

# Strode Park Foundation For People With Disabilities

## Strode Park House

### Inspection report

Lower Herne Road  
Herne Bay  
Kent  
CT6 7NE  
Tel: 01227 373292  
Website: [www.strodepark.org.uk](http://www.strodepark.org.uk)

Date of inspection visit: 12 and 14 August 2015  
Date of publication: 18/09/2015

### 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	

### Overall summary

This inspection took place on 12 and 14 August 2015, and was unannounced.

Strode Park House is a 55 bedded, early Victorian Mansion House set in 14 acres of gardens. The service is staffed with nurses, therapists and carers to meet the needs of a wide range of people with physical disabilities.

There are four separate 'wings' in the service: New Wing, Basil Jones Wing, Patton Wing and Rees Wing. The service provides long-term residential or nursing care, respite care, neuro rehabilitation, and activities including an

on-site wheelchair accessible theatre. The facilities are either purpose built or adapted to meet the needs of people with disabilities. At the time of the inspection there were 49 people living at the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the

# Summary of findings

requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not present on the days of the inspection.

People told us they felt safe living at the service. Staff understood the importance of keeping people safe. Risks to people's safety were identified, assessed and managed appropriately. People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. Staff knew how to protect people from the risk of abuse. Accidents and incidents were recorded and analysed to reduce the risks of further events.

Recruitment processes were in place to check that staff were of good character. People were supported by sufficient numbers of staff with the right mix of skills, knowledge and experience. There was a training programme in place to make sure staff had the skills and knowledge to carry out their roles effectively.

People were confident in the support they received from staff. People and their relatives said they thought the staff were trained to be able to meet their needs or the needs of their loved ones. People were provided with a choice of healthy food and drinks which ensured that their nutritional needs were met. People's health was monitored and people were supported to see healthcare professionals when they needed to.

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. 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. DoLS applications had been made to the relevant supervisory body in line with guidance.

People and their relatives were happy with the standard of care at the service. People and their relatives were involved with the planning of their care. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. Staff were kind, caring and compassionate and knew people well. People were encouraged and supported to stay as independent as possible.

People were supported by staff to keep occupied and there was a range of meaningful social and educational activities available, on a one to one and a group basis, to reduce the risk of social isolation. An activities co-ordinator and an activities support worker organised daily activities.

People and their relatives were encouraged to provide feedback to the provider to continuously improve the quality of the service delivered.

The registered manager and deputy manager coached and mentored staff through regular one to one supervision. The registered manager and nursing director worked with the staff each day to maintain oversight of the service. People and their relatives told us that the service was well run. Staff said that the service was well led, had an open culture and that they felt supported in their roles. Staff were clear what was expected of them and their roles and responsibilities.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC 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.

# 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.

People told us that they felt safe living at the service.

People were protected from the risks of avoidable harm and abuse. Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

Risk assessments detailed the potential risk and gave staff guidance on what control measures could be used to reduce risks and to keep people as safe as possible. People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines.

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

Accidents and incidents were recorded and analysed to reduce the risks of further events.

Good



### Is the service effective?

The service was effective.

People told us that staff looked after them well and staff knew what to do to make sure they got everything they needed.

Staff understood the importance of gaining consent to care and giving people choice. 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. When people were unable to give valid consent to their care and support, staff acted in people's best interest and in accordance with the requirements of the Mental Capacity Act (MCA) 2005.

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 health was monitored and staff worked closely with health and social care professionals to make sure people's health care needs were met. Care plans had been written with people and their relatives. 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.

People told us they were happy living at the service. Staff displayed caring, compassionate and considerate attitudes towards people and their relatives.

Staff understood and respected people's preferences and individual religious and cultural needs. Staff spoke with people in a way that they could understand.

Good



# Summary of findings

People and their relatives were able to discuss any concerns regarding their care and support. Staff knew people well and knew how they preferred to be supported. People were encouraged and supported to maintain their independence. Staff promoted people's dignity and treated them with respect. People and their loved ones were involved, when they chose to be, in the planning, decision making and management of their end of life care.

Staff understood the importance of confidentiality. People's records were stored securely to protect their confidentiality.

## Is the service responsive?

The service was responsive

People said that they received the care they needed and that the staff were responsive to their needs.

People received consistent, personalised care, treatment and support. Care plans were reviewed and kept up to date to reflect people's changing needs and choices.

