Strode Park Foundation For People With Disabilities

Strode Park Foundation – Redwalls

Inspection report

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Ratings

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

Overall summary

This inspection took place on 28 October 2015 and was unannounced.

Redwalls is part of the Strode Park Foundation which is an independent voluntary organisation and registered charity. Redwalls is situated in a rural environment and is located in the village of Stodmarsh, close to Canterbury.

The service has six bedrooms, is wheelchair accessible, and supports six young adults with physical and learning disabilities. At the time of the inspection there were six 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

Summary of findings

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. The registered manager was present on the day of the inspection.

People told us that they felt safe living at the service. People looked comfortable with other people, staff and in the environment. Staff understood the importance of keeping people safe. Staff knew how to protect people from the risk of abuse.

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.

Accidents and incidents were recorded and analysed to reduce the risks of further events. This analysis was reviewed and used as a learning opportunity. Any lessons that could be learnt were shared with other services run by the provider.

Recruitment processes were in place to check that staff were of good character. There was a training programme in place to make sure staff had the skills and knowledge to carry out their roles effectively. Refresher training was provided regularly. People were consistently supported by sufficient numbers of staff.

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 referred to and 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. However, we have made a recommendation regarding consent to the use of restraint, such as bed rails and wheelchair lap straps.

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.

When possible, 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 knew people well and understood changes in people's demeanour by noticing subtle changes in their body language. Staff reacted quickly and calmly to reassure people when they became agitated. Staff were kind, caring and compassionate. People were encouraged and supported to set and achieve their own goals.

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. People, their relatives and staff were encouraged to provide feedback to the provider to continuously improve the quality of the service delivered. People told us that they would talk to the staff if they had any concerns and felt that they would be listened to and acted on.

The registered manager coached and mentored staff through regular one to one supervision. The registered manager worked with the staff each day to maintain oversight of the service. Staff were clear about what was expected of them and their roles and responsibilities and felt supported by the registered manager.

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?

Good

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. People received their medicines safely.

Detailed risk assessments gave staff guidance on potential risks and how to minimise risks to keep people as safe as possible. Accidents and incidents were recorded and analysed to reduce the risks of further events.

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.

Is the service effective?

Requires improvement

The service was not consistently 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 worked closely with health and social care professionals to make sure people's health care needs were met. People were provided with a range of nutritious foods and drinks.

Staff completed training on, and understood, the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff acted in people's best interest. However, consent was not always requested and recorded for the use of restraint, such as, bed rails and wheelchair lap straps.

There was regular training and the registered manager held one to one supervision and appraisals with staff to make sure they had the support to do their jobs effectively.

The building and grounds were suitable for people's needs.

Is the service caring?

Good

The service was caring.

People told us and indicated that they liked living at Redwalls and they were very happy there.

Staff understood and respected people's preferences and individual religious and cultural needs. Staff treated people with dignity and respect and spoke with people in a way that they could understand. Staff were patient, allowing people time to respond.

Staff were caring and compassionate towards people and their relatives. 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.

Summary of findings

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

Is the service responsive?

Good

The service was responsive

People received the care they needed and the staff were responsive to their needs. 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. There was a strong, visible person-centred care culture. People were relaxed in the company of each other and staff.

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.

Is the service well-led?

Good

The service was well-led

Staff told us that teamwork was really important. Staff told us that there was good communication between the team and that they worked closely together.

People, their relatives and staff were positive about the leadership at the service. There was a clear management structure for decision making which provided guidance for staff.

The registered manager and senior staff 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.

Strode Park Foundation – Redwalls

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 28 October 2015 and was unannounced. The inspection was carried out by one inspector and a specialist advisor. The specialist advisor was someone with clinical experience and knowledge of nursing and a background in learning disability.

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. We met the six people living at the service. Some people were not able to communicate using speech but used their own form of sign language, body language or communication aids to express themselves. We spoke with relatives, five members of the care team and the registered 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 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 six 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 Redwalls in November 2013 when no concerns were identified.

Good

Is the service safe?

Our findings

People told us and indicated that they felt safe living at the service. People appeared relaxed in the company of each other and staff. People said that there were always plenty of staff to give them the support they needed. People commented that staff knew them well and understood their individual needs.

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. Staff told us that they had received regular 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. The registered manager raised concerns with the relevant authorities in line with guidance. Restrictions were minimised so that people felt safe but also had as much freedom as possible regardless of their disability or needs. For example, some people liked to walk to the local post box so staff supported them to do this and they wore reflective jackets to keep them safe from passing traffic. People were protected from the risk of financial abuse. There were clear systems in place to safeguard people's money and these were regularly audited.

