







Strode Park Foundation for People with Disabilities Platters Farm Lodge

Inspection report

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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?		Requires Improvement	
Is the service well-led?		Good	

Overall summary

This was an unannounced inspection on 25 November 2014.

Platters Farm Lodge is registered to provide accommodation for people who require nursing or personal care. It is registered for 43 beds which include 20 beds for rehabilitation, and 23 respite beds. The rehabilitation unit aims to help people who have experienced ill health, disability, accidents or lost confidence to lead independent lives. The respite unit is a short term facility which gives carers a break and may be used when recovering from an illness. Some people who

use the service may be living with dementia. Platters Farm Lodge also provides a day care centre which is not inspected by the Care Quality Commission (CQC). It is set in spacious, well maintained grounds and is situated within travelling distance of a train station and high street in Rainham. On the day of our inspection there were 18 people using the service – five were there for rehabilitation and 13 were there on respite.

The service is run by a registered manager who was present on the day of our inspection. A registered manager is a person who has registered with the Care

Summary of findings

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. There was also a newly appointed manager who was in the process of registering with CQC and was taking over from the current registered manager.

Staff knew how to protect people from the risk of abuse. Recruitment processes were in place to check that staff were of good character and there were sufficient numbers of staff to meet people's needs. People were supported safely to take their medicines. Staff were aware of the ethos of the home, in that they were there to work together to provide people with personalised care and support and to be part of the continuous improvement of the service.

People were at risk of receiving unsafe or inappropriate care arising from a lack of proper information because records were not accurate and not completed consistently.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to

care homes. The registered manager was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. Assessments were completed and applications were submitted to the supervisory body in line with guidance.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. Staff were caring and compassionate. Each person was allocated a keyworker who took the lead and co-ordinated their care.

People were provided with a choice of healthy food and drink which ensured that their nutritional needs were met. People's physical health was monitored and people were supported to see healthcare professionals.

The design and layout of the service was suitable for people's needs. There was wheelchair access and the building and grounds were adequately maintained. All the rooms were clean, spacious and well maintained. The provider had systems in place to monitor the quality of the service. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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.

Risks to people were identified and staff had the guidance to make sure that people were supported safely.

The provider had recruitment and selection processes in place to make sure that staff employed at the service were of good character. People were supported by enough suitably qualified, skilled and experienced staff to meet their needs.

Staff knew how to recognise and respond to abuse and had an understanding of the processes and procedures in place to keep people safe.

Good



Is the service effective?

The service was effective.

Staff had a good understanding of people's needs and preferences. There was regular training and the registered manager held one to one supervision with staff to make sure they had the support to do their jobs effectively.

People's rights were protected because assessments were carried out to check whether people were being deprived of their liberty and whether or not it was done so lawfully.

People's health was monitored and staff worked closely with health and social care professionals to make sure people's care needs were met. People were provided with a range of nutritious foods and drinks. The building and grounds were suitable for people's needs.

Good



Is the service caring?

The service was caring.

Staff spoke and communicated with people in a compassionate way. Staff spoke with people in a way that they could understand. Staff were kind, caring and understood people's preferences and different religious and cultural needs.

People were supported by staff to maintain and increase their independence. People were treated with dignity and respect.

People's records were stored securely to protect their confidentiality.

Good



Is the service responsive?

The service was not responsive

Records were not completed consistently and there was a risk that they may not be accurate.

Requires Improvement



Summary of findings

People received consistent and personalised care and support. Care plans reflected people's needs and choices.

There was a complaints system and people knew how to make a complaint. Views from people and their relatives were taken into account and acted on. The registered manager learnt from concerns and complaints.

A range of activities were available. Staff were aware of people who chose to stay in their rooms and were attentive to prevent them from feeling isolated.

Is the service well-led?

The service was well-led

There was a clear management structure for decision making and accountability which provided guidance for staff. Staff were positive about the leadership at the service.

