

Stratfield Care LLP

Stratfield Lodge Residential Home

Inspection report

65 Wellington Road
Bournemouth
Dorset
BH8 8JL

Tel: 01202553596
Website: www.stratfieldlodge.co.uk

Date of inspection visit:
28 June 2019
01 July 2019

Date of publication:
29 July 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Stratfield Lodge Residential Home is a care home without nursing registered to provide accommodation and personal care for up to 17 people with diverse and complex support needs. At the time of our inspection 17 people were living there.

People's experience of using this service:

People told us they felt safe. They were relaxed and familiar with the staff and each other. People were cared for by a consistent staff team who had received appropriate training to carry out their roles. Staff spoke knowledgeably about the systems in place to safeguard people from abuse.

The service was working within the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control over 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.

People's dietary needs and preferences were assessed and where needed, where people received support to eat and drink. This was provided in a kind, discreet and friendly way. Meal times were an important social event in the day for those who chose to eat together. People told us they enjoyed their meals; one person said, "I really enjoyed that ice cream."

People's medicines were managed safely, stored securely and administered by trained staff. People received assistance to take their medicines as prescribed and were supported to access health care services.

People received care from staff that knew them well and treated them with kindness, compassion, respect and dignity. People's care was tailored to their individual needs and maintained their independence as much as possible. Care plans were comprehensive, person centred, respectful, and reviewed regularly to ensure they reflected people's needs.

The provider had robust recruitment systems to ensure staff were safely recruited. Staff received regular supervision and annual appraisals to ensure they were fully supported in their role. There was an effective training programme that staff felt was interesting and well delivered.

The service had a full and varied activity programme for people to enjoy if they wished. Activities included outings to places of interest, and towns as well as indoor activities. People had one-to-one support to take part in activities to prevent social isolation.

People and their relatives knew how to complain and were confident their views would be heard.

No people were receiving end of life care at the time of our inspection visit. Staff spoke knowledgeably about end of life care and were proud of the care they could provide to people at this time of their lives.

There was a robust system of ongoing monitoring through audits and spot checks to review the quality of the service provided.

People, relatives, staff and health professionals expressed confidence in the management team and felt the service had a clear management structure and an open and supportive culture.

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 (report published in December 2016).

Why we inspected:

This was a planned inspection based on the rating from the last inspection.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Stratfield Lodge Residential Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type

Stratfield Lodge Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service did not provide nursing care.

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

The inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we held about the service and reviewed the provider information return the provider had completed. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information about incidents the provider had

notified us of and contacted health professionals for their views on the service. We also looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection.

During the inspection, we spoke with five people who used the service, a visiting friend and a health professional, to ask about their experience of the care provided. We spoke with seven members of staff which included the registered manager, the care manager, the business manager, care workers and the activities manager. We also received written feedback from a further two health professionals. During our inspection we observed care practices and the interaction between staff and people.

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 reviewed a range of records that included two people's support and care plans, daily monitoring charts and medicines records. We also looked at a range of records relating to the management and monitoring of the service. These included staffing rotas, staff recruitment records, staff supervision and training records, premises maintenance records, accident and incident records, meeting minutes and a range of the provider's audits, policies and procedures.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Stratfield Lodge Residential Home. When asked if they felt safe living at the service one person replied, "Oh yes, It's very safe."
- Staff had received safeguarding training and knew how to recognise signs of abuse. They were clear about their responsibilities for making people safe and reporting concerns. Written guidance, with contact details of external agencies was available and staff knew how to access it.

Assessing risk, safety monitoring and management

- Risks for people were individually assessed and managed. Risk assessment and management plans were detailed, personalised and guided staff to support people safely whilst still maintaining their independence.
- Emergency plans were in place to ensure people received the support they needed in the event of a fire or other emergency incident.
- Hazardous substances were kept secure when not in use. There were systems in place to ensure all equipment was regularly checked, serviced and well maintained to ensure the safety of the service and premises.
- Regular water systems checks were completed to reduce the risk of legionella. Risk assessments showed the home was free from legionella. Legionella are water borne bacteria that can be harmful to people's health.

