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

The inspection was carried out on 01 and 03 November 2016. The first day or our inspection was unannounced.

Platters Farm Lodge is registered to provide accommodation for people who require nursing or personal care. It is registered for 43 beds which included 20 beds for rehabilitation, and 23 respite care beds. The local authority and community health trust commission the beds within the service. The service provides care and support for older people and younger adults; and people with physical disabilities, sensory impairment and dementia. It also provides a day care centre which is not regulated by the Care Quality Commission. There were 26 people staying at the service on the day of our inspection. Although the service only provided short term care for people, there were six people who had been living at the service for a long period of time. The registered manager had been liaising with the local authority and community health trust to find a permanent placement for these six people as the purpose of Platters Farm Lodge was to provide short term care and support only.

The service had a registered manager. 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.

At our previous inspection on 25 November 2014 we found a breach Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, this related to accuracy of records. At this inspection we found that some records had not improved.

People gave positive feedback about the service. People felt safe and well cared for.

Risks to people's safety and wellbeing were not always managed effectively to make sure they were protected from harm. Risk assessments had not always been reviewed and updated when people's health needs changed. Records were not always complete, accurate and stored securely.

People were not always protected from potential abuse by staff trained in how to safeguard adults. Four staff we spoke with did not understand their responsibilities in reporting abuse, this put people at risk of harm. We made a recommendation about this.

There were enough staff deployed to meet people's needs. However people who lived with dementia were left in one area of the service for short periods whilst staff carried out tasks. We made a recommendation about this.

The environment did not meet the needs of people living with dementia and those that were disorientated

because the service was new to them. Some doors had dementia friendly signs to help people find the bathroom or toilet, other doors did not. We made a recommendation about this.

People who stayed at Platters Farm Lodge on a short term basis had suitable care plans in place. There were six people who were staying at the service on a longer term basis. Their care plans did not list their life histories, personal histories, likes and dislikes. We made a recommendation about this.

The provider had a complaints policy and procedures which included clear guidelines on how and by when issues should be resolved. It did not contain the contact details of relevant external agencies, such as the local authority and Local Government Ombudsman, who people could go to if they were not satisfied with the provider's response. Additional guidance for people about how to complain was available in communal areas of the service.

The provider followed safe recruitment practice. Gaps in employment history had been explored to check staff suitability for their role.

Equipment and the environment had been maintained. The service was clean and smelt fresh.

Staff had received training relevant to their roles. Staff were supported and encouraged to complete work related qualifications.

The provider's business continuity plan was not specific to Platters Farm Lodge. Key information had not been completed that would ensure people's care could continue safely if access to Platters Farm Lodge was no longer available.

Staff had a good understanding of the Mental Capacity Act 2005. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager had submitted Deprivation of Liberty Safeguards (DoLS) applications for some people. The tracking system that the registered manager had in place to monitor DoLS was not robust, they made changes to this during the inspection.

Meals and mealtimes promoted people's wellbeing, meal times were relaxed and people were given choices.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner.

People were supported to maintain their relationships with people who mattered to them. Relatives and visitors were welcomed at the service at any reasonable time and were complimentary about the care their family member's received.

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

People were encouraged to take part in activities that they enjoyed. People were supported to be as independent as possible.

People's views and experiences were sought through surveys.

There were quality assurance systems in place. The registered manager and provider carried out regular checks on the service. Action plans were put in place and completed quickly.

Staff told us they felt supported by the registered manager. Health and social care professionals gave us positive feedback about the management of the service.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risk assessments were not always clear and up to date. Some people's safety had not always been suitably assessed.

The provider followed safe recruitment practices. Enough staff had been deployed to meet people's needs, however people were at risk in one part of the service as they were left unattended for short periods of time.

Most staff had a good knowledge and understanding on how to keep people safe from abuse.

Medicines were appropriately managed and recorded.

Is the service effective?

Good

The service was effective.

Staff had the essential and specific training and updates they needed. Staff said they were supported in their role and had received supervision.

Staff were aware of the Mental Capacity Act 2005. Where people's freedom was restricted Deprivation of Liberties Safeguards were in place.

People had choices of food at each meal time.

Some areas of the service had suitable signage and decoration to meet the needs of people living with dementia.

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

Is the service caring?

Good

The service was caring.

The staff were kind, friendly and caring towards people and their relatives.

