

Strode Park Foundation For People With Disabilities

Platters Farm Lodge

Inspection report

Highfield Road
Gillingham
Kent
ME8 0EQ

Tel: 01634377579
Website: www.strodepark.org.uk

Date of inspection visit:
06 October 2020

Date of publication:
10 November 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Platters Farm Lodge is a residential care home providing personal care for older people, people with physical disabilities and people living with dementia. The service accommodates up to 43 people across three separate wings, each of which has separate adapted facilities. One of the wings specialises in providing care to people living with dementia. At the time of the inspection 34 people were living at the service.

People's experience of using this service and what we found

People were cared for in a safe environment and all risks to people were identified and mitigated. People and relatives we spoke with were happy with the care they received and felt safe. One person said, "I am a nurse from years ago and know what to expect and I have to tell you, you can't get better. The whole team are excellent, and I am very happy." People and relatives told us they would recommend the service to others.

The provider had improved their quality assurance systems to ensure every detail of people's care was monitored. Staff were happy in their roles and were motivated by an effective registered manager to provide high quality person-centred care for people. There was good communication with relatives and external professionals to ensure people's needs were met and they achieved positive outcomes.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 3 June 2019).

Why we inspected

This service has been rated requires improvement for the previous three consecutive inspections. We therefore undertook this focused inspection to follow-up on the repeated requires improvement rating and the risk this presents. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Platters Farm Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors who visited the site. An assistant inspector spoke with staff off site and an Expert by Experience spoke with people off site via video calls. 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'. 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 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

We gave very short notice of the inspection and called the service an hour before we arrived. This was to check if any staff or people at the service had tested positive or had symptoms of Covid-19; and to discuss arrangements for the inspection and PPE required.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority who works with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and seven relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, care quality monitor and care workers.

We reviewed a range of records. This included six people's care records and five people's medication records. We looked at five staff recruitment records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We received feedback from one professional who regularly visits the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we recommended 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. The provider had made improvements.

- All environmental risks were managed to ensure people's safety. Doors were locked to prevent people accessing areas that could risk their safety such as the maintenance cupboard and chemical storage. All the required safety checks and certification was in place such as gas and electrical safety. Equipment such as hoists were tested to ensure they were safe to use. Maintenance schedules were followed to ensure the building and equipment was clean and well-maintained.
- People were cared for safely. Risks to people were clearly identified for all their needs and were reviewed regularly and in response to an incident such as a fall. Risk assessments were detailed and provided staff with the necessary guidance needed to ensure they supported people safely, mitigated risks and met people's needs. For example, one person had 13 individual risk assessments on their medical conditions. Each assessment detailed the condition, the associated risks and actions required to reduce the risk. Staff were knowledgeable and could tell us how they managed risks to people such as preventing pressure sores.

At our last inspection we recommended the provider reviews Personal Emergency Evacuation Plans (PEEPs) to ensure information about the use of flammable creams is accurate. The provider had made improvements.

- Fire safety was managed, and people had PEEPs in place. These included the assistance people needed in the event of a fire and the details of any prescribed flammable creams. Staff could tell us how to evacuate safely in the event of a fire and completed regular fire safety checks including evacuation drills. Fire-fighting equipment had been regularly tested.

Using medicines safely

- At our last inspection we identified improvement was needed to ensure information about people's prescribed and 'as required' medicines were clearer. The provider had made improvements. Medicines, including 'as required' medicines and controlled drugs, were managed safely. Protocols had been completed for all 'as required' medicines. These provided the guidance for staff on when people needed these medicines and how to use these. The administration of all medicines was clearly recorded. Body maps were used to provide guidance where topical medicines such as creams should be applied. Medicines were stored safely and securely.
- All staff had received training and competency checks to ensure they gave people their medicines safely. Any medicine errors were consistently managed through a three-stage policy to ensure staff competence

and prevent re-occurrence. There were clear guidelines available for staff for all aspects of medicines administration. Staff could tell us how they worked in line with people's 'as required' medicines protocols.

- Medicines audits were used to identify any issues and were actioned to ensure good practice and prevent medicines errors. The provider had identified ways to further improve their safe management of medicines. They recognised despite a robust policy and work to prevent medicines errors, they had not managed to prevent all medicines errors. They were therefore exploring the implementation of electronic medicine records which will provide up to date records, prompts and alerts and enable a timelier response to any medicines errors.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the home and with the staff. One person said, "I love being here there are no problems whatsoever. I can't fault any of them." One relative said, "We are very happy (relative) is safe there and feedback from (relative) is that they like it there and is happy which is the main thing."
- Systems and policies were in place to protect people from abuse and avoidable harm. The registered manager was aware of local safeguarding policies and procedures and the need to notify CQC of any concerns.
- Staff received training on safeguarding people and could tell us the signs of abuse and how they would report this. Staff knew the procedures for whistle blowing and were confident the registered manager would act on any concerns raised. Staff told us they were kept up to date with any changes to policies.