Some people had behaviours which may, from time to time, challenge others. Staff supported people in a caring manner, and took time to care for people who became agitated or upset. The staff knew how to distract people, or gently remove them from situations which could increase their agitation. On occasions staff had to use physical intervention to protect people. Physical intervention was only used when it was safe, appropriate and proportionate to do so and when it had been assessed as necessary and agreed to by the person or their advocate. Staff told us that they completed annual training on 'Safe and therapeutic holding' to ensure that people were kept safe. This training included de-escalation techniques – de-escalation means making a risk assessment of the situation and using both verbal and non-verbal communication skills in combination to reduce problems.

Guidance was provided to staff on how to manage people's behaviour and records of interventions were completed and reviewed by the registered manager. Guidance detailed what signs to look for; what the possible causes of frustration or agitation might be; steps to take to prevent behaviours; what individuals may do when they display frustration and what actions staff should take to make sure people were safe. This guidance was not in the form of positive behavioural support plans but incorporated into the risk assessments. Some people used specialist equipment to help keep them safe, for example, head protectors and static seating. Staff followed recommendations and guidance from health professionals regarding the use of this equipment. It was evident throughout our observations that staff had enough skills and experience to manage situations as they arose and meant that the care and support was given consistently. Staff understood how to support each individual's behaviour and protect them from the risk of harm.

When possible people were involved in making informed decisions about any risks they may take. To help staff support people to keep safe, people's care plans were based on a series of detailed risk assessments. These identified potential risks, what control measures needed to be in place to reduce risks to people and who was responsible for carrying out any actions. For example, some people needed support when they had a bath and there was clear guidance for staff which noted how many staff should give support, what the temperature of the water should be and how to use specialist equipment, such as, hoists and slings.

Some people were at risk of coughing and choking because their health conditions meant they were unable to chew or swallow properly. People had received support and advice from specialist health professionals, such as, speech and language therapists. Staff were provided with detailed guidance on how to prepare people's food and drinks, for example, food being pureed and drinks being thickened to a syrup consistency. There were risk assessments which noted what staff should do if someone did begin to choke. When staff supported people with their meals they followed the guidance from the health professionals to make sure people ate and drank safely.

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.

Good

Is the service safe?

Staff reported any accidents, incidents and near misses to the registered manager. These were recorded on an accident form and were regularly reviewed and analysed to identify any patterns or trends. When a pattern had been identified action was taken by the registered manager to refer people to other health professionals and 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 shared with other services run by the provider as it was used as a learning opportunity.

People were supported to live in a safe environment. There were corporate policies and procedures in place for emergencies, such as, gas / water leaks. A dedicated facilities team followed a 'safe works programme' to make sure scheduled checks on things such as, portable appliance (PAT) tests and legionella tests were completed. An equipment servicing schedule was in place to ensure specialist equipment, such as, hoists, was regularly serviced and to make sure it was safe for people to use. A 24/7 maintenance 'on call' system was in place in case of emergencies.

Fire exits in the building were clearly marked. Regular fire drills were carried out and a fire evacuation register was completed. Staff told us that they knew what to do in the case of an emergency. The provider was in consultation with the local fire service regarding fire evacuation procedures and was planning new fire safety training for staff.

Staffing levels were regularly assessed and monitored to make sure there were sufficient staff to meet people's individual needs and to keep them safe. When a person moved into the service the registered manager completed a 'pre assessment' to check that they were able to meet this person's needs and the registered manager made sure that the staff on duty had the right mix of skills, knowledge and experience. There were consistent numbers of staff available throughout the day and night. Some people needed the support of one member of staff all day and this was taken into account in the planning of staff rotas. Staff told us that there were always enough of them to support people and meet their needs. Staff commented, "The staffing levels are good" and, "There are enough staff so we can spend time with people". There were arrangements in place to make sure there were extra staff available in an emergency and to cover any unexpected shortfalls like staff sickness. Additional resources came from 'bank staff' who were employed to work at all of the Strode Park Foundation services. On the day of the inspection the staffing level matched the number of staff on the duty rota.

The registered manager was supported by the Human Resources department within Strode Park Foundation. 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, gave the applicant a tour of the service and introduced them to people. Notes made during interviews were kept in staff files. Two 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. DBS checks were carried out on staff every few years and any changes were discussed with staff. A disciplinary procedure was in place and followed by the registered manager.