Staff had a good understanding of people's needs and preferences. A range of meaningful activities were available. Staff were aware of people who chose to stay in their rooms and were attentive to prevent them from feeling isolated.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on. The provider used compliments, concerns and complaints as a learning opportunity.

Good



## Is the service well-led?

The service was well-led

There was an open and transparent culture where people, relatives and staff could contribute ideas for the service.

People and staff were positive about the leadership at the service. There was a clear management structure for decision making which provided guidance for staff. Staff told us that they felt supported by the registered manager and deputy manager.

The registered manager completed regular audits on the quality of the service. The registered manager analysed their findings, identified any potential shortfalls and took action to address them.

Good



# Strode Park House

## 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 12 and 14 August 2015 and was unannounced. The inspection was carried out by one inspector, a specialist advisor and an expert by experience. A specialist advisor is someone with clinical experience and knowledge of nursing. The expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 looked around all areas and grounds of the service and talked to more than 15 people who lived there. Conversations took place with people in their own rooms, and with individuals and groups of people in lounge areas. During our inspection we observed how staff spoke with and engaged with people. We spoke with five relatives and friends, the resident's advocate, more than ten members of staff, the deputy manager and the chief executive.

We looked at how people were supported throughout the inspection with their daily routines and activities and assessed if people's needs were being met. We reviewed five care plans and associated risk assessments. We looked at a range of other records, including safety checks, four staff files and records about how the quality of the service was monitored and managed.

We last inspected Strode Park House in August 2013 when no concerns were identified.

# Is the service safe?

## Our findings

People told us that they felt safe living at the service. The expert by experience spent a day with people, talking with them and observing staff interactions with people. When the expert by experience asked people if they felt safe they said, “Safe? Oh yes, totally” and “Absolutely”.

People were protected from the risks of avoidable harm and abuse. The provider had a clear and accurate policy for safeguarding adults from harm and abuse. This gave staff information about preventing abuse, recognising signs of abuse and how to report it. All the staff we spoke with had received training on safeguarding people and were all able to identify the correct procedures to follow should they suspect abuse. Staff understood the importance of keeping people safe. Restrictions were minimised so that people felt safe but also had as much freedom as possible regardless of their disability or needs. There were systems in place to keep people safe including a policy and procedure which gave staff the information they needed to ensure they knew what to do if they suspected any incidents of abuse. The registered manager raised concerns with the relevant authorities in line with guidance. People were protected from the risk of financial abuse. There were clear systems in place and these were regularly audited. Some people controlled their own money and others had people to look after their finances.

Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff told us they were confident that any concerns they raised would be listened to and fully investigated to ensure people were protected. People were protected from discrimination. One person commented, “The best thing here is that people don’t see the disability. We are all just people. Nobody judges each other”.

Risk assessments detailed the potential risk and gave staff guidance on what control measures could be used to reduce risks and keep people safe. People were encouraged to move around the service and were supported to take reasonable risks to maintain their independence. One person said, “I have the freedom to move around, even though it’s in this chair but am perfectly happy as I am. They do their best for me, whilst I’m on respite care”. When people had difficulty 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. When people needed specialist equipment, such as a hoist, records gave staff guidance on which hoist and type of sling should be used and which clips should be used to ensure the person was safe. Assessments were proportionate and centred around the needs of the person. They identified how many staff were needed to support each person. Risk assessments were reviewed and updated as changes occurred.

When people were at risk of pressure sores staff would regularly reposition them to help prevent pressure sores from developing. People had the use of pressure relieving equipment such as compression socks, cushions and air flow mattresses. There was guidance for staff on how to use pressure relieving equipment to minimise the risks of people developing pressure sores.

Accidents, incidents and near misses were reported to the registered manager. Accidents had been recorded on an accident form and these were regularly reviewed to identify any patterns or trends. When a pattern had been identified the registered manager referred people to other health professionals to minimise risks of further incidents and keep people safe. An overview of accidents and incidents was monitored by the senior management team and discussed at regular health and safety meetings. This was used as a learning opportunity and shared with other services run by the provider.

There were policies and 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 told us that they knew what to do in the case of an emergency. The registered manager was in the process of implementing personal emergency evacuation plans (PEEP) so staff knew how to evacuate each person if they needed to. A PEEP sets out the specific physical and communication requirements that each person had to ensure that people could be safely evacuated from the service in the event of an emergency. The management of Strode Park Foundation were liaising with the local fire service and discussing emergency evacuation procedures. Specialist fire equipment, such as, walkie talkies, smoke hoods and evacuation ‘ski sledges’ had been purchased. A ‘grab file’ was also in place. This

## Is the service safe?

folder contained brief but essential information about people's physical and mental health conditions and medicines and could be 'grabbed' in an emergency to pass on to other health professionals should the need arise.