Staff told us that they felt supported by the registered manager and that there was an open culture between staff and between staff and management.

The registered manager completed regular audits on the quality of the service.

Good



Platters Farm Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 25 November 2014 and was unannounced. The inspection was carried out by an inspector, a specialist professional advisor whose specialism was dementia care and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone in a care home setting.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. We

looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We met and spoke with four of the people using the service and two relatives. We spoke with six members of care staff team, kitchen staff, the registered manager and the newly appointed manager. During our inspection we observed how the staff spoke with and engaged with people. Some people using the service were not able to talk with us because of their health conditions so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with some people and used pictures, objects and body language to communicate with others.

We looked at how people were supported throughout the day with their daily routines and activities. We reviewed four care plans and associated risk assessments. We looked at a range of other records, including safety checks, two staff files and records about how the quality of the service was managed.

We last inspected Platters Farm Lodge in September 2013 where no concerns were identified.

Is the service safe?

Our findings

People had been living at Platter's Farm for different amounts of time. Some for only a few days and others for a number of weeks. The expert by experience spent the day with people, talking with them and observing staff's interactions with people. Two people who had been at Platters Farm Lodge for only a few days told us that they felt "safe, well fed, warm and comfortable". We communicated by using body language including thumbs up or down, pictures and objects. People indicated that they felt safe. When people got anxious or upset staff identified what the problem was and took action to resolve it. When one person lost a personal item and became upset staff made sure they found what they were looking for. They smiled a beaming smile that suggested they were feeling safe and comfortable in their environment and happy that staff had helped them.

The provider employed suitable numbers of staff to care for people safely. The registered manager assessed people's needs and made sure there was sufficient staff on duty with the right skills and experience to meet people's needs. The duty rota showed that there were consistent numbers of staff available throughout the day and night to make sure people received the support they needed. There were arrangements in place to make sure there were extra staff available in an emergency and cover any unexpected shortfalls like staff sickness. The registered manager told us that they regularly used the same agency staff for consistency. Staff were not rushed and call bells were answered promptly.

Staff told us about different types of abuse. They said that they felt confident that they would recognise any signs of abuse or neglect. They knew who to report any concerns to in the service and which external organisations they could share their concerns with. Staff were aware of the provider's whistle blowing policy and said that they would not hesitate in speaking up if they had worries. They felt that they would be listened to and that their concerns would be taken seriously and acted on. One member of staff said that people were, "Safe and well cared for at Platters Farm Lodge".

There were procedures in place for emergencies, such as, gas / water leaks. Fire exits in the building were clearly marked. Regular fire drills were carried out and documented. Staff were clear of what to do in the case of an emergency.

There were systems in place to identify if people were at risk. Risk assessments identified possible hazards and explained to staff what to do to reduce risks. Where people had difficulty in moving around the service there was guidance for staff about what each person could do independently, what support they needed and any specialist equipment they needed to help them stay as independent as possible. Where allergies to foods or medicines were known these were highlighted on people's care plans and on shift handover sheets to make sure that all staff were aware. Accidents and incidents were recorded by staff. The registered manager assessed these to identify any pattern and take action to reduce risks to people. Incidents were discussed at staff meetings so that lessons could be learned to prevent further occurrences.

People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. There were clear procedures which were followed in practice. Staff supported people to take their medicines when they needed them. Staff did not leave people until they had seen that medicines had been taken. Some people needed to take medicine every now and then including pain relief. Staff followed best practice by recording this on a separate page and included the reason it had been given. Staff spoke with people after taking pain relief to check that it had worked and documented the effects of taking the medicine. Medicines were handled appropriately, stored safely and securely.

The provider's recruitment and selection policies were followed when new staff were appointed. Staff completed an application form, gave a full employment history, and had a formal interview as part of their recruitment. Written references from previous employers had been obtained and checks were done with the Disclosure and Barring Service (DBS) before employing any new member of staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Is the service effective?