People were supported to maintain relationships with their relatives and friends. Relatives were able to visit at any reasonable time.

Staff were careful to protect people's privacy and dignity and people told us they were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Care plans for people receiving short term care and support were suitable and sufficient. However, care plans for people that were staying at Platters Farm Lodge on a longer term basis did not detail people's important information.

People and their relatives knew how to raise concerns and complaints. Complaints had been dealt with effectively.

People and relatives had opportunities to feedback about the service through surveys.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Records relating to people's care and support were not kept securely. Some records were not accurate or complete.

The registered manager and provider carried out regular checks on the quality of the service. Action had been taken to address identified shortfalls.

Staff were positive about the support they received from the management team.

Platters Farm Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 01 and 03 November 2016 and was unannounced.

The inspection team consisted of two inspectors, a specialist advisor who was a nurse with expertise in elderly and dementia care, and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for older family members. A third inspector made calls after the inspection to staff members.

Before the inspection, we reviewed previous inspection reports, actions plans and notifications before the inspection. A notification is information about important events which the service is required to send us by law.

We spent time speaking with 17 people, one relative and one visitor. We spoke with 13 staff including care staff, senior care staff, the cook, and the registered manager. We also spoke with two further staff outside of the inspection visit.

Some people were not able to verbally express their experiences of living and staying in the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff interactions with people and observed care and support in communal areas.

We contacted health and social care professionals including the local authorities' quality assurance and commissioning team, people's GP and care managers to obtain feedback about their experience of the service. We also received feedback from the local hospital's Integrated Discharge Planning Team.

We looked at records held by the provider and care records held in the service. These included 15 people's

care records, medicines records, risk assessments, staff rotas, six staff recruitment records, meeting minutes, quality audits, policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including some policies and training records. The information we requested was sent to us in a timely manner.

Requires Improvement

Is the service safe?

Our findings

Very few people stayed at Platters Farm long term. They were there for respite or re-enablement, for example after hospital discharge. People we spoke with told us they were safe at Platters Farm. One person said, "This place is very safe, they [staff] look after you really well". Another person told us, "Everything is safe here".

A relative told us their family member received safe care and treatment. They said, "My mum could not get around at home and would always fall over but since she has been here, less than a week she can stand up and walk with the frame. The physio recommended this home to us".

Risk assessments had been undertaken to ensure that people received safe and appropriate care. Risk assessments included a list of assessed risks and care needs, they detailed each person's abilities and current care needs. Risk assessments corresponded with each section of the care plan, such as mobility, personal care, medicines, diabetes, and pain management. Risk assessments and care plans had been reviewed regularly. People had been assessed to see if they were at any risk from falls or not eating and drinking enough. However, some people's safety had not always been suitably assessed. During the first day of our inspection we witnessed a person choke on their food. Staff responded to the incident and provided appropriate first aid and supported the person to sit up properly whilst they were eating. Staff reported the incident to senior staff when it happened. We checked the person's risk assessment and care plan during the second day of our inspection. Their records had not been updated to detail the increased risk. There had not been any documented handover of information relating to the person choking and no record other than the written account in the person's daily notes on the day of the incident. Which meant staff working with the person didn't know about the risks. On the second day of the inspection we observed staff prompt the person to get out of bed and sit in their chair to eat as it was safer. Another staff member spoke with the staff on shift to advise them that the person must be seated upright as they had choked two days previously. The staff members on shift were surprised about this and didn't know this had occurred.

The same person had a catheter fitted, the risk assessment in place stated that staff needed to attach, detach and empty the person's catheter bag as they were unable to do this. The care plan and risk assessment did not detail that the staff should record the urine output for this person. We spoke with the team leader about this and they advised that staff should be recording the urine out put on a separate monitoring chart. They agreed this was not clear and would amend the risk assessment to make it clear to all people working with the person. We checked the urine output charts and found that staff had only recorded once in four days what the person's urine output had been. This meant that the person was at risk because the urine flow had not been adequately monitored. On the second day of our inspection we were informed about people who had been admitted to the service on 02 November 2016. One person had been admitted for a short stay. They were not mobile and staff told us they had deteriorated significantly since their last stay which was in May 2016. Their personal emergency evacuation plan (PEEP) had not been updated on admission, it had been last updated in February 2016. This stated that they 'mobilise independently with support'. The PEEP had not been reviewed and revised when the person had been admitted to detail what staff should do to provide the person with safe care.

