

Strode Park Foundation For People With Disabilities

Strode Park Foundation - Redwalls

Inspection report

Stodmarsh Road
Canterbury
Kent
CT3 4AP

Tel: 01227785067
Website: www.strodepark.org.uk

Date of inspection visit:
30 May 2023
31 May 2023

Date of publication:
30 June 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Strode Park Foundation - Redwalls is a residential care home providing personal care to up to 6 people. The service provides support to younger people with a learning disability, who maybe autistic with a physical disability and a sensory impairment. At the time of our inspection there were 6 people using the service. People were cared for in one adapted building.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. A person told us their support was "personalised to my choices". People had a choice about their living environment and were able to personalise their rooms. Staff supported people to make decisions following best practice in decision making.

Right Care:

A person described their care as, "fantastic". Staff understood and responded to people's individual needs. People's care and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. However, guidance had not been provided to staff about some complex areas of people's care and there was a risk people would not consistently receive the care they needed to remain well. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture:

People were supported by staff who understood best practice in relation to the wide range of strengths and needs people with a learning disability and/or autistic people may have. However, staff had not received training in some complex tasks to ensure these were done in a safe and effective way. Checks the provider had carried out on the service had not identified the shortfalls we found at this inspection and this left people at risk of harm.

Staff placed people's wishes, needs and rights at the heart of everything they did. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

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 good (published 2 November 2018).

Why we inspected

We received concerns in relation to a safeguarding incident. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. 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 COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Strode Park Foundation - Redwalls on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to staff training and competence in some areas of complex care, the effectiveness of some checks and audits, guidance for staff around the actions required to support people to remain safe and well and notifying us of important events that happen at the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Strode Park Foundation - Redwalls

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Strode Park Foundation - Redwalls is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Strode Park Foundation - Redwalls is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who lived at the service and 1 relative about their experience of the care provided. We spoke with 7 staff including the registered manager, team leader, care staff and human resources staff. We spent time observing interactions between staff and people in communal areas. We reviewed a range of records including 6 people's care records including medicines records. We looked at 1 staff recruitment record and a variety of records relating to the management of the service including meeting minutes and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Potential risks to people's health and welfare had not been consistently assessed and there was not always guidance for staff to mitigate these risks. Some people were living with physical conditions which required staff to perform invasive clinical procedures to support them with their daily lives.
- Some people required support with continence and nutrition. Care plans and risks assessments in place did not provide staff with all the guidance needed to safely support people or included all steps to remove potential risks. For examples, some people used a catheter to drain urine from their bladder, staff were required to support people with catheter care in different ways depending on the type of catheter they had. People's care plans recognised they required a catheter, however, detailed guidance had not been provided about how to do this. There was no guidance about the signs the person had an infection or the catheter site was infected, and what action they should take.
- Some people required staff to use equipment such as a suction machine to keep them safe. There was some guidance about when the suction machine should be used but there was no guidance about how to use the machine including the type of suction catheter. This placed people at risk of not being supported safely and consistently.
- The provider had not consistently managed the safety of the living environment well through checks and action to minimise risk. Shortly before our inspection the provider commissioned a fire risk assessment. This highlighted a number of high risk concerns, including actions the provider had been required to take by Kent Fire and Rescue Service in 2021.

The provider and registered manager had failed to assess the risks and do all that was reasonably practicable to mitigate any such risks. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager sent us copies of risk assessments and guidance for the procedures staff completed. The provider also provided assurances the identified fire risks would be actioned.
- Checks had been completed on other areas of the environment and equipment used by people to keep them safe. Regular checks had been completed on the fire alarm system and people had helped in the process.

Learning lessons when things go wrong

- Incidents and accidents had been reported and analysed for any patterns or trends, action had been taken to reduce the risk of them happening again. Staff had reported accidents and incidents on the

appropriate form and the registered manager had reviewed the information and completed an investigation when required.

- The registered manager reviewed incidents and had identified trends. For example, when medication counts had not been accurate on the electronic recording system. The registered manager had worked with the provider of the system to identify the problem and find a solution.

Systems and processes to safeguard people from the risk of abuse

- The provider had learnt from a serious incident at the service and taken action to keep people safe from avoidable harm. Staff knew people well and understood how to protect them from abuse. All the staff we spoke with were confident to challenge any poor practice they observed and report it to the management team and provider.
- Staff had completed training on how to recognise and report abuse. This included blowing the whistle to organisations outside of Strode Park Foundation such as the local authority and CQC.
- The registered manager understood their responsibilities to report any concerns to the safeguarding authority and to work with them to reduce the risk of them happening again. The registered manager had reported concerns as required.
- People and those who matter to them had safeguarding information and they knew how and when to raise a safeguarding concern. A person told us, "I feel safe with them. I can open up and say if I'm not comfortable. I can say if they are doing anything wrong".

