

Lodge Group Care UK Limited

Strathfield Gardens

Inspection report

20 Strathfield Gardens
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected Strathfield Gardens on 18 and 19 March 2015. This was an announced inspection. The service was given 24 hours' notice because we needed to be sure that someone would be in.

Strathfield Gardens is a care home providing personal care and support for people with learning disabilities. The home is registered for seven people. At the time of the inspection they were providing personal care and support to four people.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We spoke with all the people who used the service and three relatives and they told us they felt safe and were happy with the care and support provided. We found that systems were in place to help ensure people were safe. For example, staff had a good understanding of what constituted abuse and the abuse reporting procedures. People's finances were managed and audited regularly by staff. People were given their prescribed medicines safely.

Summary of findings

Staff received regular one to one supervision and undertook regular training. People had access to health care professionals and the home sought to promote people's health. People were supported to make their own decisions where they had capacity. Where people lacked capacity proper procedures were followed in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Arrangements were in place and people were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

We found people were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The support plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. Care and support was tailored to meet people's individual needs and staff knew people well. The support plans included risk assessments. Staff had good relationships with the people living at the home and the atmosphere was happy and relaxed.

We observed interactions between staff and people living in the home and staff were kind and respectful to people when supporting them. Staff knew how to respect people's privacy and dignity. People were supported to attend meetings where they could express their views about the service.

We found that people were supported to access the local community and wider society. This included education opportunities. People using the service pursued their own individual activities and interests, with the support of staff if required.

There was a clear management structure in the home. People who lived at the home, relatives and staff felt comfortable about sharing their views and talking to the manager if they had any concerns. The registered manager demonstrated a good understanding of their role and responsibilities, and staff told us the manager was always supportive. There were systems in place to routinely monitor the safety and quality of the service provided.

Summary of findings

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 safe. There were robust safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it.

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance for staff. People were given their prescribed medicines safely.

We found that staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

Good



Is the service effective?

The service was effective. The provider ensured staff received training and were well supported to meet people's needs appropriately.

The provider met the requirements of the Mental Capacity Act (2005) and DoLS to help ensure people's rights were protected.

People were supported to eat and drink sufficient amounts of nutritious meals that met their individual dietary needs.

People's health and support needs were assessed and appropriately reflected in care records. People were supported to maintain good health and to access health care services and professionals when they needed them.

Good



Is the service caring?

The service was caring. People were happy at the home and staff treated them with respect and dignity.

Care and support was centred on people's individual needs and wishes. Staff knew about people's interests and preferences.

People using the service and their representatives were involved in planning and making decisions about the care and support provided at the home.

Good



Is the service responsive?

The service was responsive. People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative.

We saw people's plans had been updated regularly and when there were any changes in their care and support needs.

People had an individual programme of activity in accordance with their needs and preferences.

People using the service and their representatives were encouraged to express their views about the service. Systems were in place to ensure complaints were encouraged, explored and responded to in a timely manner. People knew how to make a complaint if they were unhappy about the home and felt confident their concerns would be dealt with appropriately.

Good



Summary of findings

Is the service well-led?

The service had a registered manager in place and staff told us they found the manager to be approachable and accessible.

Various quality assurance and monitoring systems were in place. Some of these included seeking the views of people that used the service.

Good



Strathfield Gardens

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

We inspected Strathfield Gardens on 18 and 19 March 2015. This was an announced inspection. The service was given 24 hours' notice because we needed to be sure that someone would be in.

The inspection was led by an inspector who was accompanied by an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service

Before we visited the home we checked the information that we held about the service and the service provider. No concerns had been raised and the service met the

regulations we inspected against at their last inspection which took place in February 2014. We reviewed the information we held about the service which included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning team that have placements at the home and the local borough safeguarding team.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during our inspection which included viewing the bedroom of two people who lived at the service with their permission. We spoke to all four people who lived in the service and one relative. We talked with the registered manager and three support workers. We also spoke with two relatives of a people who used the service after the inspection. We looked at four care files, staff duty rosters, four staff files, a range of audits, complaints folder, minutes for various meetings, medicines records, staff training matrix, accidents & incidents book, safeguarding folder, health and safety folder, and policies and procedures for the service.

Is the service safe?

Our findings

Relatives told us they felt the service was safe. One relative when asked if their relative was safe told us, “Yes, safe. They [staff] look after [relative] well.”

