with the registered manager about this and they agreed to discuss assessment improvements with health and social care professionals.
- We observed that people made decisions about their care and treatment. We heard people declining and accepting offers of food, drink, personal care, people chose whether to participate in activities and chose where they would like to be for activities. The service had two lounges; one was smaller and provided quieter, calmer activities to meet people's needs and the other lounge was noisier and more boisterous.

Staff support: induction, training, skills and experience

- The provider ensured that staff had the skills, knowledge and experience to carry out their roles and responsibilities.
- Staff told us that training was of a good standard and readily available. They said they valued this and it helped them improve the quality of the care they provided. Training was taking place at the service during the inspection.
- Staff told us they completed a thorough induction which included mandatory training and shadowing experienced staff.
- Staff told us they had regular supervision meetings with their line manager to support their development. They also confirmed that they had received an annual appraisal. The registered manager told us that along

with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed.

- People told us, "Yes, they look after you well. There are enough staff, and they are well trained" and "The staff are well trained. They are good." A relative said, "They do understand. There are enough staff, and they are well trained."

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

- Where people were at risk of poor nutrition and dehydration, staff were aware of plans in place to address their needs. These plans were clear and detailed and care notes reflected the plans and recorded input and output carefully and thoroughly, although agency staff didn't always record observations in enough detail. The care quality monitor had identified this during their daily checks and had taken action to address this.
- Catering staff told us people with diabetes were often offered smaller-sized portions than others, rather than being offered personalised meals. The registered manager agreed to check this with the trainer who was delivering food and nutrition training at the service and make necessary amendments.
- People's weight was monitored where appropriate.
- Mealtimes were calm and unhurried and people were offered choices of food.
- A pictorial menu board was on display in the main hallway leading to the dining room so people could see what meal choices were on offer.
- People gave positive feedback about the food. Comments included, "The food here is really good."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies to provide joined up and consistent care. Medway Community Healthcare (MCH) staff worked at the service to provide physiotherapy and rehabilitation to people to enable them to improve their mobility and fitness to return to their own homes.
- Communication had improved and admission and discharges were coordinated well to ensure people were fully part of the process. We observed staff and the therapists working together and sharing information to ensure one person's discharge went ahead without any difficulty.
- Daily meetings took place between the management team and the therapist to review people's progress and changes.

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

- The layout of the building met people's needs. The building was all on one level.
- The service had dementia friendly signage to help people find their bedrooms, bathrooms or toilets and the lounges.
- People had access to well-maintained secure gardens.
- The service had been redecorated throughout. The dementia unit had been decorated in a way to stimulate people's senses and to support people to understand their living space. For example, one corridor had a door which was secured and locked at one end. It had been decorated with brick wallpaper. This helped people to understand it was a dead end and meant that they were not trying the door handles.
- People who were staying in the dementia unit were no longer restricted to this area. People were supported to move about the whole service and spend time with other people in the lounges and dining room. The dementia unit was secured during the evenings and at night to ensure people's safety.

Supporting people to live healthier lives, access healthcare services and support

- There were good relationships in place between staff and healthcare professionals to ensure that people saw them when required.
- Since the last inspection improvements had been made to ensure people received consistent healthcare. Each person staying at the service was temporarily registered with a GP. This GP was the GP for everyone in

the service. This meant that people could access more timely healthcare when they needed it and there were no longer issues about people not being in their own GP's catchment area.