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. Some people told us they were supported to manage their own medicines. There was easy to read guidance on signs and symptoms of some medical conditions and how these should be managed. Medicines were handled appropriately and stored safely and securely. Medicines were disposed of in line with guidance. Regular checks were completed on medicines stocks and records. 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. Staff were aware of changes to people's medicines and read information about any new medicines so that they were aware of potential side effects.

We looked at the medicine administration records (MAR) for six people. The MAR were completed correctly and there were no missing signatures. 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

Good

Is the service safe?

kept safe. Medicines errors were discussed at the senior management 'clinical governance' meetings to reflect, learn from mistakes and, when needed, amend ways of working or policies.

Requires improvement

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. Staff worked effectively together because they communicated well and shared information. Staff handovers between shifts made sure that staff were kept up to date with any changes in people's needs. A book was used to make sure important and relevant information was captured and communicated to all staff on duty. Staff told us that they felt supported in their roles and that they worked well as a team. We observed staff providing safe and effective care and support to people throughout our inspection.

Staff knew people well and chatted with people in a cheerful manner, communicating in a way that was suited to people's needs, and allowed time for people to respond. Staff adapted the way they approached and communicated with people in accordance with their individual personalities and needs. We asked staff how they found out about people's preferences, particularly those unable to communicate verbally. Staff told us that they worked with speech and language health professionals and followed their recommendations. Staff said that they enhanced communication with the use of picture boards and Makaton (a language, designed to support the spoken word, using signs and symbols). Throughout the inspection staff used different forms of communication, tailored to each individual, and responded swiftly and appropriately to meet people's needs in a way that suited them best.

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 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. Staff shadowed other staff to get to know people and their individual routines. The registered manager told us that a new induction had recently been introduced and was modelled on the new Care Certificate. The Care Certificate has been introduced nationally to help new carer workers develop key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. The registered manager had received training on monitoring and assessing staff competencies and evaluating the work completed by new staff working towards the Care Certificate.

Staff received regular training and were able to tell us what training courses they had completed. One member of staff said, "The training is really good. I can't fault it. We get training on manual handling, infection control and food hygiene". Another member of staff told us that some training was classroom based and some was completed on-line and that it was "Actually very good". A training schedule was kept by the HR department which showed when training had been undertaken and when it was due to be renewed to ensure staff knowledge was kept up to date. Training included specialist training relevant to their roles, such as, courses about conflict and behavioural management, emergency first aid and dementia. Staff were encouraged and supported to complete additional training for their personal development. This 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 (competence) to carry out their job to the required standard.

The registered manager coached and mentored staff through regular one to one supervision. Staff told us that they undertook regular formal supervision and were able to discuss matters of concern and interest to them on these occasions. Staff had an annual appraisal to look at their performance and to talk about career development for the next year. Staff told us that they all worked very closely as a team and that if they had any worries or concerns they would speak to the manager at the time and not wait for a formal meeting. The registered manager completed observation supervision with staff to check that they were competent with specific tasks, such as, promotion of people's personal care, moving people safely and respecting and understanding people's choices and needs.

Some people were involved in the planning of their care and had been supported to create their own care plans. Due to some people's conditions they were not able to have input into their care and support plans. Staff told us 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.

Requires improvement

Is the service effective?

The registered manager and staff had good knowledge of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and were aware of their responsibilities in relation to these. The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. The Care Quality Commission monitors the operation of the 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. Applications to the supervisory body had been made in line with the guidance.

Some people were subject to some restrictions including the use of bed rails which prevent people from falling out of bed. There were no informed consent forms to indicate if the use of bed rails or wheelchair lap straps had been agreed with people or their loved ones or to show that these were the least restrictive options available.

We recommend that the provider seek advice and guidance from a reputable source about seeking peoples' consent to the use of such restraints.

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.

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.

Some people had an advance directive in place. An advance directive is a document by which a person makes provision for health care decisions in the event, that in future, they become unable to make those decisions. If people did not have the capacity to make complex decisions meetings were held with the person and their representatives to ensure that any decisions were made in people's best interest. People and their relatives or advocates were involved in making complex 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. 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.

During the day we saw people being supported to make decisions, such as, whether they wanted to go out, where they wished to go, what food and drinks they would like and whether they wanted to be involved in activities at the service. Staff used a picture book with some people to offer them their choice of meal.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People told us that they had a choice of menu each day and that they enjoyed the food. People were offered choices of hot and cold drinks and snacks throughout the day. Meals were delivered each day from another service run by Strode Park Foundation which is also located in Stodmarsh. The food looked appetising; people ate well and took all the time they wanted to eat their meal. People sat together with staff to eat their meals and it was a social occasion. One member of staff told us, "Visiting family and friends and staff are encouraged to eat together making an open and friendly feel to the house". The atmosphere was relaxed, friendly and lively. Throughout meal times staff were observant, attentive and supported people in a way that did not compromise their independence or dignity. Staff were patient, kind and gentle when supporting people and focussed on the person's experience. Staff chatted with people while supporting them and their communication was appropriate in tone and manner to the individual.