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and go out when they wanted. A person told us, "I can go out everyday if I want to."
- Additional staff had been recruited to fill vacancies and had begun to get to know people and their role. Bank and agency staff were filling any gaps until new staff were competent to support people. A person told us, "I'm looking forward to less agency staff. I have a good rapport with staff." We observed people spending time with staff doing activities, chatting and going out with one-to-one support.
- Staff were recruited safely. People had shown candidates around the service and shared their feedback as part of the selection process. They told us they had enjoyed chatting to potential new staff to make sure they were kind and could communicate with people.
- Checks had been completed on staff's character, skills and experience. Disclosure and Barring Scheme (DBS) checks were completed before staff worked with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. People's medicines were kept in a locked cupboard in their room. The temperature of the room was recorded daily to make sure medicines were being stored at the recommended temperature to maintain the effectiveness of the medicine. When the temperature in some people's bedroom had become too hot, because of the sun, the medicines were removed and stored in the medicines room.
- Medicines were managed using an electronic system, the number of medicines available matched the number recorded on the system. Staff recorded the administration of medicines accurately on the system. There was a system in place to order and dispose of medicines managed by a senior carer.
- Some people were prescribed medicines on a 'when required' basis, such as pain relief and for anxiety. There was information about when to give the medicine and why the medicine should be given in an essay form. We discussed with the registered manager about how a change in format with additional information

would help staff to identify quickly when they should give the medicines. Following the inspection, the registered manager sent us new protocols which were now in place, for 'when required' medicines.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

There were no restrictions on people receiving visitors or going out to visit friends and relatives.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were not always supported by staff who had received relevant and good quality training in their care. Staff had not been adequately trained to complete some complex tasks to keep people well. Staff had learnt from their colleagues and no one had completed training with a skilled and competent trainer. There was a risk staff had been shown incorrect techniques or would not be able to identify when people required specialist medical care.

The provider and registered manager had failed to ensure staff received appropriate training to enable them to carry out their duties. This placed people at risk of harm. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A 12 week induction process was in operation. This included shadowing experienced staff, practical moving and handling training and competency assessments of staff's skills. A person told us how they gave new staff a tour of the service as part of their induction and shared their views on staff skills during competency assessments. An agency staff member told us they had completed an induction when they began working at the service and had shadowed experienced staff to learn about the people they supported.
- All staff completed the Care Standards Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Updated training and refresher courses helped staff continuously apply best practice. This included the governments preferred mandatory training on learning disability and autism. Systems were in operation to make sure staff were always up to date with core training and did not work if their training was out of date.
- All staff had received supervision and appraisals where they set goals and reviewed their practice.

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

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after. No one had moved into the service for approximately 2 years.
- Nationally recognised assessments had not been consistently used to understand people's health needs. For example, Malnutrition Universal Screening Tool (MUST) had not been completed. MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition or obese. This is an area for improvement.
- Care plans reflected a good understanding of people's needs, including some assessments of people's

support and needs. Waterlow assessments had been completed to understand the risk of people developing pressure ulcers and action had been taken to mitigate these risks.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- For people that the service assessed as lacking mental capacity for certain decisions, staff had not consistently recorded assessments and any best interest decisions. This included one person's capacity to use a lap belt which was a restriction and the best interest decision to administer a person's medicine covertly at times. This is an area for improvement.
- Staff empowered people to make their own decisions about their care and support. A staff member said about people living at the service, "Everyone has their own mind to do what they want." A relative told us their loved one was supported to make informed decisions about their life.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means. For example, staff described how one person would look at things they wanted and ignore other options.
- Applications for DoLS authorisations had been made in line with MCA. The registered manager had complied with any conditions on people's DoLS authorisations.

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

- People received support to eat and drink enough to maintain a balanced diet. They told us they enjoyed the food at the service as well as going out for meals.
- People were involved in choosing their food. A person told us the restaurant they planned to go to for lunch. On their return they told us what they had chosen to eat and how much they had enjoyed it. People could have a drink or snack at any time and were given guidance about healthy eating. Staff encouraged people to eat a healthy and varied diet to help them to stay as well as possible.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. People who wanted to, supervised staff preparing meals and snacks in the kitchen.
- Mealtimes were staggered to meet people's needs and to avoid distracting people while they were eating. This was effective and we observed people eating their meals supported by a member of staff dedicated to them. Mealtimes were not rushed and people were supported at their own pace.

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

- People's care and support was provided in a clean, well equipped and well-furnished environment which met people's physical needs. The building had been adapted to support people in wheelchairs to move around independently. People moved freely around all areas of the building and grounds.
- People had personalised their bedrooms which were decorated in the way they preferred. This included the colour and pattern of furnishings. A person described to us how they had decorated their bedroom to their taste and confirmed equipment, such as ceiling hoists, supported them to move around easily. They

considered the service to be their home and described it as "homely".