Staffing and recruitment

- Support was provided by a consistent team of staff who knew people very well and knew how they preferred their care and support to be given.
- Staff were recruited safely. Robust procedures were in place to ensure the required checks were carried out on staff before they commenced their employment. This ensured staff were suitable to work with people in a care setting.

Using medicines safely

- People were supported to take their medicines as prescribed and in ways that they preferred.
- Medicines were safely obtained, stored, recorded, administered and disposed of. Monitoring systems were in place for medicines that required cool storage and records showed stock levels of medicines were correct.
- Where people were prescribed medicines that they only needed to take occasionally, there was guidance for staff to follow to ensure those medicines were administered safely.
- Medicines administration records contained the information necessary for safe administration.

- Staff received medicine training and had their competency checked annually to ensure they were safe and competent to administer medicines to people.
- Regular medicine management audits were completed to address any issues in medicine administration.

Preventing and controlling infection

- Measures were in place to prevent and control infection. Staff had received training and used gloves and aprons when needed.
- Staff spoke knowledgably regarding infection control processes and understood how to protect people from the risk of infection.
- The home was exceptionally clean and free from odours. Cleaning schedules were in place and formed part of the daily and weekly duties for staff.

Learning lessons when things go wrong

- There was a clear procedure in place for reporting and recording accidents and incidents.
- The manager reviewed and analysed information to identify trends and themes with-in the home. Appropriate actions were taken to help reduce future recurrences and professional input was sought as appropriate.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Comprehensive assessments were carried out before people moved into the home. This was to make sure the service was suitable for them and their care needs could be met. People and their families were asked about their lives, what was important to them and how they wanted to receive care.
- Assessment and screening tools were regularly used and reviewed to monitor whether people continued to receive effective care.
- Assessments were unique to each person and contained personalised information and guidance such as their cultural, religious and lifestyle choices that reflected people's preferences and wishes.

Staff support: induction, training, skills and experience

- A health professional told us, "They follow all advice and are very particular... there is always enough staff around... they are so friendly and understand people's needs well." People and staff we spoke with told us there were enough staff available on each shift to ensure people were cared for safely and effectively. One person told us, "I press the bell and they come... I've done that a few times, it worked all ok."
- Staff received a detailed induction into the service when they started working at the home and newly recruited staff completed the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- Staff told us they felt well supported with supervision and training. One member of staff told us, "The training provided everything you ever needed... we were made to feel comfortable and the trainers checked our understanding all the time... it was good." Another member of staff said, "I had the full induction and all the training... I loved it... it helps you to deal with everything and everybody."
- There was a robust system of regular supervision and annual appraisals which staff found helpful and supportive. Supervisions and appraisals allowed staff to reflect on their roles and encouraged and supported them in their development and learning.

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

- People received a healthy and nutritious diet. People told us they enjoyed their meals and had a choice of meal if they wanted something different from the menu. One person told us, "Lovely fish and chips" and another said, "That ice cream was very good."
- Staff supported and encouraged people kindly, discreetly and provided assistance promptly when it was needed.
- Meal times were a social occasion where people could be seated with friends if they wished, so they could enjoy their meals together. People who chose to eat in their bedrooms were supported to do so and received their meals at the same time as people in the dining room.

- Appropriate support was given to people to ensure they could eat and drink as independently as possible. Care plans gave clear guidance about any specific support people may need. Such as, adaptive cutlery and crockery to help people to continue to eat independently.
- For people who were at risk of choking, external health professionals had been consulted and their advice and guidance closely followed. For example, some people required a soft food diet or had to have their drinks thickened to ensure they could eat and drink safely.

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

- Positive feedback from health care professionals included, "The management is receptive to advice and guidance given and always complete any required paperwork as requested... it is evident the staff care about their job and the people they look after" and "I am always expected and greeted positively by care staff... all the information I request is ready and the manager is able to give me dates of health checks and appointments immediately."
- People were supported to access healthcare. Staff spoke knowledgeably about people's health needs and were pro-active in seeking guidance and support from health professionals. Records showed timely and appropriate referrals were made to a range of healthcare professionals. These included dietitians, occupational therapists, speech and language therapists, opticians, GPs and chiropodists.
- People had hospital and health passports that identified their preferences and health needs should they need to move to another service such as a hospital.