The provider's recruitment and selection policies were robust and thorough. These 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. People living at the service took part in the interview process and gave the applicant a tour of the service. Notes made during interviews were kept in staff files. 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. Nurses PIN numbers were checked to make sure they were registered with the Nursing and Midwifery Council and a note of the expiry date was kept to prompt the registered manager to check the PIN was kept in date. A disciplinary procedure was in place and followed by the registered manager. Staff were aware of these procedures and told us that there was a staff handbook with all the information they may need.

The provider employed suitable numbers of staff to care for people safely. People's needs were assessed and the registered manager made sure that there were enough staff with the right mix of skills, knowledge and experience on each shift. The number of staff required to meet people's needs was kept under constant review. The staff rota showed that there were consistent numbers of staff available throughout the day and night to make sure people received the care and support that they needed. There were plans in place to cover any unexpected shortfalls like sickness. On the days of the inspection the

staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's individual needs and keep them safe. During the days of the inspection staff were not rushed. All of the staff we spoke with felt they had enough time to talk with people and that there were enough staff to support people. A lead carer and care staff were allocated to the different wings in the service each day.

People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. Staff had completed training in medicines management. We observed staff supporting people to take their medicine and looked at the medicine administration records (MAR) for five people. The MAR were completed correctly and there were no missing signatures. Staff did not leave people until they had seen that medicines had been taken. Staff told us they were aware of any changes to people's medicines and read information about any new medicines so that they were aware of potential side effects. Medicines were handled appropriately and stored safely and securely in a clinical room. Medicines were disposed of in line with guidance. Daily checks were completed on medicines. When medicines were stored in the fridge the temperature of the fridge was taken daily to make sure the medicines would work as they were supposed to. Medicines audits were regularly completed by the registered manager. When an error had been made this was raised with the registered manager and action was taken to ensure that people were kept safe. Medicines errors were discussed at the senior management 'clinical governance' meeting each month to reflect, learn from mistakes and, when needed, amend ways of working or policies. The registered manager carried out observations of the administering of medicines and, when necessary, staff were supported with extra coaching and mentoring.



# Is the service effective?

## Our findings

People told us that staff looked after them well and staff knew what to do to make sure they got everything they needed. People and their relatives said that they thought staff were trained to be able to meet their needs or their relative's needs.

Staff explained that people and their relatives were involved with planning their care and that when someone's needs changed this was discussed privately with the person. People and their relatives confirmed this. When people were unable to give valid consent to their care and support, staff acted in people's best interest and in accordance with the requirements of the Mental Capacity Act (MCA) 2005. The MCA 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. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf. Staff had received training on the MCA. Staff understood and had a good working knowledge of the key requirements of the MCA and how it impacted on the people they supported. They put these into practice effectively, and ensured that people's human and legal rights were protected. When people had made advanced decisions, such as Do Not Attempt to Resuscitate, this was documented and kept at the front of people's care plans so that staff could ensure that the person's wishes would be acted on.

The Care Quality Commission 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 judicial review in March 2014 which made it clear that if a person lacked capacity to consent to arrangements for their care, were subject to continuous supervision and control and were not free to leave the service, they were

likely to be deprived of their liberty. Applications to the supervisory body had been made in line with the guidance. DoLS checklists had been completed for people and were regularly reviewed to ensure they were still needed.

Care plans had been written with people and their relatives and, when possible, had been signed by people to show they agreed with them. People said staff asked for their consent about the tasks they were about to undertake. People's care plans contained informed consent forms for things, such as, administering medicines and photographing wounds. When people had a Lasting Power of Attorney (LPA) in place this was documented in their care files and staff liaised with the LPA about their loved one's care and treatment. LPA is a legal tool that allows you to appoint someone to make certain decisions on your behalf. People or their advocates had signed consent forms to show that they agreed with decisions, such as, taking photographs of wounds to enable staff to monitor them. People's capacity to make decisions was regularly reviewed so that the required support could be put in place if needed. If people did not have the capacity to make decisions then meetings were held to ensure that the decisions were made in people's best interest. For example, one person became agitated when being supported with their personal care and a 'best interest' meeting was held with regard to changing their medicines to reduce their distress at these times. These medicines had only been used twice because staff used the least restrictive method to reduce the person's anxiety, such as, sitting and having a cup of tea with the person first to help them relax.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People and their relatives were offered choices of hot and cold drinks throughout the day. One person told us, "The food is really good. There is always plenty of food". Other comments about the food included, "excellent" and "Lovely food". We asked friends and relatives their views on the food and their responses were also positive.

