Strode Park Foundation For People With Disabilities

Footprints

Inspection report

Footprints
Stodmarsh Road
Canterbury
Kent
CT3 4AP

Date of inspection visit:
25 August 2017

Date of publication:
29 September 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Footprints provide care and support to children and young people with disabilities including autism, cerebral palsy, and other genetic and complex conditions. It is located in the rural area of Stodmarsh, near Canterbury and has extensive gardens which incorporate a woodland walk, playground and vegetable garden. The service is dual registered with the Care Quality Commission (CQC) and OFSTED. At the time of the inspection there were two young people living at Footprints.

There was a registered manager employed at the service. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was responsible for the day to day control of the service.

People were protected from the risks of abuse, discrimination and avoidable harm. Staff knew how to report any concerns and felt confident that action would be taken. People's money was safely managed.

Risks were assessed, identified, reduced and monitored. Action was taken by staff to keep people as safe as possible. When people needed specialist equipment this was regularly checked to make sure it was safe to use. The premises were maintained to keep people safe.

People were supported by sufficient number of trained staff who knew them and their preferences well. There were contingency plans to cover any unexpected staff absences. Recruitment checks were completed to make sure staff were honest, reliable and safe to work with people.

People received their medicines on time. Medicines were stored, managed and disposed of safely. Staff were trained to support people with their medicines.

People received effective care from staff who were trained and supervised to carry out their roles. New staff shadowed experienced colleagues to get to know people and their preferred routines.

Staff understood their responsibilities under the Mental Capacity Act. Meetings were held with the relevant parties to make decisions in people's best interest. Consent and agreement had not been formalised when people had restraints in place, like bed rails or wheelchair lap straps.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. 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 were supported to have a balanced diet. People were involved in decisions about what they ate.

Staff monitored people's nutritional needs to help them stay healthy. Risks to people with complex eating and drinking needs were identified and monitored.

People were supported to maintain good health. Staff worked closely with health professionals, such as GPs and community nurses, and followed advice given to them.

People were treated with kindness and compassion. People looked happy and smiled at staff. Staff knew people and their families well. People's needs, preferences, likes and dislikes were recorded.

Staff used different ways to communicate with people and were patient, giving them time to respond at their own pace.

People's privacy and dignity were both promoted and maintained by staff. Staff spoke with people and each other in a respectful way. People's religious beliefs and cultural needs were discussed and recorded.

People's loved ones were able to visit when they wanted and there were no restrictions on this.

People's preferences and choices for their end of life care were discussed and clearly recorded. People had access to support from specialist palliative care professionals when needed.

People and their relatives were involved in the planning and reviewing of their care. People's care plans were an accurate reflection of people's choices and centred on them as an individual. People's independence was promoted. Care plans included pictures and symbols to make sure they were easy to read.

People, relatives and stakeholders were encouraged to provide feedback on the quality of the service. Complaints were investigated in line with the provider's policy.

People and their relatives had built strong relationships with staff. People had lived at the service for a long time and knew the other people living there well and had formed friendships. People were empowered to build strong links with the local community.

There was a culture of openness, inclusivity and empowerment which was promoted by staff. Clear visions and values were understood and promoted by staff to make sure people received care and support in a dignified, respectful and compassionate way.

The registered manager led by example, motivating, mentoring and coaching staff on a day to day basis to provide safe and effective levels of care and support.

Robust auditing processes were in place to check the quality and safety of the service provided. The registered manager had submitted notifications about important events that happened to CQC in an appropriate and timely manner and in line with guidance.

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 were protected from abuse, discrimination and avoidable harm.

Risks to people were assessed, monitored and regularly reviewed to help keep people safe.

Staff were recruited safely. There were enough staff on duty to keep people safe and meet their needs.

People received their medicines safely and on time.

Is the service effective?

Good

The service was effective.

People's needs and preferences were met by trained and knowledgeable staff.

Staff understood their responsibilities under the Mental Capacity Act and Deprivation of Liberty Safeguards. Consent to some restraints had not been formalised.

People were supported to eat healthily. Risks to people with complex eating and drinking needs were identified and monitored.

People were supported to stay as healthy as possible. People were referred to the relevant health professionals when needed.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion.

People were given the information they needed in a way they could understand.

People's privacy and dignity were promoted and maintained.

Is the service responsive?

Good

The service was responsive.

People received care and support that was centred on them as an individual.

People's preferences, likes and dislikes were considered by staff.

People and their relatives were able to share their experiences, raise concerns or complain.

People received consistent planned and co-ordinated care and support when they moved between services.

Is the service well-led?

Good

The service was well-led.

People were the centre of an open, transparent culture.

People had developed strong links with the local community.

Staff promoted the visions and values of the service.

The registered manager led by example.

Robust auditing processes were in place to check the quality and safety of the service provided.

Footprints

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.

The inspection took place on 25 August 2017 and was announced. The provider was given 48 hours' notice. The service provides care and support to children and young adults and people needed time to prepare for unfamiliar people being in the service. The inspection was carried out by one inspector as there were only two young people living at the service.

Before the inspection the provider completed a Provider Information Return. 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 information we held about the service. We looked at notifications received by the Care Quality Commission. Notifications are information we receive from the service when a significant event happens, like a death or a serious injury.

During the inspection we reviewed people's records and a variety of documents. These included two people's care plans and associated risk assessments, three staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance records. We spoke with the registered manager and staff. We looked at how people were supported with their daily routines and activities and assessed if people's needs were being met. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

This was the first inspection of Footprints.

Good

Is the service safe?

Our findings

People expressed that they felt safe and looked confident and relaxed interacting with staff. In meetings where people were given the tools to help them express their views, they responded that they felt safe living at Footprints and when they went out with the support of staff.

People were protected from the risks of abuse, discrimination and avoidable harm. The registered manager referred to the local safeguarding authority for advice when needed. Staff knew what to do if they suspected incidents of abuse. Staff told us they received training on keeping people safe. Records confirmed staff had completed this training. People's money was locked away securely. Receipts were obtained with any purchases and recorded. Regular audits were completed to check the monies and recording were correct and to protect people from the risks of financial abuse.

Risks were assessed, identified, reduced and monitored. When people were at risk of developing pressure sores risk assessments gave staff guidance on what measures should be taken to reduce the risks. These measures included using special creams, supporting people to turn regularly in bed and using specialist equipment such as an airflow mattress. There was guidance for staff to follow about the settings for people's mattresses to the correct level which included a photograph of the control panel. Staff were knowledgeable about the risks of people's skin breaking down. They told us they needed to observe any small changes in a person's skin, such as the appearance of a red mark, so they could be recorded and monitored to note any further changes. Records confirmed that these measures were followed and that people's skin remained as healthy as possible.

When people needed to use special equipment to move, such as a hoist or slide sheet, there was detailed step by step guidance for staff to follow to make sure they were supported to move safely. The information for staff to follow included photographs showing the hoist, sling and special loops and straps to show how best to use the equipment. The premises and equipment were maintained to keep people safe.

Staff knew how to keep people safe and understood their responsibilities for reporting accidents and incidents to the registered manager. Incidents were recorded and reviewed to look for any trends. When a pattern was identified action was taken to refer people to the relevant health professionals, such as the learning disability team, physiotherapist or occupational therapist, to reduce risks and keep people safe. Staff followed any guidance provided by health professionals.

People were supported by sufficient numbers of trained staff who knew them and their preferences well. Staff told us there were always enough staff on each shift to provide people with the care and support they needed. Staffing was planned around people's activities and appointments. The registered manager kept the staffing levels under review and had contingency plans to cover in the event of sickness or unplanned absence. The staff duty rota showed there were consistent numbers of staff on duty during the day and night. During the inspection staff had time to spend with people and they were not rushed.

When possible people were involved in the recruitment process. Recruitment checks were completed to

make sure staff were honest, reliable and trustworthy to work with people. These included a full employment history and written references. Staff told us that checks were carried out before they started working at the service. Discussions held at interview were recorded. Disclosure and Barring Service (DBS) criminal record checks were completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

People received their medicines on time. People's care plans noted what medicines they needed and what each one was for; the frequency of administration and how they should be administered. For example, through a feeding tube or put into the side of the person's mouth. Staff were knowledgeable about people's medicines, possible side effects and the signs they looked for to make sure people were comfortable and not in any pain. Some people were prescribed medicine on an 'as and when' basis for pain relief or anxiety. There was clear guidance in place so staff knew when people might need these medicines and how much they should take. Staff monitored their use to check they were effective. The registered manager arranged for people to have regular medicines reviews with their GP to promote their well-being.

Medicines were stored, managed and disposed of safely. The temperature of the room where medicines were stored was checked daily to make sure it was within safe limits. There were appropriate arrangements in place for obtaining, recording, administering and disposing of prescribed medicines, in line with best practice. A medicines audit was completed twice a month. Staff were trained in how to manage medicines safely and were observed by the registered manager administering medicines before being signed off as competent.

Regular health and safety checks of the environment and equipment were completed to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of scalding. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. Fire exits were clearly marked and regular fire drills were completed and recorded. Staff knew how to respond and leave the building in the case of an emergency. Each person had a personal evacuation plan (PEEP) in place. A PEEP sets out the specific physical and communication needs of each person to ensure that people could be safely evacuated from the service. These contained people's important details, such as medical conditions; next of kin or advocate details and a list of medication taken with the dosage. These were updated if anything changed.

Good

Is the service effective?

Our findings

People were supported and empowered to live their lives in the way they chose and to experience the possible best quality of life. People received effective care from staff who were trained and supervised to carry out their roles.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
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Staff understood their responsibilities under the MCA. Meetings were held with the relevant parties to make decisions in people's best interest. When people had to make important decisions, for example, about invasive medical treatment, information about the choices were presented in ways that people could understand. People's representatives and health professionals met to decide if the treatment was necessary and in the person's best interest.

Staff had been trained about the MCA and put what they had learned into practice. Staff told us how they asked people for their consent in a way they could understand before they offered support. For example, speaking with people about supporting them with personal care and giving them time to use 'yes or no cards' to respond. People's capacity to consent to care and support had been assessed. If people lacked capacity staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests. For example, staff had met with a person's relatives to discuss using a sound monitor in their bedroom and it was decided that this was in the person's best interest to enable staff to provide the right support when it was needed.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked to make sure the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications had been made in line with guidance.

Some people were subject to restrictions to their freedom of movement including the use of bed rails which prevent people from falling out of bed. These were risk assessed and there were detailed guidelines for staff to follow. The registered manager told us that the use of such measures had been discussed with people's relatives and that physiotherapists had been involved in people's 'sleep care plans'. However, there were no informed consent forms to indicate if the use of bed rails or wheelchair lap straps had been agreed with people, their loved ones and health professionals or to show that these were the least restrictive options available. The registered manager took immediate action to address the shortfall.

New staff completed an induction when they started working at the service. Part of this was a corporate introduction into the policies, processes and expectations of the provider. New staff completed the Care Certificate. The Care Certificate is an identified set of standards that social care workers adhere to in their daily working life. Staff told us they shadowed experienced colleagues to get to know people, their needs, preferences and routines.

Staff told us they were supported to complete regular training and that some of this was specialist to the care they provided. Staff said, "We do regular training" and "If we want some additional training to help us do our jobs better then we only have to ask". Specialist training included, the British Institute of Learning Disabilities training about Autism, dysphagia workshops [this was to support people who may have a difficulty swallowing] and courses to aid supporting people with complex health conditions such as cystic fibrosis, epilepsy and diabetes. Staff told us that the additional training they completed made a positive difference and gave them a better understanding of the young people they supported.

Staff were encouraged to complete additional training for their personal development. This included 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. 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. This was regularly reviewed by the registered manager.

People were supported to have a balanced diet. People were involved in decisions about what they ate. People's care plans detailed their favourite foods and included the places they preferred to go out to eat at. Staff monitored people's nutritional needs to help them stay healthy. Some people needed to be fed with a Percutaneous Endoscopic Gastrostomy (PEG) - This is where a feeding tube is used for people who cannot obtain nutrition through swallowing. Care plans were enhanced with additional information specific to people's individual needs. This included guidance for staff on what to do if the PEG became blocked or removed and the timescales they needed to respond in. When people had a PEG staff told us that didn't stop them from enjoying the social side of meals in and outside the service and this was recorded in people's care plans. Meals were social occasions and people sat together, with staff, in the dining room. There was a happy atmosphere and people enjoyed their food and ate well. Staff were attentive and offered people options or more of something they were visibly enjoying. The cook worked flexibly to cater for people's preferences. They were aware of people's allergies and intolerances and these were recorded. Regular 'theme days' were held to give people the opportunity to try foods from around the world.

People were supported to remain as healthy as possible. Staff monitored people's health and worked closely with health professionals, such as GPs and community nurses. They followed advice given to them to make sure people received a good standard of care and support. For example, staff told us they how were following guidance given to them by a hospital when a person had been discharged. Staff told us the small changes they needed to look out for which might be a sign of the person's health deteriorating and

what action they should take if they noticed any of these changes.

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.

Good

Is the service caring?

Our findings

People looked happy, well cared for and comfortable in the company of each other and the staff. The philosophy of the service was, 'Footprints gives children and young people with disabilities the chance to build a close group of friends and to benefit from the confidence and feeling of security that this brings'. People had lived at Footprints for a long time and had built friendships with other people living there. People smiled at staff when they entered their rooms and staff spoke gently and with genuine warmth when they spoke with them.

People were treated with kindness and compassion. Staff knew people and their families well. People's needs, preferences, likes and dislikes were recorded. Each person had an easy to read 'about me' section in their care plan which was written in a light-hearted and fun way. This had been written with people and their relatives. It recorded information about the person to enable staff to take an interest in their life and know who and what was important to them. For example, what each person enjoyed doing, their family tree, details about attending any further education and how to observe changes in a person's body language if they were in pain or anxious. Staff spoke knowledgeably and compassionately about people and their families. They displayed sincere affection, care and concern for the people they supported.

Staff communicated with people in a way they could understand and were patient, giving people time to respond and supporting them to express themselves. People's individual communication needs were recorded in their care plans. Staff spoke with confidence about how they communicated with people in a way they could understand. Staff explained that although some people may not be able to speak verbally that it didn't mean they couldn't understand. Staff gave examples of how they communicated with different people which included making sure they maintained eye contact with people when they spoke with them, encouraging people to 'eye point' and being able to observe subtle changes in people's body language. Some people used Picture Exchange Communication System (PECS) – PECS is communication system developed to help people convey their thoughts and needs using a picture or a series of pictures.

People's privacy and dignity were both promoted and maintained by staff. Staff told us they had a 'knock first' policy which they adhered to. During the inspection staff knocked and said who they were before entering people's rooms. Staff were discreet and sensitive when supporting people with their personal care needs and protected their dignity. Staff spoke with people and each other in a respectful way. People's confidentiality was respected and records were stored securely to retain people's trust and confidence.

People were supported to maintain contact with family and friends. People's loved ones were able to visit when they wanted and there were no restrictions on this. The service was spacious and allowed people to spend time on their own or in communal areas. Staff respected people's choices. People's rooms were clean, tidy and bright. People with the support of their families were encouraged to choose how they wanted their room decorated and furnished and they were individual to each person. People's rooms were full of photographs and treasured possessions to make them homely.

People's religious beliefs, ethnic and cultural needs were discussed and recorded to enable staff to provide

the support people needed. Staff said, "We have cultural days which help teach about other cultures, religions and ways of life. The young people decide at resident's meetings which culture or country they want to explore next". There were photographs displayed showing people smiling and visibly enjoying the most recent themed day.

People's preferences and choices for their end of life care were discussed with them and their loved ones. These were clearly recorded. People had access to support from specialist palliative care professionals when needed. Staff made sure people and their families had the support and equipment they needed to ensure comfort and dignity remained the priority.

Good

Is the service responsive?

Our findings

People received the care and support they needed and the staff were responsive to their needs. People and their relatives were involved in the planning and reviewing of their care. Different methods of communication were used to support and empower people to express their wishes.

When people were considering moving into the service the registered manager met with them and their representatives to talk about their needs and wishes. An assessment was completed which summarised people's needs and how they liked their support provided. This helped the registered manager make sure staff could provide the care and support the person wanted. The registered manager told us that people were able to visit the service for 'orientation visits' to meet the other people living at Footprints and to meet the staff.

People's care plans were an accurate reflection of people's choices and centred on them as an individual. Each person had a care plan which centred on them, their needs, preferences and wishes. These were written in an easy to read format which included pictures. Care plans were updated regularly and when people's needs changed. Each person had an annual review with the people who were important to them. Records of the review covered all aspects of their lifestyle, health and wellbeing.