The failure to ensure care was delivered in a safe way was a breach of Regulation 12 (1)(2) (a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager checked for patterns of risk. Incidents and accidents had been checked by the registered manager to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. Incidents and accidents were reported to the provider via a computerised system that enabled senior staff in the organisation to monitor risks.

There were not enough staff deployed at all times to ensure the care people received was safe and they were protected from foreseeable risks. We observed at times people who were staying in the dementia unit within Platters Farm Lodge were left alone for short periods of time whilst staff left the unit to collect and deliver food from the kitchen. These people were at risk of harm as they did not have suitable supervision whilst staff had left the unit. Staff we spoke with confirmed that this was normal practice to leave people for short periods. One person's care file and risk assessments stated that they must be monitored at all times. We reported our concerns to the registered manager who advised staff should not be leaving people unattended within this unit.

We recommend that registered person's consider further how supervision should be managed in the dementia unit.

However elsewhere in the service, people told us they did not have to wait long for staff to arrive when they asked for assistance. Our observation and discussion with staff showed that staffing deployment was based on an analysis of the levels of care and dependency people needed. Each part of a person's needs levels were categorised as A, B, or C for high, medium or low risk. For example, skin integrity or falls risk. People's dependency levels were reviewed at least monthly. There were enough staff available to walk with people using their walking frames if they were at risks of falls.

Staffing levels were planned to meet people's needs. In addition to the registered manager, there were six staff care staff available to deliver care, plus a senior carer and a team leader between 08:00 and 20:00. At night there were three care staff. During known busy periods staff shift times varied to ensure there were enough staff. For example, in the morning when people were getting up or in the evening when people were going to bed. The rota showed that time was given between shifts for staff to hand over. Staffing levels were consistent and any staff absences were covered by approved agency or internal staff. Cleaning, maintenance, cooking and organising activities were carried out by other staff so that staff employed in delivering care were always available to people.

The provider had policies and guidance in place about protecting people from the risk of service failure due to foreseeable emergencies, like flood or fire. There were also specific plans in relation to snow and ice. There were back-up generators available in the event of a mains power failure. Each person had an emergency evacuation plan (PEEP). Staff told us they received training in how to respond to emergencies and fire practice drills were operating to keep people safe. The registered manager operated an out of hours on call system so that they could support staff if there were any emergencies.

People were not always protected from potential abuse by staff trained in how to safeguard adults. The provider had an up to date policy about protecting people from abuse. Staff told us how they followed the providers safeguarding policy and their training. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy was in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager knew how to report any safeguarding concerns.

However, four staff we spoke with did not understand their responsibilities in reporting abuse. They told us that if abuse occurred at night they would not report this to the management team or take action until the morning, this put people at risk of harm.

We recommend that the registered manager reviews safeguarding training to ensure all staff are aware of their duties and responsibilities when abuse has occurred.

People received their medicines safely from staff who had received specialist training in this area. The provider's policy on the administration of medicines had been reviewed in February 2016 and followed published guidance and best practice. Staff medicines competences were checked by the registered manager against the medicines policy to ensure good practices were maintained. The service faced particular challenges around medicines storage due to the numbers of people passing through the service and the way medicines were brought into the setting, mainly in separate containers. However, medicines were stored in people's own bedrooms in locked metal containers. This reduced the risk of medicines errors by ensuring that people's medicines were separated. We observed the safe administration of medicines. Other medicines were stored safely and securely in temperature controlled rooms within lockable storage containers. Storage temperatures were kept within recommended ranges and these were recorded. Staff administering medicines knew how to respond when a person did not wish to take their medicine. It would be offered again according to guidance from the GP. Staff understood how to keep people safe when administering medicines.

After medicines arrived they were correctly booked in to the service in line with the service procedures and policy. Staff administered medicines as prescribed by other health and social care professionals. For example, 'As and when' required medicines (PRN) were administered in line with the PRN policies. This ensured the medicines were available to administer safely to people as prescribed and required.

The provider's recruitment policy was followed by the registered manager. This protected people from new staff being employed who may not be suitable to work with people who needed safeguarding. All applicants for jobs had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding. Before employment, all applicants for posts at this service were asked to explain in full any gaps in their employment history. This was fully recorded and double checked by the registered manager. New staff could not be offered positions unless they had provided proof of identity, written references, and confirmation of previous training and qualifications.