Menus were displayed, with pictures, on boards in the dining areas for breakfast, lunch and dinner. Staff chatted with people in a cheerful manner and communicated in a way that was suited to people's needs, and allowed time for people to respond. The atmosphere was relaxed, friendly and lively. Throughout lunch staff were observant, attentive and supported people in a way that did not compromise their independence or dignity. Staff took their



## Is the service effective?

time when supporting people and focussed on the person's experience. The food looked appetising, people ate well and took all the time they wanted to eat their meal. The deputy manager explained that during mealtimes one member of staff was allocated to each wing to oversee responding to call bells so that the remainder of the staff could concentrate on people's dining experience.

Some people were at risk of malnutrition or dehydration. One person told us, "The staff make sure I drink plenty which is good". Some people were unable to eat very much due to their deteriorating health conditions. Staff told us that they knew people's food preferences and encouraged them. Staff told us that if people wanted something different it was never a problem. During our inspection there were a number of occasions when people requested 'off menu' food and this was accommodated. Staff gave an example of one person who enjoyed hot, spicy foods but was only able to eat a little at a time. Staff had bought lime pickle and minced it so that the person could have a little with their meal. Kitchen staff were aware of people's food preferences and had records of any allergies, intolerances and cultural needs. Food temperatures were checked before they were served to make sure the food was safe to eat. Nutritional audits and observations were regularly carried out by the registered manager and deputy manager to ensure the food was of a good standard, that people were supported as needed and that staff responded to requests of alternative meals appropriately. Drinks and snacks were available to people throughout the day.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. When people had problems eating and drinking they were referred to dietitians and speech and language therapists. The registered manager, deputy manager and staff worked closely with health professionals, such as, community psychiatric nurses and GPs. People were supported to attend appointments with doctors, nurses and other specialists they needed to see. People told us they felt they were supported to maintain good health and that their health needs were being met. People's health was monitored and care was provided to meet any changing needs. There were risk assessments and care plans in place for people's skin care, continence and nutritional needs

and these were reviewed for their effectiveness and reflected people's changing needs. People had the relevant equipment in place to reduce the risks of pressure sores to keep their skin as healthy as possible.

Staff told us that they had an induction when they began working at the service. The induction was completed over a number of weeks and was signed off, by the registered manager, as staff completed each section and were assessed as being competent. Staff shadowed a lead carer to get to know people and their individual routines. The shadow shifts were not part of the core shift so that the new staff member could take their time and concentrate on specific areas that they wanted to gain experience in, such as catheter care. The deputy manager told us that this way of inducting new staff was working well and giving new staff a chance to cover some of the more complex parts of people's care and support. A lead carer said, "The new way of doing the induction and shadow process is brilliant. It makes a huge difference having dedicated time to support the new member of staff rather than having to worry about getting the usual work done". A new member of staff commented, "It is really helpful to have the time to shadow. I have been able to do things that I was a bit uncertain about". 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. The end of the induction period was signed off following a direct observation of practice which included things like, catheter care, moving and handling, bathing competency and the good care of client's belongings.

Staff received regular training and were able to tell us what training courses they had completed. A training schedule was kept which showed when training had been undertaken and when it was due to be renewed. Staff told us that they had completed 'plenty of training' and that this included specialist training relevant to their roles, such as, courses about oral health, dementia and conflict management. Staff were encouraged to complete additional training for their personal development. This additional training included completing adult social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the ability

## Is the service effective?

(competence) to carry out their job to the required standard. One member of staff told us, “The training is always on-going” and another said, “The training is excellent”.

Nurses received regular clinical supervision and specialist training on topics such as diabetes and the use of insulin, neurological disorders and neurological rehabilitation. Nurses took on additional lead role responsibilities, such as, continence or tissue viability. They made sure that staff were kept up to date with best practice. Nurses were clear of their objectives each day and received direct supervision each day from the clinical lead.

