

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Strathfield Gardens

20 Strathfield Gardens, Barking, IG11 9UL

Date of Inspection: 18 February 2014

Date of Publication: April 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Lodge Group Care UK Limited
Registered Manager	Mr Ryan Jules
Overview of the service	The service provides personal care and accommodation for people with a learning disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 February 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and talked with other authorities.

What people told us and what we found

People said they enjoyed living at Strathfield Gardens. They were supported in promoting their independence and community involvement. A person told us "I usually go to college but I have been on a good trip today to the science museum."

People's support was delivered in a way that ensured their safety and welfare. Their individual needs had been assessed and their assistance was planned effectively. For example, staff supported them to see their GP when they were unwell.

A person's social worker said "I find the staff very professional. They know people well and work effectively with them to achieve their goals." We found that staff received training and support to carry out their work effectively. This meant people received assistance of an appropriate standard.

The provider had an effective system to regularly assess and monitor the quality of the service. When issues for improvement were identified effective changes had been made. For example, medication administration procedures had been improved to ensure people received their medicines safely.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People told us that staff respected their privacy, dignity and independence. They said staff always knocked before entering their rooms and were polite to them. A person said they were asked for their views about how they would like to be supported. They told us "we have been to the science museum today because I wanted to go there."

People were involved in making decisions. A person's social worker told us "from my observation they are always treated with respect and offered choices. They have been shown around the local area by the staff to see what opportunities are on offer so they can choose activities."

People were supported in promoting their independence and community involvement. People had a schedule of activities that they had chosen. For example, one person's schedule included sessions when they practiced their independent living skills (such as meal preparation), college attendance, visits to relatives and trips to the cinema. Records confirmed the person had been supported to undertake their scheduled activities as planned.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and assistance was planned and delivered in line with their support plan. We looked at the files of two people. Their needs had been assessed prior to them moving into the service in July 2013. A detailed transition plan gave information about their background, communication skills and personal interests.

A detailed support plan had then been developed which explained how the person would be supported to achieve their goals in relation to their independence and emotional wellbeing. Risks had been identified and arrangements put in place to ensure people's safety. For example, there were detailed and up to date plans in relation to the staff assistance a person required whilst they were in the community. This meant they received safe and effective support.

People's health needs had been addressed. Staff had recently identified that a person was unwell and had ensured they visited their GP. The service had promoted people's welfare by supporting them to maintain personal relationships. For example, a person was visiting their family on the day of the inspection.

Support was planned and delivered in a way that was intended to ensure people's safety and welfare. A social worker told us that they received a monthly report from the service on a person's progress. They said the person's wellbeing had been promoted when they moved into the service. Staff had shown them around the local area which reduced their anxiety about being in a different environment.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were safely administered. The provider had arrangements in place to ensure that people only received their medicines from staff who had received relevant training. Medicines were kept securely in a locked cabinet. Most people in the service were not prescribed any medicines to take regularly.

We saw a person's medication administration records. Information was included about 'over the counter' medicines which their GP had suggested they take when unwell. There was a clear record of the GP's advice on file. The dates and times the person had received 'over the counter' medicine was recorded. This ensured they received it safely.

A person had been prescribed a short course of medicine. Records showed they had received this at the correct dosage and times. Information was available for staff about the medicine, the reasons it was prescribed and side effects to be aware of. This meant the person was effectively supported in relation to this medicine.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. A member of staff told us "I feel as if I was prepared well for the job. I 'shadowed' other workers for a week. Staff support each other. We are without a unit manager at present but the regional manager is here a lot and is available for us to call." Regular staff meetings were held. Notes of these showed that staff had talked through issues in relation to people they supported with the regional manager.

We looked at two staff files. Staff had transferred to Strathfield Gardens from a young person's service owned by the same provider. There was evidence that they had completed a structured induction to their work role which included the organisation's policies and procedures. They had recently attended courses in first aid, behaviour management and understanding autism. An appraisal of their skills had been undertaken which included confirmation that they were competent to carry out their work role.

A person's social worker said "I find the staff very professional. They know people well and work effectively with them to achieve their goals."

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

There were arrangements in place to monitor the quality of the service. The regional manager undertook regular visits which included checks on the planning and delivery of people's assistance and the arrangements to support staff. In addition, in October 2013 an external consultant completed a report on the performance of the service in relation to the CQC essential standards of quality and safety.

A number of areas for improvement were identified. For example, medication administration records had not been completed correctly and people's support plans did not contain all the required information. The regional manager has developed an action plan to improve the service. We found that effective changes had been made. For example, medication administration processes were safe and support plans had been updated.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Notes showed people had been asked for their views at regular meetings. The menu and choice of activities reflected people's wishes.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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