People's health was monitored and care and support were provided to meet any changing needs. When it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. Staff followed guidance given by health professionals to make sure that people received effective support and care. Staff acted quickly if people became unwell and worked closely with healthcare professionals to support people's health needs. People were supported to attend appointments with nurses, doctors and other

Requires improvement

Is the service effective?

specialists they needed to see. There were individual risk assessments in care plans for people's skin care and continence needs and these were reviewed for their effectiveness and reflected any changes in people's needs.

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. People told us that they had been involved with some of the redecoration of the service and that they had chosen the colours of the paint and also gone shopping to choose canvas pictures for the walls. The service was clean, tidy and free from odours. 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 locked and stored in an appropriate place so that unauthorised personnel could not access them easily. The building and garden were adequately maintained. 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 rooms were personalised and clearly reflected the type of support people needed, such as having overhead hoists in place. One person told us that their room was as they liked it and that they had internet access. People's rooms were of a good size to accommodate the use of specialist equipment like wheelchairs or hoists.

Good

Is the service caring?

Our findings

People told us and indicated that they liked living at Redwalls and they were very happy there. Some people were not able to communicate verbally. Staff knew people well and told us how they noticed changes in people's body language. There was clear guidance for staff about people's body language which detailed the information staff had given us. For example, one person's support plan noted 'If I am happy I will laugh and smile, clap my hands and shake my head from side to side with pleasure. If I am unhappy or hungry I will make sad unhappy sounds and you will see my face screw up with displeasure'.

Staff understood people and responded to each person to meet their needs in a caring and compassionate way. People's individual communication skills and abilities were known by the staff and there were a range of ways that staff made sure people were able to say how they felt about their care and support. Staff communicated effectively with each person, no matter how complex their needs. Some people used Makaton (a sign language) and some people used Picture Exchange Communication System (PECS) – This is communication system developed to help people convey their thought and needs using a picture or a series of pictures. Staff were patient and gave people time to respond. 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 displayed genuine caring, friendly, compassionate and considerate attitudes towards people.

Staff ensured that people were involved with the day to day running of the service and, as far as possible, in the planning of their care and support. Staff made sure that kindness, respect, compassion, dignity and empowerment were a priority. 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. Staff understood, respected and promoted 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. Staff knew when people wanted their own space and respected this.

Staff recognised the importance of social contact and companionship. Staff supported people to develop and maintain friendships and relationships. The service's promotional material noted, 'Redwalls gives young adults with disabilities the chance to build a group of close friends and to benefit from the confidence and feeling of security that this brings, helping them achieve goals and gain independence'. One person told us that they enjoyed their independence but knew that staff were there if they needed any support. People 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. This promoted people's personal dignity.

Some 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 preferences and choices for their care including end of life care were clearly recorded and kept under review. Staff were very familiar with the care and support packages in place for people. 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. The registered manager told us that they discussed death and dying with people's relatives and that it was a very difficult subject to approach. Some relatives had not wanted to discuss this with staff and would prefer to deal with it at the time. There were end of life care plans in place and the registered manager and staff liaised closely with the local hospice team. There was an evident commitment from staff to enable people to remain at home as far as possible unless it became inappropriate to do so. People's loved ones and health professionals, such as, community nursing teams and GPs were involved in the end of life care and support planning. Specialist, as required, medicines were stored in the service which may be needed to reduce people's discomfort towards the end of their life. There was a considerate and caring approach from all staff.

Care plans and associated risk assessments were kept securely in a locked office to protect confidentiality and

Good

Is the service caring?

were located promptly when we asked to see them. Staff understood that it was their responsibility to ensure that confidential information was treated appropriately and with respect to retain people's trust and confidence.

Good

Is the service responsive?

Our findings

People received the care they needed and the staff were responsive to their needs. The service had a strong, visible person-centred care culture. Staff took time with people, communicating in a way they understood, and the support they gave people was centred on the individual and their needs. For example, during lunch one member of staff helped a person, who had difficulty in swallowing, with their meal. The member of staff was gently rubbing their chest and talking softly to them to keep them relaxed while they ate. They showed genuine affection and were wholly focussed on the person's experience. People were relaxed in the company of each other and staff. Staff had developed positive relationships with people and their friends and families. Staff kept relatives 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 said how these should be met. This was used so that the provider could check whether they could meet people's needs or not. 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. Staff supported people in a calm and caring way.