Staff told us that they had regular one to one supervision meetings when they could discuss their training needs and any concerns or problems. Staff said that they would go to the registered manager or deputy manager at any time to discuss concerns or ask questions and that there was an ‘open door’ attitude. There was an annual appraisal system and this was an opportunity for managers and staff to discuss any identified development and training needs and set personal objectives. When training needs were identified staff were supported to access the necessary training. If staff were not achieving their personal objectives they were supported by the registered manager and deputy manager to look at different ways to achieve them. Staff received extra supervision, coaching and mentoring if issues were highlighted. The registered manager and deputy manager, with the support of lead carers, conducted daily care audits through observation of staff. When this highlighted a shortfall in the quality of the care delivered extra support and training was provided.

The design and layout of the service was suitable for people’s needs. The premises and grounds were designed and adapted so that people could move around and be as independent as possible. There was good wheelchair access throughout. A smoking shelter was provided in the grounds for people who chose to smoke.

The service was clean, tidy and free from odours. Regular audits of people’s rooms were completed to ensure they were kept clean. Staff wore personal protective equipment, such as, aprons and gloves when supporting people with their personal care. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. Foot operated bins were lined so that they could be emptied easily. Outside clinical waste bins were stored in an appropriate place so that unauthorised personnel could not access them easily. People’s rooms were well maintained and people told us they were happy with the cleanliness of the service. The building was generally adequately maintained although there were some carpets and areas of flooring in need of replacing and some areas of the service in need of redecoration. These had already been highlighted during audits and the facilities manager had been notified. There were on-going plans to action this. Lounge areas were suitable for people to take part in social, therapeutic, cultural and daily living activities. There was a relaxed and friendly atmosphere at the service. People’s bedrooms were personalised with their own possessions, photographs and pictures.

# Is the service caring?

## Our findings

People told us they were happy living at the service and their comments about the staff were positive. People said, “The staff are really good”, “Staff are very cheerful”, “Staff are pretty good. They are well established, committed staff who go the extra mile” and, “I get on well with the staff. Laughter is so important”. A member of staff commented, “The people who live here come first”.

People valued their relationships with the staff team and they spoke highly of individual members of staff. During our inspection staff spoke with and supported people in a sensitive, respectful and professional manner that included checking whether they needed any support. Staff communicated with people in a way they could understand and were patient, giving people time to respond. Staff had knowledge of people’s individual needs and showed people they were valued. Staff made eye contact with people when they were speaking to them. Staff displayed caring, compassionate and considerate attitudes towards people and their relatives. A letter had been received by the service from a relative, it noted, “We as a family would like to take this opportunity to thanks all the staff and volunteers of Strode Park for their care consideration and friendship to (our loved one). We could not have found a more caring and fulfilling environment”.

Staff recognised the importance of social contact and companionship. Staff supported people to develop and maintain friendships and relationships. During our inspection there were a number of visitors who called in to see their loved ones. Relatives told us that they visited when they wanted to and that there were no restrictions in place. Staff greeted visitors in a way that showed they knew them well and had they had developed positive relationships. People could choose whether to spend time in their room or in communal areas and there was plenty of space for people to spend time with their loved ones.

People moved freely around the service and could choose whether to spend time in their room or in communal areas. People were clean and smartly dressed. People’s personal hygiene and oral care needs were being met. People’s nails were trimmed and gentlemen were supported to shave.

Most people had family members to support them when they needed to make complex decisions, such as coming to live at the service or to attend health care appointments.

Advocacy services and independent mental capacity advocates (IMCA) were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf. People’s religious, ethnic and cultural needs were taken into account and staff arranged for clergy from different denominations to visit when people requested this.

People and their relatives told us that they felt the staff treated them with dignity and respect. One member of staff was the ‘dignity champion’ for the service. A ‘dignity tree’, designed to raise awareness, promote and uphold everybody’s right to dignity and respect, was on display near one of the dining rooms. This included photos and pictures. People, relatives and staff were encouraged to add ‘leaves’ to the tree with their ideas of what dignity meant to them or ideas on how to promote dignity in the service. Our observations of staff interacting with people were positive. Staff were discreet and sensitive when supporting people with their personal care needs and protected their dignity. When people were supported to eat their meals in their bedroom we saw that staff closed the door to protect people’s privacy and dignity. 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. People were not rushed and staff made sure they were given the time they needed.