Equipment and the premises environment had been maintained to protect people's safety and to meet their needs. The premises had a dedicated maintenance team on site, but also an externally based facilities management team. The internal maintenance team responded to general maintenance needs like painting and repairs. The facilities team oversaw the booking of specialist and routine maintenance calls such as servicing fire systems. There were adaptations within the premises like ramps to reduce the risk of people falling or tripping. Comprehensive records were in place to evidence both portable and fixed equipment had been serviced and maintained.

Good

Is the service effective?

Our findings

People told us staff were good at their jobs. One person said, "They know what they are doing. I want to stay here". Other comments included, "The staff are confident and they instil confidence in me"; "The staff make me feel confident because they are confident in what they do" and "They are trained and friendly, they always say good morning and good night".

People told us the food was good, comments included, "The food is excellent and there is plenty of it, for breakfast there is cereal and toast"; "Healthy, I get lots of veg"; "It's alright, simple and hot, the sandwiches are lovely"; "It's ok, I have had a bacon sandwich and toast"; "The food is nice"; "The staff ask me the day before what I want for lunch and dinner. I always have a choice". One person was not so complimentary about the food, they said, the food was "Not all that, especially the meat, it is over cooked. The soup is nice, fish was great. There is a lot of waste; so much food gets thrown away. In the evenings we have sandwiches and I asked what happens to the sandwiches that are not eaten".

A relative told us their family member received effective care because, "My mum is eating well and she is having physio". A health care professional said, "In my opinion patients do receive safe effective patient care. It is very rare that I am made aware of patients having to return to hospital and in those rare cases patients have become genuinely unwell".

Staff had received training and guidance relevant to their roles. Training records evidenced that all staff had attended fire, moving and handling, health and safety, first aid, safeguarding, and equality and diversity. Records showed that 35 out of 36 staff had attended medicines awareness training, 40 out of 41 staff had attended nutrition and hydration training and 41 staff had completed dementia training. Staff comments included, "We have done dementia training, but otherwise I can't think of any other specific training. I did some training in own time and money included diabetes, medicines, common health conditions. I have an NVQ level 2 in care which I did some years ago" and "We have done a lot of training since I first came here. Recently I did food awareness, manual handling, health and safety, infection control, first aid and fire training". The registered manager told us about their plans to ensure staff received end of life training for staff as some people referred to them had a diagnosis of requiring palliative care.

Staff told us that they had an induction when they started work. One staff member told us they had, "Worked as shadow for two weeks when started". This included shadowing experienced staff providing care and support, reading policies and procedures, completing the Care Certificate (which includes completing course work and observations of practice) and undertaking training. Staff had been supported to undertake qualifications relevant to their role, such as diplomas and National Vocational Qualifications (NVQ's) in health and social care. One staff member told us they had "Just finished a course on team leading to improve management skills". The provider's supervision policy stated, 'All staff must receive at least 3 supervision sessions per year and one combined supervision and appraisal a year. For carers two supervisions should be competency based. Additional supervisions should be carried out where appropriate'. Most staff received regular supervision from their line managers. Staff confirmed this when we spoke with them. Staff explained that the management team carried out observations of their practice as

part of their supervision process.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Only senior staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Seven senior staff in total had completed this. Staff were knowledgeable concerning the need to seek consent when providing care for people. One staff member said, "People are encouraged to make choices, they can choose to stay in their room, where they want to eat, what time to get up, whether they want to see family who visit and what they eat and drink". We observed staff gaining people's consent before undertaking tasks. One staff member we spoke with showed good understanding that people's capacity fluctuated and could be affected by changes in their health such as acquiring a urine infection. They explained that a person's capacity was tested and checked on admission and then again when they had been treated.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. Records evidenced where best interest meetings had taken place to make decisions when people lacked capacity. These meetings involved people, their relatives and professionals and ensure that decisions made were the least restrictive option for the person. We found that systems to monitor DoLS authorisations were not robust. The senior staff and the registered manager completed a spreadsheet which listed which people had a DoLS application in progress with the local authority. The registered manager explained that as the care provided by the service was short term, the DoLS applications were withdrawn at the end of each person's stay. One person had lived at the service for seven months. The person was not listed on the tracking system. The registered manager told us a DoLS authorisation was in place for this person. We asked to see it and after a search, which then resulted in a telephone call to the local authorities DoLS office. There had been an error and the DoLS office had not processed the person's authorisation. This had not been picked up by the registered manager because the person was not shown on the tracking system. We spoke with the registered manager about this and they made immediate changes to the DoLS tracking system to ensure this person was listed and amended the tracker and a new DoLS application was completed.