- People told us their health needs were well met. We observed staff calling the GP and seeking advice for people that were not feeling well.
- Staff sought advice and guidance if people were admitted to the service without clear medical information. One person said, "When we arrived here, the discharge papers from hospital were a shamble. Staff could not understand them so they spent a lot of effort contacting the ward to ensure that they knew exactly what I needed."
- When people had been unwell or their needs had changed referrals had been made to relevant health professionals. For example, when there were concerns that one person may be at increased risk of choking support and guidance was obtained from the speech and language therapy team.
- People's care plans showed that health care professionals had been involved in people's care when appropriate.
- Advice from health care professionals was taken seriously and entered in people's care plans and actioned by staff.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager had good systems in place to monitor and track DoLS applications.
- DoLS applications were made appropriately and relevant health and social care professionals were involved. On the day of our inspection, one person was reviewed by a local authority DoLS assessor in response to an application to deprive the person of their liberty.
- Staff gave us examples of ensuring people were involved in decisions about their care. Care records evidenced that staff knew what they needed to do to make sure decisions were taken in people's best interests if there were issues about capacity.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good - People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they were treated well. Comments included, "The staff are fantastic. They listen to everyone. That shows great sense of care. In general, it's a very good staff team. My needs are quite complex, but the staff do their utmost to find out how to help me"; "They look after me well. They deal with my personal needs very well" and "Generally, they do understand me well."
- We observed people being treated with kindness and respect by staff. Staff took time to talk with people and played games and movement activities, which people enjoyed. Staff reassured people if they were anxious. One person was moving to a permanent care home on the second day of our inspection, staff offered reassurance, kindness and compassion to the person to help them with their transition. Two staff who knew the person well supported them to travel to their new placement to help them settle.
- All staff had completed equality and diversity training.
- People said they liked the staff and got along well with them. People told us, "They are very kind"; "I am very happy here. The staff are very friendly"; "They let you do what you want. We have quite a good laugh"; "The staff have the patience of saints" and "They are very nice people. They are very good."
- People's personal records were stored securely on computers. Staff accessed people's records through hand held devices. These were only accessible to approved staff and through use of a password. Staff were respectful of people's privacy and knew to discuss confidential information behind closed doors and not in communal spaces.
- The atmosphere in the service was relaxed and calm. There was good interaction between staff and people with a lot of laughter, joking and banter. Staff spoke about people with kindness and compassion.
- Staff knew about people's preferences, for example, favourite television shows, ways of being addressed, amount of socialising and activity. Staff used this knowledge to care for them wherever possible in the way they wanted.

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

- People were supported and treated with dignity and respect; they were involved in making decisions about their care and support.
- People were encouraged to express their views on how they preferred to receive their care and support.
- People told us they felt that staff took time chat with them and listened to them.
- The registered manager told us that church services were held at the service regularly, people could attend if they wished to.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. One person said "They are very careful about privacy. When they give me personal care they always ensure that my privacy is protected. They are all lovely. They are very kind."
- We observed staff knocking on doors before entering people's room as well as discreetly supporting people to the toilet when required.
- People's relatives and friends were welcomed to the service at any time. Meal times were protected to enable people to get the support from staff they needed. Relatives told us they felt welcome. One relative said, "It has been really good here. They have gone out of their way to make him comfortable. We are really happy with the quality of care. The staff are always pleasant. Nothing is too much trouble."
- People were supported to be as independent as possible. People who were staying at the service for rehabilitation attended therapy sessions and undertook exercises and tasks to build up their strength and regain their independence. Their level of independence was constantly under review.
- One person told us, "They are really good at helping me to maintain my independence, that is really important to me."

# Is the service responsive?

## Our findings

At our last inspection on 05 and 07 December 2017, registered persons had failed to plan care and treatment to meet people's needs and preferences.

At this inspection, we found that improvements had been made to care planning procedures and practice. This was constantly under review to ensure continuous improvements were made.

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

Good - People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At this inspection we found that care plans had improved. The provider had embedded an electronic care planning system. The system recorded people's care and support needs and broke these down into tasks. Staff recorded care provided on hand held devices which meant that records could be updated as and when the care was provided.
- A new admission process had been put in place to ensure all care plans were in place within 24 hours of a person arriving at the service.
- Further work was taking place to make the care plans and information more person centred so that likes, dislikes and information about the person's life history could be included. The developer of the system, amended and added information regularly. On the second day of the inspection a new section had been created which explored these areas. The management team agreed that they would continue to develop the care plans further.
- Staff were knowledgeable about people and their care and support needs.
- People were encouraged to join activities. There was a variety of activities taking place in the service each day. People had choices of activities in the morning and the afternoon. We observed that activities were well attended. People appeared to enjoy these, they were smiling, joining in and engaging with other people, visitors and staff. The management team told us that since the increase of planned activities there had been a reduction in social isolation.
- One member of staff told us, "I feel that choices regarding activities have increased massively; arts and crafts, computers, stimulation through discussions, exercises, singing take place and made a big fuss of royal events, football."

Improving care quality in response to complaints or concerns

- The complaints policy in place which was also available to people in a pictorial format. The complaints procedure was displayed in the service and each person had a copy in their room.
- People we spoke with did not have any complaints or concerns about their care.
- A member of the management team met with each person within 24 hours of their admission to check that they were happy and had everything they needed. This enabled people to discuss any concerns or complaints.
- There had been 13 formal complaints since the last inspection, three of these were still being investigated.

- Complaints records showed that the provider had worked closely with people, the local authority and relatives to resolve complaints. When complaints had been resolved, people had received letters to detail the outcome. Apologies were made when required. The registered manager told us, "We try to be as transparent as possible."