People and their loved ones were involved, when they chose to be, in the planning, decision making and management of their end of life care. People’s preferences and choices for their end of life were clearly recorded, communicated, kept under review and acted on. Staff told us that some people did not wish to discuss their end of life care and this was respected and kept under review. End of life plans were person centred and included specific decisions, such as, some people had made the decision that they did not wish to go into hospital but wanted to remain at Strode Park House. Staff worked closely with the local hospice when people needed palliative care. If someone has an illness that can’t be cured, palliative care makes them as comfortable as possible by managing pain and other distressing symptoms. Staff supported people in a way that they preferred and had chosen.

## Is the service caring?

Regular care delivery audits were completed by lead staff. These were used to ensure people had received the personal care, treatment and support they needed in the way that suited them best. Any shortfalls identified were raised with the registered manager and deputy manager so that action, such as training or mentoring, could be implemented.

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. Staff told us that it was their responsibility to ensure that confidential information was treated appropriately and with respect to retain people's trust and confidence.

# Is the service responsive?

## Our findings

People said that they received the care they needed and that the staff were responsive to their needs. One person told us, “The staff help me with anything I need”. A relative commented, “Staff encourage him and support him well. He especially responds well to a pretty girl! We get smiles and the odd word from him occasionally”. The service had a strong, visible person-centred care culture. People were relaxed in the company of each other and staff. Staff had developed positive relationships with people and their friends and families. Relatives told us that staff kept them up to date with any changes in their loved one’s health.

People received consistent, personalised care, treatment and support. When they were considering moving into the service people and their loved ones had been involved in identifying their needs, choices and preferences and how these should be met. This was used so that the provider could check whether they could meet people’s needs or not. The care plans we reviewed showed that a pre-assessment was completed when a person was thinking about using the service. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best. One relative had written to the service noting, “Could you express our heartfelt thanks to all staff for your welcome to us and the smooth transitional change from X to Strode Park House”.

People were encouraged by staff to participate in and contribute to the planning of their care. Each person had a detailed, descriptive care plan which had been written with them and their relatives. Care plans contained information that was important to the person, such as their likes and dislikes, how they communicated and any preferred routines. Plans included details about people’s personal care needs, communication, mental health needs, physical health and mobility needs. Risk assessments were in place and applicable for the individual person. When people’s needs changed the care plans and risk assessments were updated to reflect this so that staff had up to date guidance on how to provide the right support, treatment and care.

During the inspection staff were responsive to people’s individual needs, promoted their independence and protected their dignity. There was a good team spirit amongst the staff and a friendly manner towards people and their relatives. When people chose to stay in their

rooms, or remained in their room due to their health, staff recorded in their daily notes that the call bell was left in reach so that the person could call for staff assistance when they needed to. The registered manager completed regular analysis of the time taken to respond to call bells to ensure that staff responded in good time.

A ‘management council’ was in place at the service. This was made up of independent people from the local community. A ‘resident representative’ was on the management council who was able to feed information to and from the council to fellow residents. The representative was very enthusiastic about their role and told us that they felt the system in place was a good form of communication. They commented that they were aware that people, in general, were quick to complain but slow to praise.

People and relatives told us that they would talk to the staff if they had any concerns and felt that they would be listened to. The provider had a policy in place which gave guidance on how to handle complaints. When complaints had been made these had been investigated and responded to in writing and within timescales. People and relatives told us they would raise any concerns with the registered manager or staff and felt that their concerns would be listened to and acted on.

People were supported to keep occupied and there was a range of meaningful social and educational activities available, on a one to one and a group basis, to reduce the risk of social isolation. One person said, “I go out quite a lot”. The provider employed an activities co-ordinator and an activities support worker. People were very positive about the staff providing activities. There was a monthly programme of activities on display throughout the service. Sometimes staff supported them with the daily activities. There were structured activities in the morning and one to one time in the afternoon. Staff volunteered to support people, in their own time, to attend events, such as, going to see a show or visiting the local cathedral. The provider had an arrangement with a local stately home for reduced entry prices and staff supported people to spend time there and enjoy the home and gardens. During the summer month’s people attended ‘Theatre in the Park’ events in the grounds. People told us that they enjoyed this. People told us that they were satisfied with the outings available. One

## Is the service responsive?

person had suggested that a large, unused, living space in the service could be adapted to hold a cinema screen and speakers so that films could be shown regularly. This was in the process of being set up.