Our findings

People indicated to us that staff looked after them well. Body language, demeanour, smiles and no frowns gave us answers to the questions we asked people. People and their relatives had been involved with planning their care and choosing their goals and rehabilitation outcomes. The registered manager told us that people were offered a one day pre-assessment visit at Platters Farm Lodge to meet the staff and look around the service. Staff had a good understanding of people's needs.

Staff, including agency staff, told us that they had a period of induction and orientation when they first started working at Platters Farm Lodge. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. A member of agency staff said that their induction involved working under the supervision of a permanent member of staff over a period of two weeks.

Staff were able to tell us what training courses they had done. The registered manager kept a training record which showed when training had been undertaken and when 'refresher training' was due. Staff were encouraged to complete additional training for their personal development. Staff told us that, in addition to a one day dementia awareness course, they had completed a dementia course over three or four months delivered by a visiting tutor. Staff said that they had found the extra course really useful and it had given them "a greater understanding of people living with dementia".

Staff told us that they had regular one to one supervision meetings with the registered manager where they could discuss their training needs and any concerns or problems. Staff said that they would go to their team leader or manager at any time to discuss concerns or ask questions and that there was an 'open door' attitude.

When people were unable to give valid consent to their care and support, staff at Platters Farm Lodge acted in accordance with the requirements of the Mental Capacity Act (MCA) 2005. The Mental Capacity Act is a law that protects and supports people who do not have the ability to make decisions for themselves. People and their relatives or advocates were involved in making decisions

about their care. Staff told us that they had received training on the Mental Capacity Act 2005 (MCA) and were able to demonstrate their understanding of the key principles of the Act.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The registered manager was aware of the recent supreme court judgement which made it clear that if a person lacked capacity to consent to arrangements for their care and were subject to continuous supervision and control and were not free to leave the service, they were likely to be deprived of their liberty. Assessments were completed and, where appropriate, applications had been completed and sent to the local authority.

Where people had made advanced decisions, such as Do Not Attempt to Resuscitate (DNAR), this was documented and kept at the front of people's care plans so that the person's wishes could be acted on. A note of the advanced decision was also on every shift handover sheet to make sure that all staff were aware.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People and their relatives were offered choices of hot and cold drinks throughout the day. Choices of meals were offered and specialist and cultural diets were catered for. The provider employed a nutritionist to assist with menu planning. Tables were covered with tablecloths and decorated with flowers. Condiments and a variety of sauces were on each table. Meals were served from a heated trolley and people were asked which vegetables they would like with their meal. The temperature of food was checked to make sure it was safe to eat. Staff used a probe to check the heat of the food and, on one unit, found that the food was not hot enough. The trolley of food was returned to the kitchen. Staff explained the short wait to people while senior staff went to the kitchen to manage the situation. When the food arrived, and was tested it was the right temperature, it was well presented. The atmosphere at lunchtime was relaxed.

Is the service effective?

Throughout lunch staff were attentive and supported people in a way that did not compromise their independence or dignity. People told us that lunch was good and that they had enjoyed it.

The design and layout of the service was suitable for people's needs. The building and grounds were adequately maintained. All the rooms were clean and spacious. Lounge areas were suitable for people to comfortably take part in social, therapeutic, cultural and daily activities. There was adequate private and communal space for people to spend time with visiting friends and family. Although most people were at Platters Farm Lodge for a short time they were encouraged to make their rooms their own for their stay by taking in personal items.

People's health was monitored and care provided to meet any changing needs. When people's physical and/or mental health declined and they required more support the staff responded quickly. People had access to health care professionals, like speech and language therapists, physiotherapists and occupational therapists, to meet their specific needs.

Care plans were reviewed for their effectiveness and reflected people's changing needs. People were weighed on a weekly basis and any fluctuation in weight was noted. Staff contacted the relevant health professionals, such as dieticians, if they noticed any change in weight. Prompt action was taken to make sure people had the care and support they needed.