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

- People's bedrooms were highly personalised and included items and belongings that were of comfort to them.
- A health professional told us, "The environment is comfortable, clean and appropriate for the clients." Another health professional provided positive written feedback that said, "I was asked to view the bathroom they had recently decorated to better meet the needs of people living with dementia. I was impressed as it met these needs really well."
- Shared communal areas were bright and free from clutter to ensure people could mobilise effectively throughout the premises.
- The premises had adaptations to accommodate people with restricted mobility. These included lifts, overhead hoists, bath lifts, stand aids, hand rails and grip rails. An ongoing maintenance schedule ensured the premises were safe for people. For example, the ground floor flooring had recently been renewed throughout which provided an easy clean, non-slip surface.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- Staff understood the principles of the MCA, how to implement this and how to support best interest decision making.
- Where there were restrictions on people's liberty, applications had been made and were being processed by the local authority.
- Where DoLS had been authorised, there was a clear system in place to ensure these were monitored and any conditions followed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and visitors told us they liked the staff who they said were kind, patient and friendly. Comments included; "I know the staff well, they are kind" and, "I like the staff, they help me and are kind" and "This is the best place, the staff are always friendly...they are knowledgeable about [person] and they listen to him and are very kind and encourage him... it's really top notch."
- A health professional told us, "They are such a friendly team, very caring, very concerned about people and talk to them as equals, they understand people's needs."
- Throughout our inspection people were comfortable with the staff that supported them, who were friendly, respectful and attentive. It was clear that staff enjoyed their work; a member of staff told us, "I love it here... the residents are the priority, anything they want, clothing, trips out, cinema... it's all sorted."
- Staff supported people in a kind, calm and patient way. They responded to requests respectfully and followed them up immediately when they could.
- People's care and support records reflected how people wished their support to be given to meet their cultural and religious beliefs and staff respected their views. Support plans and records reflected the diverse needs of people using the service, including those related to disability, gender, ethnicity, faith and sexual orientation.

Supporting people to express their views and be involved in making decisions about their care

- Some people needed support to make some decisions about their personal care and where they spent the day. Staff understood which decisions people could make independently and respected these.
- Records showed people, family members, staff and health professionals were all involved in decisions regarding ongoing care and support.
- Staff knew people well and understood how they preferred their care and support to be given. Staff told us how they encouraged people to make decisions and determine how they spent their day. People were offered choices about where they spent their time.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted dignity in all their interactions with people, speaking respectfully and being attentive to people's wishes. People told us that staff always treated them with dignity and respected their privacy.
- Care plans reflected people's preferences and choices and encouraged people's independence. For example, one person's care plan stated, "I know how to use the call bell if I need help... I'm still able to wash my hands and face and I will ask staff to help me wash and cream my legs... I don't like my feet to be washed with a flannel, please use a wipe."

- People's personal information was kept secure. Staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care and support plans were highly personalised and provided clear details of how staff were to support people to meet their individual preferences and assessed needs. People told us and records showed that people received their care in ways they preferred.
- Care plans and support records were very well maintained and regularly reviewed with changes to people's health needs updated as they happened. This ensured people received good care and support in a timely way.
- We received positive feedback from health professionals who regularly visited the service. Comments included, "Overall, my opinion is very positive of the home and care provided."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to communicate in ways that were meaningful to them. Staff took the time to understand people and checked this understanding back with people. People's methods of communication were identified and recorded in their care plans and staff understood the Accessible Information Standard.
- There were clear communication systems in the home. Staff told us communication was good, with staff being kept fully up to date with any changes through detailed handovers at the start of each shift, discussion with each other and formal team and staff meetings.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff knew people very well, what their interests and hobbies were and what things were important to them and what events and they enjoyed.
- The Activities Manager was passionate about their role. A diverse range of activities was provided on an individual basis for each person to enrich their lives, keep people active and prevent social isolation. We saw people really enjoying the company of others as they took part in their different activities.
- Activities were scheduled each day. A clear programme was displayed and distributed to all people. When the weather allowed activities were also run in the garden and grounds of the home. Staff ran theme days and garden and tea parties that everyone enjoyed and looked forward to.