The environment did not meet the needs of people living with dementia. Doors within the dementia unit had dementia friendly signs to help people find the bathroom or toilet. Other areas of the home did not. We observed that some people were confused and disorientated in other areas of the service. Dementia friendly signs may have helped people to orientate themselves during a short stay. People staying for rehabilitation or respite may not be familiar with the layout of the service. The signs may also have helped people with short term memory loss. The dementia unit was locked and could only be accessed using a key fob. The registered manager told us they planned to make improvements to the dementia unit to "Maximise the space" they explained that this included outside space. All bedroom doors had numbers on; those bedrooms that were occupied had the person's name on the door. People who required assistance to orientate themselves to the right time and place may have been confused. Each area of the service had signs to state what the date, day and month was.

We recommend that the provider assesses and reviews the whole environment to ensure that it is suitable for all people living with dementia.

People had choices of food at each meal time and chose to have their meal in the dining room or their bedroom. People were offered more food if they wanted it and people who did not want to eat what had

been cooked were offered alternatives. Hot and cold drinks were offered to people throughout the day to ensure they drank well to maintain their hydration. People told us, "They always fill up my jug, even if I have not finished, they bring me fresh water"; "They bring me water and fill my jug" and "They bring me plenty of water". The registered manager explained that work had been completed to revise the menus. We saw the new menu's which were due to be started on the 01 December 2016. These menus showed that there were two choices of foods per meal time, which included one meat based meal and one vegetarian based meal. There were plans to implement pictures of meals to aid people making informed choices.

We observed staff providing discreet support at meal times when required. Staff asked people if they needed their food cut up and responded for requests for help. People that needed equipment at meal times had this.

Food was appropriately stored within the kitchen. Staff who worked in the kitchen were suitably qualified and knowledgeable about how to meet the nutritional needs of the people who lived and stayed at the service. Checks were made concerning the serving temperature of food to make sure it was properly heated.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff had sought medical advice from the GP when required. Referrals had been made to the dietician and speech and language therapist (SALT) when people needed it. Records demonstrated that staff had contacted the GP, ambulance service, out of hours GP services, dementia specialists, the hospice, physiotherapists, hospital and relatives when necessary. People who were at the end of their life received support from the palliative care team. District nurses visited the service on a daily basis to provide treatment to people that require it. People's weights were frequently recorded and monitored.

Most people that were staying in the service were staying for a short period of respite care to give their family carers a break or were staying because they had been in hospital and required a period of rehabilitation before being discharged home. People who were staying for rehabilitation received exercises and physiotherapy from Medway Community Healthcare (MCH) NHS staff. There was a good system in place for the registered manager and MCH staff to discuss people's progress and expected discharge dates. A weekly meeting was held. Social services were involved in this meeting to look at adaptations and possible packages of care that people may need once they returned to their own home.

Where people had pressure areas, appropriate action had been taken. Body maps recorded where the pressure area was. District nurses provided wound care treatment to people. One visiting nurse told us, "Staff are good at recognising skin changes and reporting issues". Records evidenced that staff applied barrier creams to people who were at risk of developing pressure areas. Suitable systems were in place to monitor people's health. One staff member told us, "We regularly check skin during personal hygiene time, and we look for any problems. Then we would work to limit progress of problems and aim for recovery of good skin integrity".

Good

Is the service caring?

Our findings

People were very complimentary about staff and a number particularly mentioned how friendly and approachable the registered manager was. People told us that staff were kind and caring towards them. Comments included, "Excellent, they are kind and friendly"; "They are nice to me by taking me to lunch"; "It's alright"; "The staff are nice and they talk nicely to me"; "They are always there and talk nicely to me. I have not seen any of them angry or shout"; "I know I am going to be cared for"; "The care is very good"; "They are nice"; "I want to stay here, I like it here, because I trust the staff, I respect them and they are friendly" and "It's home from home".