Is the service caring?

Our findings

Most people were not able to talk to us tell us about the quality of care they received so we spent time observing how people were treated and spoken with. People indicated that they were happy with their care. Staff provided care and support to people throughout our inspection. People looked relaxed and comfortable with the staff that supported them. One person told us that they loved it there; it was better than other places and that they were looking forward to the activities. They also said that they liked the staff. Staff treated people with empathy, reassurance, concern and sympathy. Staff adapted the way they approached and communicated with people in accordance with their individual personalities and needs. When people preferred to use communication books or a writing pad staff used them to engage with people and to make sure that the person's needs were met. Staff told us that being able to use the communications book was "really empowering for the resident".

Quality of service surveys were sent to people and their relatives. Comments from the most recent survey included, "(My relative) loves it here. She makes friends and comes home 'full of beans'. This place is great"; "Care staff are very polite and caring. Everybody was helpful" and "Enjoyed the stay here". A member of staff we spoke with said, "I have worked in different homes and people here are treated wonderfully and looked after well".

Although people were only at Platters Farm Lodge on a short-term basis staff captured a brief history from each person or their relatives for their care plan. Each person was allocated a 'keyworker'. A keyworker was a member of staff allocated to take a lead in coordinating someone's

care. Some people had been on respite at the service a number of times so staff had got to know them over time. Staff were knowledgeable of people's individual needs, likes and dislikes. Staff displayed caring, compassionate and considerate attitudes towards people.

People were encouraged to be as independent as they wanted to be. Staff spoke about respecting people's rights and supporting them to maintain their independence and make choices. People had choices to do different things throughout the day. People could join in with activities if they wanted to. Staff observed people and were aware of what people were doing and where, so they could offer choice and support. Staff recorded on care plans what people were able to do themselves and what support they required.

People's privacy and dignity was respected by staff. People could choose if they wanted male or female staff to support them with their personal care and this was recorded on the staff handover sheet. When staff wished to discuss a confidential matter with a person they spoke to them in private. Staff knocked on people's bedroom doors and waited for signs that they were welcome before entering people's rooms. They announced themselves when they walked in, and explained why they were there. Staff were discreet and sensitive when supporting people with their personal care needs. Personal care was given in the privacy of people's bedrooms or bathrooms. People's religious and cultural needs were respected. Care plans showed what people's different beliefs were and how to support them and arrangements were made for visiting clergy. Care plans and associated risk assessments were kept securely in a locked office to protect confidentiality and were located promptly when we asked to see them.

Is the service responsive?

Our findings

People and their relatives told us that they had been involved in planning their care. Before people went to the service they had an assessment which identified their care and support needs. This was done at a place of the person's choice. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in a way that suited them best.

Records did not contain accurate and up to date information because records in respect of each person were not consistently completed. Each of the files had an 'admissions sheet' which asked people or their representatives for consent to take a photograph, be weighed, completing a body map and confirming that all the details in the care plan had been checked. Two of the four admissions sheets had not been completed. One 'key guest information sheet' out of four did not record the date of the person's admission to Platters Farm Lodge. One person's weight had not been recorded and an entry had been made by staff of what still needed to be completed but this had not done. Some people's records contained contradictory information. For example, one person's admission sheet noted, "X is able to fully mobilise" but a diary entry for this person, five days later, was "Mobile with a stick".

People may be at risk of receiving inappropriate or unsafe care because of a lack of up to date and accurate records. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People had an individual care plan which was written with them and / or their relatives. Plans contained details about preferred methods of communication, diet, health and mobility needs. People's choices were noted and staff

made sure these were respected. Some people had made choices about their diet or who they wanted to visit them. Where people had made a specific choice this was noted on the shift handover to bring it to the attention of all staff.

Care plans were reviewed and changes to people's needs were noted so that staff had up to date information of people's needs. Staff told us that people were involved with setting their goals and that staff monitored progress towards these goals.