Staff told us and records confirmed that they had undertaken training about safeguarding people. Staff were aware of the different types of abuse and understood their responsibility for reporting any allegations of abuse. The service had a safeguarding procedure which made clear their responsibility for reporting any allegations of abuse to the relevant local authority. The registered manager told us there had not been any allegations of abuse since our last inspection. Staff said they felt they were able to raise any concerns and would be provided with support from the registered manager. One staff member told us, “I would speak to the manager. If nothing was done then I would whistle blow.” Another staff member said, “I would report to the manager. The policy for safeguarding and whistleblowing are in the office.” Staff we spoke with knew about whistleblowing procedures and who to contact if they felt concerns were not dealt with correctly.

Systems were in place to reduce the risk of financial abuse. Records and receipts were kept of any purchases and these were checked by the registered manager. We examined two financial records which indicated monies had been spent appropriately in line with the assessed needs of people.

We saw that incidents had been recorded in the accidents and incidents log. Where incidents had occurred, we saw these had been investigated and there had been changes to risk assessments, care planning and staffing. For example, one person had multiple incidents for behaviours that challenged. Staff told us and records confirmed that a meeting was held to look at ways of meeting the needs for this person. We saw risk assessments and care plans had been updated of different approaches of meeting the needs for this person. Records confirmed that incidents had decreased significantly for this person.

Individual risk assessments were completed for people who used the service. Staff were provided with information as to how to manage these risks and ensure people were protected. In the records that we saw, some of the risks that were considered included physical health, mental health,

communication, personal care, finances, and social and leisure engagement. Staff we spoke with were familiar with the risks that people presented and knew what steps needed to be taken to manage them. Staff told us they managed each person’s behaviour differently according to their individual needs. Clear guidance was in place about how staff should work with people to de-escalate situations that might lead to behaviours that challenged others.

There was enough staff to meet the needs of people. We saw there were support workers available to provide personal care and support to people when they needed it. On the day of our inspection we saw additional staff to cover support workers who supported people in the community. This was also reflected on the staff rota. One staff member told us, “We have enough staff. If we require additional staff then they are there to cover outdoor activities.” Another staff member said, “We do get enough time with people. There is enough staff here for the number of people.” A relative told us, “Definitely enough staff. Always see more than two staff.” Another relative said, “At night time they have two members of staff to check if [relative] alright.”

We looked at staff files and we saw there was a robust process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed. These included appropriate written references and proof of identity. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people.

People received their prescribed medicines as required. We saw medicines were stored appropriately in a locked metal cabinet that was kept in a locked office. We found that medicines administration record sheets were appropriately completed and signed by two staff when people were given their medicines. We checked several medicines and found the amount held in stock tallied with the amounts recorded as being in stock. Guidelines were in place which provided information to staff about when it was appropriate to administer medicines that were prescribed on an ‘as required’ (PRN) basis. The registered manager told us, and staff training records confirmed, that all staff authorised to handle medicines on behalf of the people who lived in the home had received medicines training.

Is the service effective?

Our findings

Relatives told us that staff had the skills and experience to work with their relatives. One relative told us, “[Relative] has a great rapport with staff.” Another relative said, “Staff understand him [relative].”

Staff told us they received regular training to support them to do their job. One staff member told us, “The training has given me good knowledge which I can put into practice.” Staff received regular formal supervision and we saw records to confirm this. One staff member said, “Supervision is every three months. We talk about challenges we face and training I need.” All staff we spoke with confirmed they received yearly appraisals and we saw documentation of this.

We looked at the training matrix which covered training completed. The core training included medicines, infection control, moving and handling, food hygiene, safeguarding for adults, autism, challenging behaviour, Mental Capacity Act 2005 & Deprivation of Liberty Safeguards (DoLS), and fire safety. We saw records of completed training logs and training certificates were kept in staff files.

The registered manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. The registered manager told us and we saw records that the home was applying for DoLS authorisations for all the people living at the home. We found most people were able to make choices in line with the principles of the Mental Capacity Act 2005. People identified at being of risk when going out in the community had up to date risk assessments and we saw that if required, they were supported by staff when they went out. We observed that most people were able to make choices about their daily lives, such as if they wished to attend college and go shopping. We saw people during the inspection going out throughout the day.

People’s care records indicated that they sometimes challenged others. The staff were able to tell us how they responded when this happened. They did not use restraint and their interventions were largely preventative when they thought that a person was becoming unhappy or agitated. Care plans included information about how to support people in a way they were happy with and in order to reduce the risk of challenges and information about how the staff should respond to any challenges. For example, one care plan explained that the person would show signs of being anxious by particular facial expressions and hand movements and talking to them calmly and giving them space would relax them.

