

# Strode Park Foundation For People With Disabilities

## Lady Dane Farmhouse

### Inspection report

Love Lane  
Faversham  
Kent  
ME13 8BJ

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### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

### About the service

Lady Dane Farmhouse is a two-storey building with a passenger lift to rooms on the first floor. There is a separate building in the grounds used as an activity centre and sensory room. The service is designed to meet the needs of people who have a learning disability or autistic spectrum disorder, dementia, old age and physical disability. The service is fully accessible and has been adapted to meet the specific needs of people with physical disabilities.

The service has been developed and designed in line with the principles and values that underpin Right Support, Right Care, Right Culture and other best practice guidance. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service was registered to support up to 15 people. There were 14 people were using the service at the time of our inspection. The service is larger than recommended by best practice guidance. However, the size of the service having a negative impact on people was mitigated by the bespoke building design.

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

People were interacting with one another and staff were engaging with people. One person said, "It is good living here, the staff are quite lovely and so is the manager".

At the last inspection risks to people health and safety had not been fully mitigated. At this inspection improvements had been made. Risks to people had been identified. Risk assessments contained all information needed to ensure risks were kept to a minimum and detailed the action staff needed to take, if risk did occur.

Medicines were managed safely. The provider had introduced new medicine dispensing technology and procedures. This had addressed previous shortfalls in safe management of medicines.

The management and staff had clear understanding of their roles and responsibilities. The registered manager had a clear vision for the service and had developed an action plan for ways to improve the service.

Staff understood how to recognise signs of abuse and actions needed if abuse was suspected. There were enough staff to provide safe care. Safe recruitment checks were completed to ensure staff were suitable to work with people.

The registered manager and staff knew people well and quickly identified when people's needs changed.

People who were unwell or needed extra support, were referred to health care professionals and other external agencies appropriately.

Care plans had been transferred to an electronic system. This technology was understood by staff. The electronic system contained up-to date and relevant information to ensure people were safe and their choices recorded. This enabled staff to safely support people and understand how people wished to be supported.

People received care and support that was personalised to their individual needs. Staff had training to meet these needs and identify areas of concern.

Infection Prevention and Control policies and procedures were being followed. The premises looked clean and tidy and we were assured that the service had controls in place to minimise the risks posed by COVID-19.

#### Rating at last inspection

The last rating for this service was requires improvement (published 25 November 2019). We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection based on the previous rating.

We undertook a focused inspection to look at the key questions of safe and well-led only, following up on a previous breach in regulation and areas identified for improvement. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. Therefore, we did not inspect them.

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.

Ratings from the previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has improved 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 Lady Dane Farm House on our website at [www.cqc.org.uk](http://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.

# Lady Dane Farmhouse

## 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.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Lady Dane Farmhouse 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

This inspection was unannounced.

#### What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with

six members of staff including maintenance, administration, two team leaders, one carer and the registered manager.

We reviewed medication, staff rota, training and care plan records. We asked the registered manager to send a range of documents by email to support the inspection

After the inspection

We sought feedback from relatives. We reviewed a range of records including; incident reports, safety checks, staff recruitment, auditing and monitoring documents.

# 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 in November 2019 this key question was rated as requires improvement. At this inspection this key question had improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At the last inspection, the registered persons had failed to do all that is practicably possible to mitigate risk. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Act 2014.

At this inspection we found the registered manager had made improvements and were no longer in breach of regulation 12, risks were safely assessed and mitigated.

- Risk assessments were in place and records about support people received reflected actions taken to reduce risk. These were uploaded onto an electronic database and highlighted when reviews were due.
- Referrals had been made to relevant health care professionals where people were at risk. Peoples risk assessments and care plans had been updated with guidance provided and was being followed by staff.
- Risks associated with diabetes were managed. Guidance was available for staff detailing what signs to look out for and actions to take if peoples condition become unstable. This included details of symptoms, individual blood sugar levels, and further action if required.
- Risks associated with people's skin integrity were managed. For example, where people were at risk of skin breakdown; pressure reducing equipment, skin integrity monitoring and repositioning charts were in use. These were monitored and reviewed.
- Equipment checks were performed regularly to ensure safety. This included bedrails, mattress pump, water temperature, slings, scale calibration, fire and legionella checks.

### Using medicines safely

At the last inspection, we found that the registered persons had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Act 2014.

At this inspection we found the registered manager had made improvements and were no longer in breach of regulation 12, medicines were managed safely.

- The provider had implemented an electronic medicine system to complete checks of receiving or dispensing medicines. Staff were able to dispense specific medicines using a handheld device. We looked at specific medicines, and all medicines tallied with medicine records.
- The registered manager performed regular medicines audits to ensure that the electronic system was correct, and the medicines protocol was being followed by staff. If any shortfalls were identified, then action was taken to address the issues and prevent re- occurrence.
- Individual medicine guidance was recorded in people's care plans. This detailed the specific medicines

being dispensed to people and how the medicine should be administered.