Some 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 / or their loved ones. Some people told us that they were involved in the planning of their care and support. Other people were not able to contribute to their care plans. Staff told us that, when people could not communicate verbally, they sat with them while they reviewed their care plans and they talked to them about their care and used pictures to engage them in the process. People were assigned a keyworker – this was a member of staff who was allocated to take the lead in co-ordinating someone's care.

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. Person centred care plans documents clear guidance for staff on people's everyday support needs and how these should be met in a way that suited them best. Care plans were enhanced with additional information specific to people's individual needs. For example, 'How to insert my catheter', 'Caring for my PEG' (Percutaneous Endoscopic Gastrostomy – this is where a feeding tube is used for people who cannot obtain nutrition through swallowing).

Changes in people's care and support needs were identified promptly and kept under regular review. 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. Referrals to health professionals were made when needed, for example, to speech and language therapists and learning disability teams. When guidance or advice had been given we observed that staff followed this in practice. People's needs were met because staff were aware of the content of people's care and support plans and provided support in line with them. People were given choices about who provided their support. A board in the dining area showed people who was providing their support each day.

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. Staff were very observant and noticed if there was a change in someone's body language. Staff responded quickly when they noticed these changes and spoke with people to reduce their anxieties and keep them calm. When one person became agitated staff walked with them into the lounge and sat reading with them quietly until they became more relaxed.

Regular residents meetings gave people the opportunity to raise any issues or concerns. Any concerns raised were taken seriously, recorded and acted on to make sure people were happy with the quality of service they received. During these meetings people were able to discuss and comment on the day to day running of the service. People were asked their views on any new members of staff to make sure they were comfortable with the new staff.

Good

Is the service responsive?

People told us that they would talk to the staff if they had any concerns and felt that they would be listened to and acted on. 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 were asked in each residents meeting if they had any concerns they wanted to talk about. Two people told us that they knew how to complain if they were not happy with something and they knew who they could talk to. People said that they had no complaints and that most of the staff were great. One person commented, "I know how to complain".

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 told us that their plans for the day were, "I am going to do my physio then I am going swimming in the hydrotherapy pool. I really enjoy that". Staff supported people to access further education at local colleges and at Strode Park's Lifestyle Academy which aims to increase people's independence and life skills.

People received consistent, planned and co-ordinated care and support when they moved between services to make sure their individual preferences and needs continued to be met. Some people had moved into Redwalls from another service run by the provider. There were clear records of the transition process. This had included trial days and overnight stays at Redwalls so that they could meet others living there and become familiar with staff.

Good

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 welcomed open and honest feedback from people and their relatives. Staff were encouraged to question practice and to suggest ideas to improve the quality of the service delivered.

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 together. Our observations showed that staff worked well together and were friendly and helpful and responded quickly to people's individual needs. Staff told us that they were happy and content in their work and that the management team was very supportive. Staff told us that, as far as possible, people were involved in making choices and setting their own goals. The service promotes itself as, 'Redwalls – supporting you to live life the way YOU choose'. One person told us, "I get help with everything I need and have the help when I want it".

People, their relatives and staff were actively involved in developing the service. People and their relatives had taken part in questionnaires about the quality of the service delivered. Comments were all positive and included, "We feel [our loved one] is very well looked after at Redwalls" and "My loved one would have up sticks and left if they were not happy so keep up the good work"

Staff were clear about 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.

There were strong links with the local community. 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 noted on the Provider information Return, sent to us before the inspection, that 'To ensure that the service keeps up to date with good practice Strode Park Foundation and Redwalls are committed to following accreditation schemes and initiatives networks – ISO 9001 Internal Audits, CHAS (Contractors Health and Safety Scheme), Investors in People, Environmental Food Hygiene (5 stars), Kent Care Homes Association, Royal Society of Medicine, Kent Integrated Alliance. In addition to this we have developed links with other care providers and charities including mentoring relationships. Staff members have access to specialised trade journals and are encouraged to attend external conferences and training events, for example, Kent Care Homes care practice group, KCC Transformation Group and Healthwatch'.

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 system in place to monitor the quality of service people received. The registered manager carried out observations of staff and, when necessary, staff were supported with extra coaching and mentoring. Regular quality checks were completed on key things, such as, fire safety equipment, medicines and infection control. Senior staff completed weekly checks on things like, petty cash, quality of washing and ironing and the cleanliness of people's rooms.

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.