A relative told us "They [staff] help take her to the toilet. They are all kind and attentive and help her find things in her hand bag" and "They talk in layman's terms and are always friendly".

We observed friendly and compassionate care in the service. The staff were happy and up-beat, they enjoyed their work and this was reflected in the care we observed them providing.

Staff operated a key worker system. This enabled people to build relationships and trust with familiar staff. Staff built good relationships with the people they cared for. Staff promoted a non-discriminatory atmosphere and a belief that all people were valued. This resulted in people feeling comfortable, relaxed. We observed staff speaking to people and supporting them. This happened in a caring and thoughtful way. We saw staff listening to people, answering questions and taking an interest in what people were saying. We observed staff talking people through the care they were providing and confirming with people if it was okay. When speaking to people staff got down to eye level with the person and used proximity and non-verbal gestures such as good eye contact, smiles and nods. People responded well to the quality of their engagement with staff. People could choose to stay in their rooms, chat to others in the main lounge and dining room.

People's rights were protected. People told us that staff respected their privacy. One person said, "They do knock on the door" and another person said, "Yes they knock". Staff we spoke with described the steps they took to preserve people's privacy and dignity in the service. People were able to state whether they preferred to be cared for by male or female staff and this was recorded in their care plans and respected by staff. People were able to personalise their rooms as they wished.

We observed that people were treated with dignity and respect. Staff had a good understanding of the need to maintain confidentiality. People's preferred names were used during conversation and within the daily records. We observed staff explaining to people that the fire alarms were going to sound and why. Staff then reassured people who appeared to be distressed by the fire alarms going off; they were kind, sensitive and took time to explain in a variety of ways to help people understand. We observed one staff member who was undertaking a word game activity in one lounge area with a small group of people. The staff member had not considered a person who did not want to join in the game. The person was trying to watch television; the flip chart board was placed in front of the person which restricted their view of the television. This meant that the person could no longer either watch or easily hear the television programme they had chosen to

watch and demonstrated that staff were not thinking about each person's needs.

People's right to consent to their care was respected by staff. People had choices in relation to their care. The care plans made reference to promoting independence and helping to maintain people's current levels of self-care skills in this area. Daily records evidenced where people had refused care and support. One person told us, "I can make my own decisions. I can wear what I want and go into the garden when I want, it's very free here". Where possible people had signed to agree to the care being provided whenever possible. Staff confirmed they sought people's consent before they provided care for people. This meant that staff understood how to maintain people's individuality and respect choice.

One person's relatives told us that they were able to visit their family member at any reasonable time and they were always made to feel welcome. The relative said, "We can visit during visiting times and I have not been turned away". Platters Farm Lodge had a welcome pack available to each person who stayed. This information was located in each bedroom to enable the person staying to understand about the service, types of care, meal times. The welcome pack also requested that visiting times were between 13:30 to 17:00 and 18:30 to 21:00 hours each day. This meant that people were not disturbed and distracted by visitors at meal times. We observed relatives arriving to visit their family members during the afternoons of our inspection.

Good

Is the service responsive?

Our findings

People told us they had access to activities. Comments included, "Sometimes I go into the garden, no other activities, I like to watch TV"; "They are attentive to me, I can exercise and there is a quiz" and "I have painted picture frames and planted flowers". A relative told us that their family member enjoyed a crossword. We observed activities, staff encouraged and supported people to engage in a movement and exercise activity and during a quiz people were smiling, laughing and participating which showed they were enjoying it.

There was an activities person employed Monday to Thursday each week. Medway Community Healthcare (MCH) also completed rehabilitation exercises with people. Staff employed by the provider were observed encouraging and supporting people to mobilise and use equipment to ensure that the guidance provided by MCH was followed. Platters Farm Lodge had a large day service which people who were staying for rehabilitation or respite can attend if they wished. People who lived in the community also attended the day service. Each lounge area had a television, puzzles, games and music. We saw limited activities taking place within the dementia unit. One staff member told us about plans to introduce memory boxes.