- Medicines were stored safely, locked away and regular temperature checks were being performed to ensure medication effectiveness.

Systems and processes to safeguard people from the risk of abuse

- Staff had received up-to date training in safeguarding adults. This provided staff with an understanding of the different types of abuse and what to do if they suspect abuse.
- Staff were knowledgeable about safeguarding adults and knew how to identify and respond to allegations of abuse. They were assured that allegations of abuse would be dealt with appropriately. One member of staff told us, "I am confident the registered manager would take action."
- The registered manager knew how to report any concerns to the local safeguarding authority and take appropriate action to keep people safe.

Staffing and recruitment

- There was enough staff to meet people's needs. The provider and registered manager continued to follow safe recruitment practices to ensure that staff employed were suitable for their roles.
- Application forms had been completed by new staff with any gaps in employment explored. References were checked and records kept.
- Disclosure and Barring Service checks had been completed before new staff members started their employment. This helped prevent unsuitable staff from working with people.
- The registered manager had identified staff vacancies within the home and recruitment was underway to fill these posts.

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

- Accidents and incidents were recorded and reviewed by the registered manager. This was so any trends or patterns could be identified and action taken to reduce the chance of reoccurrence.
- The provider had a process in place to review all accident and incident reports and discuss them with the registered manager, so lessons could be learnt.



# 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 had improved to good. This meant the service management and leadership was consistently effective.

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

At the last inspection we identified specific areas for improvement, during this inspection we found these had been actioned by the registered manager.

- The registered manager and staff were clear about their roles and had a good understanding of quality performance, risks and regulatory requirements. The registered manager had notified the Care Quality Commission (CQC) about events and incidents, such as abuse, serious injuries, deprivation of liberty safeguards authorisations and deaths.
- There were systems of daily, weekly and monthly quality assurance checks and audits. These were effective in ensuring that processes designed to protect people were being adhered to and risks minimised.
- The provider displayed the latest CQC inspection report rating at the service and on their website. Enabling people, visitors and those seeking information about the service to be informed of our judgments.
- The provider had implemented new databases to record risk assessments, care plans and administer medication. These systems held up-to date information and were audited regularly by the registered manager. The members of staff we spoke with said they were confident using the new systems and had received training.

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 provider understood their responsibility in relation to duty of candour. Duty of candour requires providers to be open about any incidents in which people were harmed or at risk of harm. The registered manager was in regular contact with relatives and informed them of accidents or incidents involving their family members.
- Good relationships had been developed between the registered manager and the staff team. One member of staff told us, "The registered manager has an open door and is very supportive".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to engage with people, their relatives and staff in the development of the service. Letters had been sent to people and their relatives to keep them updated about the COVID-19 pandemic, its effects on the service and visiting arrangements.

- During the Covid-19 pandemic, team meetings were unable to take place as usual due to social distancing. Instead the service produced newsletters, emailed to all staff, updating them with developments in the service and any changes to the provider's policies and procedures. The registered manager said they, "Encouraged staff to respond and were recognised for their hard work."
- The provider sought staff feedback through annual staff surveys, which had recently been conducted. The registered manager said they would review the responses and make changes where needed.
- The registered manager sought feedback from people and acted on this feedback, for example, they had sought feedback from people about the redesign of the garden and have incorporated an area for sport as requested.
- Staff ensured people were not unsettled by the measures in place to protect them from the risk of contracting COVID-19. They had spoken with people about the need to restrict visitors and why PPE was in use. People seemed relaxed being supported by staff wearing PPE.
- People and staff were comfortable and relaxed with the registered manager. Staff told us that they could approach the registered manager at any time if they needed any help support or advice.
- Relatives said they felt listened to. One relative told us, "Staff always find time to speak to you, or if not they will ring you back".

#### Working in partnership with others

- Referrals had been made when people needed support from other health care professionals. These included, GPs, district nurses, physiotherapists, diabetes nurses and the community mental health team. This had continued throughout the pandemic using phone and video calls if professionals could not visit.
- The service worked with the local community to provide support to people living there. Fundraising had begun to make improvements to the garden. The local church screened weekly services for people wishing to attend church during the pandemic.

#### Continuous learning and improving care

- The registered manager had implemented an audit matrix for the service. This enabled them to check quality and safety checks were being performed by designated members of staff. These checks were monitored to ensure safety of people.
- Staff worked closely with a range of different professionals and agencies to improve outcomes for people living at the service.
- The registered manager was supported by the provider to undertake professional development and to learn from others within the organisation.
- Areas for improvement identified at the last CQC inspection had been actioned and improvements made.