People told us they enjoyed the activities. One person said, "I like listening to the woman singing, she's really good. I like the jazz club too, it's good there." Another person told us, "I like the staff and I'm very

comfortable here... they take me out for a drive and to go shopping, it's all good."

- One member of staff told us, " Our residents are our priority, anything they want they get...trips out, cinema... [person] loves to eat out so we take them out for a meal and to do some shopping which they love."
- For people that preferred to spend time in their bedrooms, staff spent time with them supporting them to enjoy activities they liked such as reading, nail painting, reminiscing and arts and crafts.

Improving care quality in response to complaints or concerns

- People told us they felt comfortable to raise concerns and were happy to do so straight away. This meant any issues were addressed as they arose. A visitor told us, "I know who to complain to... the staff are very friendly and communicate very well."
- The provider had not received any complaints since the previous inspection. However ,where historical complaints had been made these had been addressed robustly and in accordance with the provider's complaints policy.

End of life care and support

- The service was not supporting any person with palliative or end of life care needs at the time of our inspection.
- People and relatives were fully consulted and supported to make end of life plans to ensure they received person centred care and support in line with their wishes. Local palliative care and district nursing teams were also involved and consulted where appropriate.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, friends, visitors and health professionals gave very positive feedback regarding the open, honest, supportive and friendly culture at the home. Staff told us they loved working at the home and people enjoyed living there.
- Staff were motivated, passionate about their roles, felt well supported and spoke very positively about the management team. Comments from staff included, "I have the best support", "They are all very supportive" and "The management team are very good".
- People received individual, person centred care from a staff team who were dedicated to providing people with the best care possible. Staff worked well as a team together for the benefit of people living at the home.
- The registered manager and management team understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They fulfilled these obligations, where necessary, through contact with people and their relatives.

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

- There was a clear management structure. Staff spoke knowledgeably about their responsibilities. They told us they thoroughly enjoyed their jobs and supporting the people who lived at the home. Staff were confident in the quality of care and support they were able to offer people.
- There were effective systems in place to ensure views from visiting health professionals, people, relatives and staff were fully considered and acted upon.
- The provider had a whistleblowing policy and staff knew how to raise concerns if needed.
- Notifications to CQC as required by the regulations had been appropriately made. The provider's record keeping systems and processes were very well maintained, orderly and up to date.
- Policies and standard operating procedures were reviewed regularly and provided clear guidance for staff.

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

- The management team actively encouraged communication amongst everyone who lived in, worked in, and visited the home.

- Surveys and meetings encouraged regular feedback and actions were taken based on people's comments. The service had received many compliments, such as, "We are very happy she is so very well looked after" and "The care you gave to [person] was absolutely outstanding and to see the special bond you all had with him."
- People and staff felt valued and confident their views and feedback were listened to and acted upon.
- There was an employee of the month award to recognise when staff had gone over and above their role. The provider also arranged social events for the staff to enjoy free of charge. These encouraged and promoted good team spirit. Every couple of weeks staff were provided with bacon rolls for breakfast which were much appreciated.
- Regular resident and staff meetings were held to keep people and staff up to date with changes and developments within the home. Meeting minutes were clear, detailed and made available for all. This ensured any person that had been unable to attend had sight of the discussions that had taken place.

Continuous learning and improving care; working in partnership with others

- The registered manager and the staff team had a strong commitment to learning and making improvements to the service people received.
- A wide variety of audits were undertaken that included medicines, care plans, infection control, seizures and falls, nutrition and health and safety checks. These audits were used to form the basis of a cycle of continuous improvement within the home.
- The service worked collaboratively with all relevant external stakeholders and agencies. Staff told us the support and guidance they had received from health care professionals had made positive impacts on the lives of the people who lived at the home. Positive feedback from healthcare professionals reflected confidence in the capability and commitment of the staff team.
- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented.