

## Strode Park Foundation For People With Disabilities

# Strode Park Foundation - Redwalls

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 6 September 2018 and was unannounced.

Redwalls is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection on 28 October 2015 we rated the service 'Good'. At this inspection on 6 September 2018 we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People told us that they felt safe living at the service. People were comfortable in the company of staff, with other people and in the environment. Staff understood the importance of keeping people safe.

The provider took appropriate action to manage accidents and safeguarding incidents. Staff members knew how to report any suspected abuse.

Staff were recruited safely and medicines were stored and administered in a timely manner.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's needs were assessed before moving to the service and staff had the right skills and training to support people. People were encouraged to eat healthy and balanced diets.

People were treated with dignity and respect by staff who were compassionate and caring. Staff treated people's private information confidentially. People were able to make decisions about how their care was provided, and were involved in reviews along with family members.

People received care that was personalised to their individual preferences. Staff knew people's needs and personalities well.

When people or their families had complaints or concerns they were encouraged to raise them. Management saw complaints as an opportunity to improve the service.

The registered provider, Strode Park Foundation, had a set of core values and the registered manager aligned those values with this service. The registered manager made sure these values were embedded into the culture of the service.

The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

Further information is in the detailed findings below.

## 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 ●

Service remains Safe

### Is the service effective?

Good ●

Service remains Effective

### Is the service caring?

Good ●

Service remains Caring

### Is the service responsive?

Good ●

Service remains Responsive

### Is the service well-led?

Good ●

Service remains Well-Led

# 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 was a comprehensive inspection which was unannounced.

This inspection took place on 6 September 2018. The inspection was carried out by one inspector.

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 event happens, 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 two with relatives following the inspection, two members of staff and the registered manager. We also observed how the staff spoke and engaged with people.

# Is the service safe?

## Our findings

The service remains safe. One person told us, "I feel safe here at Redwalls, the fire service were here not so long ago doing checks". Another person said, "The staff make me feel safe and look after me".

The provider took appropriate action to manage safeguarding incidents and staff were able to describe the different types of abuse that would need reporting. One staff member said, "I would report any concerns straightaway. Especially to senior staff or the registered manager" Staff told us they were confident that any concerns they raised would be taken seriously and investigated by the management team to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

There continued to be systems in place to manage risks at the service. There were individualised and general risk assessments in place to provide staff with important guidance on action to take in the event of an emergency. For example, a person at risk of choking had to be encouraged to drink to avoid becoming dehydrated. A risk assessment was in place to advise staff to offer small sips often, especially in hot weather. Redwalls had also implemented a new evacuation procedure following a visit from the fire service. We saw records that incorporated this new procedure and staff had practiced this in case of an emergency.

People received their medicines safely and when they should. People's medicines were kept in cupboards in their own bedrooms. Medicines that required specific storage arrangements were appropriately stored. There was a clear medicines policy and staff had received the appropriate training. Where medicines were prescribed 'as required' or 'as directed' there was guidance in place to ensure staff handled these consistently and safely.

There were enough staff at Redwalls to ensure safe and effective care was delivered. The registered manager told us that the service continually checks staffing levels to take into account changing needs, activities and any health appointments that need attending. The registered manager said, "The summer was challenging balancing the right amount of staff, and ensuring people's needs were met. That is the important thing." Redwalls used agency staff to cover any shortfalls but the registered manager ensured they were familiar with the people living at the service.

The service had clear infection and control procedures in place. Staff had access to gloves and aprons for cleaning and robust cleaning schedules were in place. We observed good practice throughout the inspection. For example, we saw members of staff washing their hands prior to preparing snacks and lunches.

The registered manager continued to take steps to learn and improve the service when things went wrong. Staff knew how to report incidents and near misses. The registered manager reviewed these reports to look for patterns or trends. Action was taken to reduce the likelihood of future incidents. Where themes were identified outcomes were shared with staff during staff meetings to help improve the service.

# Is the service effective?

## Our findings

The people we spoke with were confident their needs were being met by staff who were well trained and knew what they were doing. People told us, "I don't need to say anything or tell my keyworkers what to do." People had a keyworker. A keyworker is somebody that coordinates a person's care, communicating their progress to family members, carers and any other services that maybe involved.

People's relatives were very happy with the way in which staff cared for their loved ones. One relative told us, "The staff are good at listening and have worked out a perfect routine for her to be comfortable with and happy, which is all that is important, that she is happy".

People's needs were assessed and their care was planned to ensure their needs were met. The registered manager carried out an initial assessment before people moved in to the service. People, and their family members where appropriate, were fully involved in the process. The assessment covered the person's needs in relation to their mobility, personal care, eating and drinking and medical diagnoses. The assessment identified what support was needed and this was used to develop the care plan. This enabled the registered manager to make an informed decision that the staff team had the skills and experience necessary to support people with their assessed needs. Also, processes were in place to ensure there was no discrimination under the Equality Act. Some people at the service held specific cultural beliefs which affected how they wanted their care to be provided.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA 2005). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments had been undertaken where it was understood people may not have the capacity to make particular decisions. The registered manager continued to make sure decisions were made in people's best interests and were the least restrictive possible.

When people had to attend health care appointments, they were supported by staff that knew them well and would be able to help health care professionals understand their communication needs. On the day of inspection, we heard staff talking to a person regarding a GP appointment and how they would like to be supported.

The service was adapted appropriately to meet people's needs and to aid mobility. Throughout the inspection we observed people moving freely in wheelchairs and with walking aids, both inside and outside. People could access a wooded area next to Redwalls which had been designed to be accessed by everyone and provided a nice outside space for people to enjoy.

People were happy with the meals and snacks provided. Hot meals were provided by a sister service next door that also belongs to Strode Park Foundation and the cook visited Redwalls once a week to discuss menu's and any alternatives people may want. People's choices were respected and if they wished to prepare a meal or snack at the service rather than it be delivered then they were supported to do so.

A person said, "Food is good here, plenty to eat at tea time and at any time of day really. I eat when I want to!" During the inspection, a person wanted to have a lie in because of arriving back quite late the night before. We observed staff asking what he would like for breakfast even though it was midmorning.

Nutritional risk assessments were in place identifying if people were at risk of malnutrition. People's likes and dislikes of food, drinks and how they liked to eat their meal and where were recorded. This meant staff had the information available to support people with their preferences.

Staff were supported in their role to make sure they had the skills and experience to provide good quality care and support to people. Staff told us they continued to receive the training and updates they required to successfully carry out their role. Training records confirmed this was the case. Ongoing support and coaching was continued by specific skilled team members such as qualified physiotherapist case workers. Staff continued to have regular one to one supervision meetings and an annual appraisal of their work performance with the registered manager or senior team leader. This was to provide opportunities for staff to discuss their performance, development and training needs and for the registered manager to monitor this. Redwalls is part of the Strobe Park Foundation Charity. The registered manager told us that regular management meetings took place so that best practice could be shared across all services. This ensured care remained effective and people received the best support possible.



## Is the service caring?

### Our findings

People and their relatives told us and indicated that they were happy with the care and support they received, from staff who were kind and caring. Comments included, "Staff understand my hobbies interests and religious beliefs. They support me to attend meetings when others can't assist with transport". Staff knew about people's background, their preferences, likes and dislikes and their hopes and goals.

During the inspection we observed many kind and caring interactions, where it was evident that staff knew the person well, and how they would respond. One person became distressed; we saw that staff calmly supported them, in line with their planned care guidelines, and soon after the person settled. Staff spent time with people to get to know them, and supporting them in a way they preferred. A relative feedback, "All the staff know everybody really well. My [loved one's] keyworker is lovely. Keeps me up to date with anything and everything".

Staff told us that people were supported by their families or their care manager when decisions were being made about their lives and no one required any advocacy services. Information about advocates, self-advocacy groups and how to contact an advocate was held within the service, should people need it. Advocates are people who are independent to the service and who can support people to understand information, make decisions and communicate their wishes.

People's privacy was respected. When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedroom. Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task.

People could have visitors when they wanted. People were supported to have as much contact with family and friends as they wanted to and regular arrangements were in place to support those that needed it to visit their family or for their family to visit the service. People had hobbies and interests and staff helped them by supporting them with travel arrangements to meetings and events for example, ensuring independence was maintained.

## Is the service responsive?

### Our findings

People received care and support that was planned and delivered in a person-centred way. The registered manager and staff worked with people and their relatives, and included guidance from health and social care professionals when developing care plans.

Care plans contained detail about how people preferred to be supported, for example, one person's care plan detailed how they wished to be communicated to throughout the day. People liked discussions about weekly menus to be communicated in pictorial form and we saw that staff had helped to facilitate this.

Staff described what people's preferences were and how they were met, making sure people had as much choice and control as possible. Care plans clearly detailed people's cultural needs as well as their care and support needs. People's care was reviewed regularly; when people's needs changed, this was reassessed. Care packages were reviewed with the person, their relatives and with any health and social care professionals as required.

When people displayed behaviour that challenged them or others, they had positive behaviour support plans in place. The plans provided guidance to staff on exactly how to support people. Each person had an 'about me' booklet that gave clear, specific detail about the person to help staff to get know them and their likes and dislikes.

People were supported to follow their interests and take part in activities in the community. Activities were planned on an individual basis based upon the person's own individual wishes and preferences. There were many photos of people enjoying different activities both within and outside of the service. Activities were discussed with people at their reviews to gain an overview and whether they had been successful. We saw records that showed us that people enjoyed doing their current activity schedule.

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS requires providers to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

Feedback, including complaints, was welcomed. The registered manager told us that any comments were used to help develop and improve the service. There were robust arrangements to ensure people's complaints were listened and responded to in order to improve the quality of care. Easy to read information about how to make a complaint was readily available in the service. Complaints and compliments were recorded and dealt with in a timely manner, along with the action that had been taken by the service as a result.

At the time of our inspection the service was not supporting anyone with end of life care. It had been recognised that this was a sensitive subject, and an area that would be explored in the future. The manager told us they were in the process of organising relevant training for staff and talked us through the end of life

care plans and how they would implement them at the necessary time.

## Is the service well-led?

### Our findings

People, their relatives and staff told us they felt the service was well led considering the previous registered manager being seconded to a different post at short notice. Following a period of adjustment people told us that things were now settling down and had no impact to people 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 a 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.

The registered manager was supported by a team of keyworkers. They told us they felt listened to and supported by the organisation. The registered manager and senior staff completed a range of checks and audits on the service. Regular health and safety and infection control audits were completed and any actions that were identified were completed and signed off at the next audit. Regular checks on medicines were completed and the registered manager sampled and checked people's care plans to ensure they contained the necessary level of detail.

Systems were in place for quality monitoring checks, which were completed by the area manager. A detailed report was produced after each visit with an action plan for the registered manager; this was reviewed at the next visit. Recent quality assurance surveys from relatives continue to give positive feedback.

There was a positive culture at the service. One staff member told us they found the registered manager to be approachable they said, "The registered manager has an open door policy and I can speak to him to if I need to." Our observations showed that staff were professional, caring and respectful during this inspection. We received positive feedback from professionals who have regular involvement with the service. Relatives also felt the manager was approachable and easy to talk to. One relative told us, "The registered manager always keeps us in the loop if we need to be made aware of anything". Regular residents meetings were held where people using the service could discuss any concerns or ideas. We saw evidence of people discussing places of interest to visit for a holiday.

The registered manager made sure that staff were kept informed about people's care needs and about any other issues. Staff handovers and team meetings were used to update staff regularly on people's changing needs. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed.

The visions and values of the organisation were believing in independence, well-being and choice, and to promote these ideals throughout our care services, enabling people to live life the way they choose. When we spoke with staff about their values, they spoke of independence and person centred care which showed close alignment to the values of the organisation. People were at the centre of the service and everything revolved around their needs and what they wanted. When staff spoke about people, they were clear about

putting people first. Staff were clear about their roles and responsibilities.

The service worked in partnership with other agencies and forged good community links ensuring the service remained sustainable. For example, the service worked closely with the local college offering work experience. The service also plays an active role in promoting rights of disabled people by being members of a board who work on behalf of social care providers to improve outcomes for providers and service users and give providers a voice at local and national level.

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. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so.