People were supported to keep occupied and there was a range of activities to reduce the risk of social isolation. The provider employed an activities co-ordinator who planned four activities each day. White boards listed the daily activity and exercise programme and also showed the availability of board games, knitting and so on. Activities included exercise sessions; sing along with instruments, baking, crafts and reminiscence. Staff were aware if people chose not to take part in group activities and made sure that they were offered alternative activities. People were smiling and laughing while they enjoyed the exercise session.

People had a service user guide in their rooms which explained the complaints process. People we spoke with said that they had no complaints and would speak to staff if they had any worries. The complaints procedure was also available to relatives and anyone else who visited the service. There had been two written complaints in the last 12 months. These had been recorded, investigated and resolved. The registered manager told us that no common theme had emerged from the complaints. The management team had taken the opportunity to reflect on the complaints and used the feedback to improve the quality of the service. The registered manager told us that one of the improvements that was planned to be introduced in the next 12 months was a new welcome pack for people. It was due to be reviewed to make sure that it was written in an accessible format and that it contained all the relevant information.

Is the service well-led?

Our findings

People were asked to complete a satisfaction survey following their stay. The registered manager looked at the responses to identify good practice and to check for areas of improvement. There were many positive comments on the surveys we looked at. These included, “Enjoyed the food and social activities”; “Very happy with the staff. Excellent food. Enjoyed exercises and activities” and “Very happy with the service. Can’t fault anything”.

Staff said there was, “Good informal communication between the staff team”. They said there was an ‘open door policy’ and that they were listened to by the registered manager. Staff were clear of their roles and responsibilities. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed.

There was a clear management structure for decision making and accountability which provided guidance for staff. The registered manager worked with the staff each day to make sure they knew that people were receiving the care and support they needed from staff. Unannounced spot checks were carried out by the registered manager during night shifts to monitor the quality of care. The registered manager understood their responsibilities and told us that they were supported by staff at the head office.

The registered manager held separate meetings with team leaders, care staff, domestic and housekeeping staff and administrative staff. Staff told us that they actively took part in staff meetings and that records were kept of meetings and notes made of any action needed. Staff said that action was taken and that these were followed up. Organisational changes including policy updates were talked through with staff. Where lessons could be learned from concerns, complaints, accidents or incidents these were discussed.

Staff told us that there was an open culture at the service. A regular agency staff member told us, “I feel part of the team and I am treated with respect”. They said that staff asked them for feedback about the people they were caring for and always listened to them. To promote transparency the provider circulated minutes from senior management

meetings to staff. Staff told us that this made them feel included and showed a sense of openness. Senior managers from the head office met new staff during their induction period and encouraged a sense of shared values.

Staff were involved in identifying ways to improve the quality of the service people received. They were encouraged to put forward ideas and felt they were listened to. Staff were working together to review their rota system. A committee had been formed, including newer and longer standing staff, domestic staff and night staff to make sure that everyone had the opportunity to input and share ideas.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This is so CQC could check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

The registered manager completed regular audits, such as, management of medicines and infection control. Where shortfalls were identified the registered manager took action. During a medicines audit the registered manager found that staff had not signed the medicine records to show that people had been given their medicine when they were supposed to and one medicine had not been correctly counted when it had been received at the service. A risk assessment was written covering the booking in of medicines and guidance given to show staff what to do in the event of a medicine error. The registered manager addressed the concerns directly with the staff involved. Staff were given extra supervision and training for medicine administration. Medicine management was discussed at the team leader meeting to make sure that everyone was aware of the audit and following changes in practice. Since then a medicine audit has been carried out every week and errors had reduced.

Monthly environmental audits were carried out by staff from head office to identify and manage risks. These included audits on fire equipment, infection control, emergency lighting and call bell alarms. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>People may not be protected against the risks of unsafe or inappropriate care because records were not always accurate and consistently completed.</p> <p>Regulation 20 (1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</p>