People were supported to get involved in decisions about their nutrition and hydration needs in a variety of ways. These included helping staff when buying food for the home and providing input when planning the menu in resident meetings. We saw fruit was available to people in the kitchen. Staff told us people could ask for alternative food choices not on the menu and we saw this on the day of our inspection. We saw food and fluid intake was recorded in a daily food diary. One person told us, “I could choose what I want to have.” A relative said, “They have freshly made food. They try to have a healthy diet.” The care plans we looked at included information on any nutritional issues which might need monitoring and what the person’s favourite foods were. We saw weight records for each person which were up to date.

Records showed that all of the people using the service were registered with local GP’s. Hospital passports were in place for people. We saw people’s care files included records of all appointments with health care professionals such as GPs, dentists, district nurses, psychiatrist and neurologist. Records of appointments showed the outcomes and actions to be taken with health professional visits. People were supported to attend annual health checks with their GP and records of these visits were seen in people’s files. A relative told us, “[Relative] gets to doctor as soon as there is a problem.”

Is the service caring?

Our findings

People living at the Strathfield Gardens told us they were happy with the level of care and support provided at the home. A relative told us, “The staff are caring. If upset staff will comfort [relative]”. Another relative said, “They [staff] care for [relative] well.”

We observed care and saw that staff treated people with kindness and compassion and had good, caring relationships with people living at the service. We saw positive interactions between staff and people, supporting them to make choices about what they wanted and helping them to complete tasks for themselves.

Staff members knew the people using the service well and had a good understanding of their personal preferences and backgrounds. For example, one staff described how one person who was non-verbal would use a specific hand movement to tell staff they wanted to stay in bed longer. One staff member told us, “We talk to them and observe them. We are here every day”.

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People living at the home had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes, what activities they liked to do and what was important to them. The information covered all aspects of people's needs, included a profile of the person and clear guidance for staff on how to meet people's needs. Care plans included information about how to support people with communication. For example, for one person there was a communication care plan which described how they would go quiet if they were not included in discussions and choices. The care plan described how to include this person and support them to make their own decisions. Staff were aware of how people communicated. One staff member told us, “[Person] is shy to new people.” This helped staff to communicate and support people that were unable to use spoken language.

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. People were supported in maintaining their independence and community involvement. On the day of our inspection we saw people went to college, a car drive with a staff member, and one person had been taken out shopping with a relative.

People were promoted to be independent and supported to do as much for themselves as they could. We saw that people were given money to go to buy food, clothes and toiletries. There were support plans in place to enable people to be as independent as possible. One relative told us how staff supported their relative to use public transport and to cook for themselves.

People's cultural needs were supported. For example, staff told us that one person liked to choose foods culturally specific, related to their ethnic background. Staff were able to describe how they met this person's needs for this type of food which included input from relatives. We saw records to confirm this.

People we asked told us their privacy was respected and staff didn't disturb them if they didn't want to be. We saw staff knocked on their bedroom door and waited to be invited in before opening the door. One relative said, “Staff will knock before they go in [relative] room. Staff give him his private space.” Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people's dignity and respected their wishes. One staff member said, “Always knock and wait for an answer. They are respected. This is their home.” The home supported people to become more independent in other ways, for example with helping with food shopping, doing laundry and money management.

Is the service responsive?

Our findings

A relative told us the service was able to meet their relative's needs and that they were satisfied with the level of support provided. One relative said, "The staff do a good job. Always able to tell me what is happening and any problems they look into."

People's needs were assessed when first referred to the service. We saw details of people's trial periods living at the home to make sure that it was appropriate for them and for the staff to be sure they could provide the best care for that person. A full needs assessment was completed after this, with the involvement of the person in this process. The needs assessments included all areas of the person's life, including their personal preferences, and to ensure that all of their personal needs were met in addition to their health and care needs. One relative told us, "The manager went to visit [relative] three times and then he spent a day at Strathfield Gardens." The same relative said, "We had gradual transition period to get it right."