People were supported into employment if they wished. Some people chose to work on reception at Strode Park House. People told us how much they enjoyed doing this. One person said, "I hope that this experience will enhance my skills so that I can get a permanent job in the community". Another person commented that they were "Very impressed with the amount of training I have had" before they commenced working on reception.

There was guidance for staff which identified which people were at risk of losing or gaining too much weight and what support people needed. People's weights were monitored and action was taken to refer people to health professionals, such as, dieticians or speech and language therapists, when needed. If people chose not to be weighed then this was noted. People's individual circumstances were taken into account. For example, one person receiving palliative care found it painful to be weighed so the registered manager discussed with the person, their relatives and health professionals the risks of not monitoring their weight. A decision was reached to stop regular weighing in order to prevent this person suffering additional pain and anxiety.



# Is the service well-led?

## Our findings

People knew the staff and management team by name. People told us that they would speak to staff if they had any concerns or worries and knew that they would be supported. There was an open and transparent culture where people, relatives and staff could contribute ideas for the service. The registered manager and deputy manager welcomed open and honest feedback from people and their relatives. Staff were encouraged to question practice and suggest ideas to improve the quality of the service delivered. Nurses had been allocated 'lead roles' and were proactively working with other health professionals to improve the outcomes for people.

People, their relatives and staff were actively involved in developing the service. People and their relatives told us that they had taken part in questionnaires about the quality of the service delivered. We reviewed comments on these questionnaires, which were all positive, and included: "Strode Park is a fantastic place and we would recommend it to anyone", "Everything is excellent", "X enjoyed their time at Strode Park House" and, "All staff very good. No problems".

One person who had been on respite at the service had contacted Strode Park House and said, "I would like to thank all the care staff who cared for me whilst I was there. I would also like to thank the kitchen staff for the lovely food I had".

A 'resident's advocate' was employed at the service. They told us that they primarily spent time with people to see if there was anything that could be improved or if anyone had any concerns. They said that they supported people with anything they wanted, for example, accessing bus passes and obtaining passport photos. They were in discussion with the local patient transport service to talk about concerns or complaints raised by people. The resident's advocate told us that they were very well supported and worked closely with the deputy manager, the facilities manager and the personal assistant to the chief executive.

There were strong links with the local community. An appeal to raise money to fund a hydrotherapy pool in the grounds had been launched in August 2013. There had been numerous fundraising events at Strode Park House along with support from the local and wider community.

The hydrotherapy pool was in the process of being built in the grounds. People, their relatives and the local community had been involved with the planning of this from the start. Regular updates had been provided and risk assessments were in place for the time the building work was taking place. A 'family forum' had been set up as a support group with and for people's relatives.

Staff understood the culture and values of the service. Staff told us that teamwork was really important. Staff told us that there was good communication between the team and that they worked closely and helped one another. Our observations showed that staff worked well together and were friendly and helpful to visitors and residents, nothing was too much trouble. Staff told us that they were happy and content in their work.

Staff were clear what was expected of them and 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. Records were in good order and kept up to date. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.

We asked staff for their views on the management and leadership of the service. All of the staff we spoke with felt the service was well led. Staff told us that they felt supported by the management team. One member of staff commented, "The manager is great. Encouraging and supportive". To encourage an open and transparent culture, during the induction process new staff spend time with the senior management team from Strode Park Foundation and were able to ask them any questions.

Many staff employed at the service had been there for a long time. The provider had a staff 'long service scheme' in place. Staff received an award for five, ten and 20 years' service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC 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.

There was a clear management structure for decision making. The registered manager and deputy manager worked alongside staff to provide guidance. The registered



## Is the service well-led?

manager and deputy manager kept an overview of the service and were constantly observing and monitoring staff. There were boards in the service which named each member of staff on duty that day so that people and their families knew who they could speak to. The registered manager held regular meetings with staff and clinical meetings with nurses. 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. When lessons could be learned from concerns, complaints, accidents or incidents these were discussed.

The management team worked alongside organisations that promoted best practice and guidance. They kept themselves up to date with new research, guidance and developments, making improvements as a result. The

registered manager had been working closely with health professionals to introduce new care plans which were easier for staff to use. Staff told us that this had been a positive step.

There was a system in place to monitor the quality of service people received. Regular quality checks were completed on key things, such as, call bells and fire safety equipment, medicines and infection control. When shortfalls were identified these were addressed with staff and action was taken. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action.