People's needs and preferences had been assessed and there was clear guidance for staff about how much people could do for themselves and what level of support was needed. People had an 'independence plan' which included their goals to obtain further independence and how staff could support them with these. People received the support and the equipment they needed to help them maintain their independence.

There was good communication between the staff team and a handover was completed at the beginning of each shift to make sure they were up to date with any changes in people's needs. Staff were observant and responsive to people's needs. Staff spoke with us of the subtle changes in people's demeanour which could mean they were in pain, upset or becoming anxious. These signs were recorded clearly in people's care plans along with any actions staff should take to support them.

People were supported to follow their interests and take part in social activities. Regular activities were planned inside the service and people were frequently supported to take part in external activities. Staff told us there had been many trips out with the young people and these included, spa days, going to the cinema, swimming, visiting a disabled adventure playground and a trip to Hastings. Photographs of people enjoying their trips were incorporated into their life story books that they could look through and show their relatives. A board marked 'Our Achievements' was displayed in the service with photographs of people and noting the achievements they had made.

People, relatives and stakeholders were encouraged to provide feedback on the quality of the service. An easy to read poster, with pictures and symbols, was displayed in the dining area which noted, 'Are you cross, angry, frustrated?' This explained what people should do if they were unhappy about anything. Concerns and complaints were investigated in line with the provider's policy.

People were supported to prepare to move into a new service. People's social workers and loved ones were involved in these discussions. Staff worked closely with other services to ensure people would receive planned, consistent and co-ordinated care and support.

Good

Is the service well-led?

Our findings

People new each other and staff well. A board displaying photographs of the staff on duty was displayed in the dining room. There was a culture of openness, inclusivity and empowerment which was promoted by staff. The registered manager and staff spoke with each other and with people in a kind and respectful way. People were involved in making decisions about how the service was run.

People had lived at the service for a long time and had built strong relationships with staff. People looked very relaxed in the company of each other and of the staff. People smiled and laughed with staff. There was a happy and inclusive atmosphere at Footprints.

Clear visions and values were understood and promoted by staff to make sure people received care and support in a dignified, respectful and compassionate way. Footprints philosophy was, 'Enabling children and young people to realise their full potential'. Staff supported people to make decisions on how they wanted to lead their lives and supported them to do so.

The registered manager led by example, motivating, mentoring and coaching staff on a day to day basis to provide safe and effective levels of care and support. They provided advice and guidance to staff and supported people's relatives. Staff told us that they worked cohesively as a team and that they felt supported by the registered manager and the organisation. Many staff had worked at the service for a long time and there was a low staff turnover. Staff told us that they actively took part in staff meetings and that records were kept of meetings and notes made of any action needed. Staff said they felt able to be open and honest when giving their views on the running of the service. They commented, "We work together so closely we wouldn't think twice about saying how we feel" and "We play an active part in staff meetings. The meetings are held with night staff too so they can make any suggestions".

The registered manager 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. They noted on the provider information return (PIR) that Strode Park Foundation [the provider] held ISO9001 (a quality management system) and ISO50001 (an energy management system) certificates. They had the Investors in People accreditation and were a member of the Kent Integrated Care Alliance.

People were empowered to build strong links with the local community. The registered manager told us about their links with the local community. They said, "The young people support local events. They took part in the local pub duck race and thoroughly enjoyed it". The registered manager had noted on the PIR that '[The provider] has been recognised by the following: Sainsbury's Charity of the Year, Kent Messenger Group Charity of the Year, Reeves Solicitors Charity of the Year, Kent Charity of the Year 2015 Awards Finalist'.

People, relatives, visiting professionals and staff were encouraged to provide feedback and contribute ideas for the service. People took part in monthly residents meetings. Staff provided people with any updates in the service, such as a new wet room being built. People talked about upcoming events and told staff what

activities they would like to do. When people chose not to attend the residents meeting their keyworker spoke with them on a one to one basis to make sure they were given the opportunity to provide feedback. A keyworker was a member of staff who was allocated to take the lead in co-ordinating someone's care. Each person had their own keyworker.

Robust auditing processes were in place to check the quality and safety of the service provided. When shortfalls were identified these were addressed and action was taken. Reports following audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action. Environmental checks were completed by the registered manager and the provider's facilities team prioritised the actions needed.

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. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.

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 and in line with guidance.