- At times some people found the environment over stimulating and staff supported them to spend time in the sensory area. This was a calm area where stimulation was reduced, and people could relax and spend time with staff.
- People told us the garden was accessible to them and they could go out when they wanted to. One person enjoyed spending time in the garden during our inspection.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- When people were having difficulty eating or drinking, they were referred to the Speech and Language Therapy team and staff supported people to follow their advice. This included modifying people's meals to make them easier to eat or using adaptive cups to assist people to drink comfortably.
- Some people used counselling services to maintain their mental wellbeing. Staff supported people to attend and while they were out people chose to have a meal or a drink afterwards. A person told us they had enjoyed their lunch after their appointment, and this also supported their mental wellbeing.
- Staff knew people well and contact their GP or community nurse when people were unwell. They supported people to tell their health care professional about any symptoms and how they were feeling.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Working in partnership with others

- The provider did not have effective auditing and action planning systems in operation to ensure the service was up-to-date and demonstrate ambition and a desire for people to achieve the best outcomes possible.
- Checks completed on the service had failed to identify some shortfalls we found during our inspection. This included the lack of training for staff around some complex care tasks. Shortfalls in care planning had been identified and an improvement deadline for December 2022 had been set. This had not been met and care plans continued to lack detailed guidance for staff. This left people at risk of harm.

The provider and registered manager had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had employed an external consultant to complete regular audits on the quality of the service. The consultant had visited the service for the first time, shortly before of inspection. The provider and registered manager were awaiting the outcome and any recommendations from the audit.
- A new system of staff competency assessment had been developed and was due to begin shortly after our inspection. The aim of the process was to keep staff's practice under review and identify any development needs so they could be addressed.

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

- Services that provide health and social care to people are legally required to inform the CQC of important events that happen in the service. This is so we can check appropriate action has been taken. The registered manager had not submitted notifications as required to inform us of the outcomes of applications for Deprivation of Liberty Safeguards authorisations.

The provider and registered manager had failed to notify the Care Quality Commission of the outcome of applications for Deprivation of Liberty Safeguards authorisations. This was a breach of regulation 18(1) of the Care Quality Commission (Registration) Regulations 2009.

- Records maintained in relation to people's support were not always sufficiently detailed to demonstrate how decisions had or would be taken. This included records of decisions made in people's best interests

and guidance around when required medicines. This is an area for improvement.

- The registered manager had the skills and experience to perform their role and a clear understanding of people's needs. They were supported by senior support staff and the provider. An on-call manager was available to provide support and guidance when the registered manager was not on duty.
- Staff knew and understood the provider's vision and values and applied them. Staff described the ethos of care as supporting people to, "Have the best life possible", "Being the best they can be" and "Achieving their goals".
- Staff used a positive approach whilst supporting people to "Be as independent as they possibly can". People told us about how staff supported this. For example, one person described how they checked the hoist slings were safe before staff supported them and controlled when the hoist moved and made sure food was hot enough before it was served. Having control over these areas of their life was very important to the person.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture within the service was person centred. The provider promoted a culture of care in which staff truly valued people's individuality, protected their rights and enabled them to develop and flourish. A person told us staff were, "Very person centred and want everything to be accessible for me."
- The registered manager was visible in the service, approachable and took a genuine interest in what people, staff and family had to say. We observed people chatting to the registered manager throughout of inspection. Staff told us they were approachable and supportive.
- The registered manager set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives. Staff felt able to raise concerns with the registered manager without fear of what might happen as a result. Staff told us the registered manager listened to them and acted to address any issues. Staff felt respected, supported and valued by the management team.

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 service had apologised to people, and those important to them, when things had gone wrong. Staff gave honest information and applied duty of candour where appropriate.

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

- People and staff were asked their opinions on the quality of the service. A person told us they were able to "open up" with a particular staff member and they "Let everyone say what they feel".
- People were involved in making important decisions. For example, a person told us how they had been involved in the decision regarding staff stopping wearing facemasks when government guidance changed.
- Staff attended regular meetings to discuss the service and people's needs. They were given the opportunity to make suggestions. A staff member told us a suggestion they had to support someone's dignity had been acted on immediately.
- The provider was in the process of gathering feedback from people and staff at the time of our inspection. People's feedback had been positive. They enjoyed living at the service and felt listened too. Agency staff had shared they felt supported by the staff team. An agency employee had stated they felt the care provided by substantive staff was "exceptional".

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 18 Registration Regulations 2009 Notifications of other incidents The provider and registered manager had failed to notify the Care Quality Commission of the outcome of applications for Deprivation of Liberty Safeguards authorisations.
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 assess the risks and do all that was reasonably practicable to mitigate any such risks.
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 assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider and registered manager had failed to ensure staff received appropriate training to enable them to carry out their duties.