#### End of life care and support

- The service was not supporting anyone at the end of their life.
- Training records evidenced that 16 staff had attended training in end of life care and 10 staff were booked to attend this training. This meant that staff were trained to support people to have a dignified and comfortable death. The registered manager explained that the service would work closely with healthcare professionals and would seek advice and help from the local hospice if required.
- Some people had made decisions with healthcare professionals to not be resuscitated if they became acutely unwell. These decisions were recorded on 'do not attempt resuscitation' (DNAR) forms. They were kept in each person's medicines cabinet in their room so they could quickly be accessed when needed.



# Is the service well-led?

## Our findings

At our last inspection on 05 and 07 December 2017, registered persons had failed to operate effective quality monitoring and failed to maintain complete and accurate records.

At this inspection, we found that improvements had been made to quality monitoring systems and processes and records management.

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

Requires Improvement - Service management and leadership was consistent. Leaders and the culture they created supported the delivery of high-quality, person-centred care, however further improvements were required. Some regulations may or may not have been met.

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

- There were systems in place to check the quality of the service including reviewing support plans, incidents, maintenance and health and safety. Medicines were audited weekly to check stock levels with a full audit of medicines being undertaken monthly. Where actions were needed these were recorded and completed in a timely manner.
- The systems to check the quality of the service were embedded, however the audits and checks had not identified the concerns we raised in relation to effective risk management. This is an area for improvement.
- Daily checks on care, records and medicines were completed by the care quality monitor (CQM), immediate action was taken when the CQM identified areas for improvement.
- Lead care staff were also responsible for undertaking daily checks of the service including checks of people's rooms. This led to actions being completed quickly. For example, one person's bathroom door handle became loose, it was reported by the lead carer to the maintenance team and the repair was made within minutes.
- There were regular audits by on behalf of the provider to check that quality systems were effective.
- The registered manager had informed CQC of significant events that happen within the service, as required.
- Policies and procedures had been amended and reviewed since the last inspection to provide updated guidance and support to staff.
- The registered manager continued to gain support from the provider and the senior management team.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There was an open and transparent culture within the service.
- People approached the registered manager and deputy manager regularly throughout the day. The management team knew people well and there was regular communication with people.
- Relatives were involved in people's care. Where things went wrong or there were incidents relatives were

informed where this appropriate.

- There were established processes and procedures in place to ensure people received care and supported they wanted.
- The management team said they had an open-door policy so that people, relatives and staff could raise any issues or concerns or make suggestions. The management team understood the duty of candour requirement to be honest with people and their representatives when things had not gone well.
- People told us, "Yes, you can always see the manager if you want"; "The managers do come around. This is a very nice place. Everyone is very helpful"; "The manager is very approachable"; "Nothing can be improved"; "The manager works very hard" and "She [the manager] was the first person I saw. She was very helpful."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were engaged in the service and asked their opinions. The service operated an open-door policy where people, relatives and staff could give their opinions about the service and share their views at any time.
- People were asked for feedback at the end of their stay. The admission and discharge coordinators at the service met with people to gain their feedback.
- Compliments had been received from people who had stayed and their relatives. Compliments included, 'My dad has asked me to thank everyone for their help and attention'; 'Many thanks for all your good work and kindness for [person]'; 'Thank you very much for your care and kindness and help while I was with you over the last few weeks. It was very much appreciated'; 'Thank you all for making my stay at Platters so wonderful' and 'My room with a view of the garden, birds and squirrels was superb, large and comfortable. I must praise especially the wonderful food it could not be faulted. This put me back on the road to recovery.'
- People, relatives, visitors and staff knew about the rating and findings from previous inspections. The rating and a copy of the report was on display in the service and on the provider's website.
- Staff meetings had taken place regularly. Staff told us they felt listened to and supported by the manager who "Always knows what's going on", "Listens to us" and whose "Door is always open."

Continuous learning and improving care

- Staff and relatives told us the management team and senior care staff were visible and approachable, positively encouraging feedback and acting on it to help try to continuously improve the service.
- The registered manager continued to attend local provider and registered managers forums held by the local authority and external organisations.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent care.
- Weekly multidisciplinary team meetings take place to ensure clinical and care information is shared effectively between the service and organisations involved in people's care and treatment.
- The provider told us in their PIR, 'We also have monthly contracting meetings that focus on all parties discussing experiences and learning from each other about how we can make the guest experience better from hospital to service.'