A small number of people had lived at Platters Farm Lodge for longer than the expected time period. One person had lived there for one year. We spoke with the registered manager about whether the people who had stayed long term had opportunities to visit the local community. The registered manager explained that a church service took place once a month in the service and external entertainers came in. A local choir had visited and there were planned events such as tea parties. A fireworks event was advertised for 04 November 2016. The registered manager explained that people were not generally supported to go out into the community as they were there for short periods. However, one person who had moved out of the service who had lived at the service for more than one year had been supported to visit their animals which were being looked after at a local kennels. The registered manager explained that if people needed to go out into the community, arrangements would be made with the person's local authority care manager or relatives to arrange for this. This meant those people who were staying long term whilst more permanent care could be sourced had restricted access to the local community and were at risk of becoming socially isolated.

Care plans were in place for each person. People that were staying for rehabilitation or respite for short term placements had short concise care plans which detailed what their care needs were. They did not contain people's likes, dislikes and life histories because people did not stay long enough. Care files contained 'Do not attempt resuscitation' (DNAR) forms for people that had made these decisions.

Care plans for people that had received longer term care including the person who had stayed at the service for one year and a person who had lived at the service since April 2016 did not include information about their likes, dislikes and information about important things for them. Life histories were not in place for people that stayed longer. One person's care plan did not detail what actions staff should take to reassure and calm a person when they became anxious and agitated which meant they displayed behaviours that other people found challenging. This meant staff did not have up to date and relevant information about people's support needs staff may not have all the information they need to build a rapport with people and provide care and support according to their preferences.

We recommend that the registered manager reviews the care planning and assessment processes for people that live at the service beyond the expected period of rehabilitation and respite to ensure that people receive responsive care to meet their needs.

Some people did not know who to talk to if they were concerned or who to go to if they had a complaint. Some people said they didn't know who to tell, other people told us they would tell their relatives, some people said they would tell someone at the front desk if there was someone there. One person told us, "I would tell [staff member] the nurse or I would go to the office". We observed that the complaints and compliments procedure was clearly displayed in each person's welcome pack which was located in their bedroom. A relative said they had "No complaints we are happy with the care". The provider had a complaints policy and procedures which included clear guidelines on how and by when issues should be resolved. It did not contain the contact details of relevant external agencies, such as the local authority and Local Government Ombudsman, who people could go to if they were not satisfied with the provider's response. However, these details were available in the CQC complaints guidance, copies of which were kept in communal areas of the service. We reviewed the complaints records and saw that written complaints were documented and the records evidenced that they were responded to within agreed timescales. The response included an investigation and when warranted an apology was provided. The person who made the complaint was provided with a clear explanation of the steps that were taken. The registered manager explained that lessons learned from complaints were discussed in the staff meetings and supervision meetings.

The service had received lots of compliments from people who had stayed and relatives. These included letters and thank you cards. Comments included, 'Thank you so much for looking after mum for us'; 'Thank you so very much for all the care and kindness you gave our mum, we will miss our chats with you all'; 'Thank you to all you wonderful staff you were all so thoughtful and caring towards us and I shall never forget you all'; 'Thank you for the care and happy times you gave to mum' and 'Thank you to all concerned with helping [person] to get well'.

People had the opportunity to feedback about their stay. People told us they felt listened to. One person said, "They don't fob me off, they always help. I enjoy being here". A satisfaction survey was completed at the end of each person's stay. The administration staff completed the survey with the person. We viewed some responses most of which were positive. The registered manager explained that if issues were reported through this process they were transferred from the survey to an incident for and passed on to the registered manager for further action. They would provide assurance and feedback to people about their comments when required. The registered manager also explained that the chief executives personal assistant produced an annual summary of survey responses.

Requires Improvement

Is the service well-led?

Our findings

People told us they were pleased with the service. One person said, "I can't fault them". A relative said told us, "It is run well, it's clean and tidy and there is always people [staff] around" they went on to say that the management and staff, "Make us feel relaxed".

Health and social care professionals told us the service was well led. Comments included, "The service are also reporting quarterly monitoring information to us which again has always been on time and fully completed"; "Overall, the service is very good at returning information/ data to us at set intervals. The service send us bed vacancy numbers on weekly basis. This is always sent on time and fully completed"; "I am quite confident in her [registered manager] ability to run the service"; "From the contacts that I have made at Platters farm I believe the home is well led" and "I do not have any concerns regarding the home".