Detailed care plans were in place which set out how to meet people's individual and assessed needs. Staff told us they were expected to read care plans and they had a good knowledge of the contents of people's care plans. We were told that plans were written and reviewed with the input of the person, their relatives, their keyworker and the registered manager. We saw that the care plan in place for the person using the service was soon due to be reviewed and their relative confirmed that they had been invited to the review meeting. The relative told us, "We are going to a meeting next week to talk about his care plan." Another relative said, "I had a meeting with the manager and the social worker to discuss what input was necessary." Staff told us care plans were reviewed every six months or more often if required. Each person had a member of staff who acted as their keyworker who worked closely with them and their families as well as other professionals involved in their care and support. Weekly support sessions were held with the keyworker and we saw records of this. Records showed these meetings were used to review and complete goals set from their care plan. For example, we saw records of people being supported on budgeting and road safety awareness. This meant the service was able to respond to people's needs as they changed over time.

Staff told us people living in the home were offered a range of social activities. People's support plans contained a

weekly activities programme. People were supported to engage in activities outside the home to ensure they were part of the local community. We saw activities included going horse riding, music therapy, college, day centre, swimming, museum trips, shopping and cinema. One relative we spoke with said, "[Relative] goes to college. They [staff] ask him if he wants to go on day outings." One person told us, "I went to Amsterdam and looked at all the shops." People told us they go away on holiday each year which has included Paris and Amsterdam recently. People told us they would like to go to New York for their next holiday. We saw holiday choices were discussed in resident meetings.

Resident meetings were held weekly and we saw records of these meetings. Picture cards and objects of reference were used at these to help make them more accessible to people. The minutes of the meetings included topics on activities, holidays, food choices for the following week and if anyone had any issues or complaints. We asked one person if they attend resident meetings and they told us, "Sometimes, they're good."

There was a complaints process available and this was available in easy to read version which meant that those who may have difficulties in reading had a pictorial version explaining how to make a complaint. The complaints process was available in the communal area so people using the service were aware of it. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints policy and we saw there was a clear procedure for staff to follow should a concern be raised. The relatives we spoke with felt able to raise any concerns or complaints with staff and were confident they would be acted upon. We saw the service had one complaint since the last inspection. We found the complaint was investigated appropriately and the service provided resolution in a timely manner.

People were supported to maintain relationships with their family. Relatives spoken with confirmed they were kept up to date on their family member's progress by telephone and they were welcomed in the home when they visited. One relative told us, "All the staff welcome me." The same relative said, "[Registered manager] calls me and lets me know if any problems." The home collected formal feedback from relatives through the completion of annual surveys. We saw the service had recently sent out surveys to relatives and were waiting for the responses.

Is the service well-led?

Our findings

The service had a registered manager. Staff we spoke with were aware of the lines of accountability within the service and who they reported to. Staff told us they found the registered manager to be accessible and approachable. One staff member said, “The manager is very accommodating, patient and helpful. She is easily approachable and knows what she is doing.” Another staff member said, “I’ve seen lots of improvements since she has taken over including paperwork and documents. She is very supportive. I can always count on her.” We saw during our visit that staff were relaxed and at ease discussing issues with the registered manager who made themselves available to staff as required throughout the day. One relative told us, “The manager sorts out anything I am not sure about.”

Staff told us the service had regular staff meetings. One member of staff said, “We have a team meeting every month. We discuss everything, every problem, residents and staff matters.” Another staff member told us, “We talk about challenges we face and how we can solve them.” We saw records that confirmed staff meetings took place. Agenda items at staff meetings included nutrition, finances for people, recording notes, training, communication, key working and issues relating to people that used the service.

The registered manager told us that various quality assurance and monitoring systems were in place, some of which included seeking the views of people that used the service. We saw people were asked their views throughout

the year and this was recorded. For example, when people went on holidays overseas and activities in the community they completed a survey on their experience. People were also asked their views in weekly resident meetings.

We saw records to show that the service carried out regular audits to assess whether the home was running as it should be. We saw audits completed recently on nutrition, infection control, general environment and infection control. We saw audits had identified risks and what action to be taken. For example, the infection control audit had identified staff were due for refresher training and we saw training had been booked for the following month. The registered manager and staff also told us they did a daily check of the home which included checking medicines, health and safety check, records which included daily logs for people had been completed. We saw records to confirm this.

The service employed an external person to carry out an audit of the service based on the Care Quality Commission essential standards of quality and safety every three months. We saw issues identified and actioned. For example, the audit had identified relatives were not being asked feedback on the service and we saw that surveys had recently been sent to relatives.

We saw there were systems in place for the maintenance of the building and equipment and to monitor the safety of the service. We saw evidence that fire extinguisher, doors, lights and alarms were tested and fire risk assessments regularly done. Daily fridge and freezer temperature checks, portable appliance testing and gas safety inspections were carried out at appropriate intervals to ensure people’s safety.