Staffing and recruitment

- Staff were recruited safely. All the required pre employment checks were completed. For example, references and Disclosure and Barring Service (DBS) background checks for all staff. Both checks help employers to make safer recruitment decisions.
- There were enough staff deployed to meet people's needs. People and relatives confirmed this. One person said, "We have a team allocated to our area and if you call someone it is usually someone who knows you that comes. Of course, if they are busy someone else will come. The staff really know about us. It's the same at night, there is no problem getting help." People's dependency needs were used to calculate the number of people the service can safely support at any one time. Staff rotas were reviewed against people's needs at least weekly and closely monitored by a dedicated staff co-ordinator. The provider recruited above the required staff numbers to allow for staff absences. Regular agency staff were used if required. Additional staff were allocated if required. For example, following episodes of behaviour that challenged.
- Staff had the training and skills they needed to care for people safely. All staff had completed a full induction and training programme to support them in their role and to meet people's individual needs.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Incidents and accidents were reported, recorded and appropriate action taken both in response and to prevent reoccurrence. For example, following an incident of behaviour that challenged with one person their risk assessment and behaviour support plans were reviewed. The staff involved were given the opportunity to debrief and learn from the incident. Triggers were identified and staff were provided with clear actions they should take to prevent a reoccurrence. These were successful as there had not been a repeat of the incident.

Is the service well-led?

Our findings

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At our last inspection audits and checks had not identified the concerns we found in relation to effective risk management. At this inspection the provider had made improvements. The governance framework had ensured the delivery of high quality and safe care. The registered manager had good oversight of the service. Risks to people had been identified and managed to mitigate the risks. Records were comprehensive and up to date to guide staff on the care people needed. Quality assurance systems, such as audits, checks, and daily monitoring were used effectively to monitor all aspects of the service. A new role of a care quality monitor had been introduced following our last inspection. This meant quality assurance checks focused on the detail and were done weekly. For example, auditing people's fluid charts to check people's fluid intake had been managed effectively.
- The provider and registered manager had managed well during the Covid-19 pandemic, both people and staff received the support they needed. Staff told us the senior staff and registered manager were approachable and they would act on concerns raised. Staff also told us they felt supported by the provider as the directors had held listening sessions during lockdown. This offered staff another opportunity to speak about any concerns they had.
- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries and deaths. The registered manager clearly understood their role and responsibilities and had met all their regulatory requirements. All incidents reported were monitored for outcomes and lessons learnt.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and their deputy had created an open and positive culture in the service. People's care plans promoted a person-centred approach from the information they gathered about people. We received feedback from a health and social care professional about one person who was recently admitted to the service and the amount of progress they had made. They told us, "(Name) has made significant improvements since that initial decline upon moving to Platters Farm Lodge, and this has centred around the trust they have built with the staff team."
- One person said, "The deputy manager walks around the home a lot and chats to people and the manager has always got their door open." One relative said, "During this period, they have been very good particularly with communication and safety measure. I think they are doing as much as they can. They keep

us informed about things like (relative's) health, things like the flu jab they have organised." We observed the positive relationship managers and staff had with people through their interactions and conversations.

- The registered manager had understood their responsibilities in respect of the duty of candour. They had informed the relevant people of any incidents or accidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff told us they had regular meetings where they were kept updated and given the opportunity to make suggestions. Staff said there was very open communication and they can raise concerns at any time. The staff we spoke with were all happy and fully engaged in their work.

- Satisfaction surveys were completed with people. The care quality monitor told us any concerns raised were investigated by the registered manager otherwise they were analysed for any patterns or trends. Recent surveys completed were all positive and included comments such as, '(Name) cried after completing this survey. She said she loves it at Platters Farm and doesn't want to leave.'

- The staff team worked in partnership with other agencies to ensure people's needs were met in a timely way. For example, people's district nurses and dieticians. One health and social care professional said, "The Platters Farm lodge leadership team have also taken part in all multidisciplinary meetings and liaised very well with all involved professionals to ensure that (name) receives the best support. They have responded well to the advice and support given by other professionals to adapt the care plan for (name)."