Records related to people's care and treatment were not always complete and accurate. We found that some forms and charts had incorrect information on, which may have referred to other people. For example, one person's personal emergency evacuation plan (PEEP) recorded that a person used a wheelchair and was able to self-mobilise. We observed this person did not use a wheelchair and walked independently. Another person's care records described them as a tablet controlled diabetic but risk assessments were in place detailing that the person administered their own insulin injection. Another person had been admitted to Platters Farm Lodge their care records had been reviewed on 01 November 2016. The care records did not reflect the significant change in the person's health, mobility and wellbeing since their last stay. We spoke with the registered manager about this and they agreed that the information was incorrect and required updating to ensure staff had accurate and relevant information to provide people their care.

Records were not stored securely to prevent access by unauthorised persons. People's care records were held in storage trays which were unlocked in the dementia unit and people's food and fluid charts were found in one dining room in another area of the service. We asked staff if this is where these documents were usually stored and they confirmed that it was. In other areas personal records were stored securely in the office to make sure they were accessible to staff. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

This failure to ensure records are secure, complete and accurate is a breach of Regulation 17 (1)(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's statement of purpose stated, 'We are committed to supporting people to be able to live in their own homes for as long as possible by delivering a high quality respite care service. This provides the opportunity to give carers a break or can be used for temporary difficulties, for example, if you are recovering from an illness or an injury'. The service was delivering their commitment and staff were providing good quality care.

Service quality audits were planned in advance and recorded. The frequency of audits was based on the levels of risk. For example, daily management walk around audits had taken place to check for any

immediate risk such as trip hazards or blocked exits. The audits covered every aspect of the service. We viewed completed quality audits and found that the provider and the registered manager had carried out thorough audits of the service, these included talking with people, staff, observations and reviewing records. Actions from audits were clear and were dealt with quickly.

The registered manager reviewed the quality and performance of the service's staff. They checked that risk assessments, care plans and other systems in the service were reviewed and up to date, the registered manager had not identified the areas of concern found in our inspection in relation to risk assessments. All of the areas of risk in the service were covered; staff told us they practiced fire evacuations. Each audit had an action plan. We could see that issues identified on audits were shared with staff and it had been recorded how and when they would make the improvements. This ensured that issues identified on audits were actioned and checked to improve service safety and quality.

Staff told us they felt supported by the registered manager and that the registered manager was very approachable. Comments included, "I feel I can talk to the manager, she has been fine with me, but there a lot of staff who do not find her approachable at all"; "Personally I feel that I can talk to the manager and the door is open but I know others are not happy and do not get on with the manager"; "Absolutely feel well supported, the best manager, she's very open, honest and fair"; "I find my manager very approachable, and I love my job. We are a good team" and "I think she [registered manager] is pretty good". There were various meetings arranged for staff. These included daily shift hand over meetings. These meeting were recorded and shared. Staff also confirmed that they attended team meetings and handover meetings. Staff felt that they could speak up at meetings and that the registered manager listened to them. Staff confirmed they could access policies at any time on the provider's intranet.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

The registered manager worked closely with key stakeholders from the hospital discharge team, local authority and Medway Community Healthcare. There were good systems in place. Feedback from key stakeholders evidenced that the registered manager was highly thought of and responsive. There had been an outbreak of sickness and diarrhoea at the beginning of the year which was handled very well. A local authority quality officer told us, "Overall the level of communication before and during the outbreak was good, the home had reported the outbreak to the correct authorities and it appeared that the home had followed the correct procedures. The overall detail within the documentation maintained during the outbreak was noted to be very good. The home was found to be using the correct cleaning products and following the correct waste guidance. The manager was commended by Medway's infection control specialist nurse on these points and the way the outbreak was managed".

Strode Park Foundation for People With Disabilities (the provider) has achieved a number of awards including; charity of the year by many different organisations including local newspaper groups, a local supermarket, and a local solicitors.

Maintenance staff ensured that repairs were carried out quickly and safely and these were signed off as completed. Other environmental matters were monitored to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, ensuring that people were protected from water borne illnesses. The maintenance team kept records of checks they made to ensure the safety of people's bedframes, other equipment and that people's mattresses were suitable. This ensured that people were protected from environmental risks and faulty equipment. The registered manager produced

development plans showing what improvements they intended to make over the coming year. These plans included improvements to the premises.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider and registered manager had failed to deliver care in a safe way. People's safety had not always been suitably assessed. Regulation 12 (1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider and registered manager had failed to ensure that records were complete, accurate and stored correctly. Regulation 17 (1)(2)(c)