

A.R.T.I. Services Limited

# Manor Farm Residential Home

## Inspection report

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## 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

Manor Farm Residential Home is registered to provide accommodation for up to 20 people requiring assistance with personal care. During our inspection there were 15 people living in the home.

Accommodation is offered over two floors and consists of single or double bedrooms, a number with en-suites and all offering washing facilities. There are two lounges available to people and the dining room is situated within a large conservatory overlooking the garden.

We last inspected Manor Farm Residential Home 20 January 2016 and we rated the service good. At this inspection 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.

There was a comprehensive programme of quality audits managed by the registered manager. These included health and safety, infection prevention and control and a kitchen audit. The service had received a 5-star rating from the Food Standards Agency.

The registered manager used a staffing dependency tool to ensure that there was enough suitably qualified staff to meet the needs of people living in the home. The dependency tool considered people's individual needs and was reviewed when these changed or monthly.

People, staff and relatives spoke positively about the registered manager and provider. Staff said that the registered manager was approachable and that they felt comfortable to speak with the provider if the registered manager was absent. One staff member said, "I go to [registered manager's name] first, haven't had to go further than [Registered manager's name]."

A copy of the providers complaints policy was displayed in the main hallway. There had been no formal complaints about the service in the previous year, the last formal complaint being recorded in 2015.

People were offered a variety of food and drink, with themed meals and experiences being built around specific types of food. For example, during the warmer months 'fizzy Friday' offers people the opportunity to taste different types of fizzy drinks and this is changed to 'frothy Friday' during the cooler months when people are offered hot drinks, including hot chocolate with marshmallows. People who do not wish to participate are offered alternatives.

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

During our previous inspection, we made a recommendation to the provider regarding environmental

health and safety risks. During this inspection we revisited these recommendations and saw evidence that the shortfalls had been addressed. More information can be found in the main body of the report.

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 ●

The correct number of appropriately skilled staff were available to ensure people's needs were met

A programme of quality audits was in place and managed effectively to ensure that issues were identified and corrective actions taken

The service had acted on recommendations made during the previous inspection

### Is the service effective?

Good ●

The service remains Good

People were supported to eat and drink

The service worked in accordance with the Mental Capacity Act 2005

The service worked effectively with organisations to ensure positive outcomes for people

### Is the service caring?

Good ●

The service remains Good

Relationships between staff and people were professional and staff treated people with dignity and respect

People could communicate their opinions during meetings and through questionnaires

There was a homely atmosphere and relatives were free to visit the home and looked relaxed

### Is the service responsive?

Good ●

The service remains Good

Care plans were personalised and included information about a

person's history, likes and dislikes

The complaints procedure was displayed in the hallway. However, the service had not received a complaint since 2015 and people told us that they had not needed to complain

The service worked effectively with agencies and organisations to improve the quality of people's lives and to ensure good outcomes

**Is the service well-led?**

**Good** ●

The service remains Good

People spoke positively about the registered manager and provider

The registered manager was aware of their responsibility to drive improvement

There was a clear team culture and staff communicated effectively and respectfully

# Manor Farm Residential Home

## **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 08 August 2018 and was unannounced.

The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us. We received feedback from two healthcare professionals who have visited the home.

We spoke with seven people using the service, three relatives and four members of staff including the registered manager, senior Carer and a carer.

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 written correspondence received from the company responsible for checking water quality, the fire service and from the company responsible for servicing and ensuring the safety of equipment. We reviewed four care plans, audits, policies, procedures, equipment checks. We looked at five staff recruitment records, staff supervision and appraisal documents. We undertook observations of care and interactions between people and staff.

# Is the service safe?

## Our findings

On our arrival the home looked secure and the door was locked. The member of staff checked our identification and we were asked to sign the visitors book.

During our previous inspection in January 2016, we identified that there was an electricity cupboard located above a bed that had not been risk assessed and a walking frame had been used to prop a door open. We recommended that the service undertake an environmental risk assessment. The registered manager showed us that the electricity cupboard had been boxed in and the layout of the room had been altered so that the bed was no longer underneath the cupboard. The Registered manager had worked with the fire service to improve fire safety within the home.

Risk assessments were undertaken to keep people safe. Staff were monitoring people's body weight because of the risk of malnutrition. Also, people's skin condition was monitored and actions taken to minimise the risks of pressure ulcer damage. The likelihood of falls and the level of support a person needed to move about was assessed as well. Other specific risk assessments had been completed in respect of bathing and showering.

Staff we spoke with demonstrated a good understanding of different types of abuse, potential indicators of abuse and the actions that they would take if they suspected or witnessed abuse. One staff member said that potential indicators of abuse included, "Physical marks, changes to behaviour, loss of appetite and changes to sleep patterns." The staff member said that if they witnessed physical abuse they would, "Phone the police immediately".

The registered manager's office was located next to the dining room and centrally within the home. There were no doors on the office. The registered manager explained that the office was positioned to allow them "to see and hear everything".

The registered manager used a staffing dependency tool to ensure there were adequate numbers of suitably qualified staff to meet people's individual needs. A rota audit was undertaken routinely to ensure that staffing levels were safely maintained. Comments from people included, "This home is a lovely place to live and we are all looked after really well."

There were safe systems in place for the ordering, receipt, storage, administration and disposal of medicines. Staff who administered medicines had received training and were observed doing a medicine round, on at least three occasions, to make sure they were competent. Their competency was re-checked annually unless there was cause to do this earlier. One person said, "I feel well looked after with my medication." Where people had been prescribed creams that contained petroleum jelly, a sign reading "Flammable cream in use" was positioned in a conspicuous place in the room to alert people. This is considered best practice.

Staff used gloves and aprons when assisting people with personal care. There were hand washing facilities

and above the sinks hand-washing instructions were clearly displayed. Hand gel dispensers were located throughout the home. The service used information gathered from audits and checks to maintain a good level of hygiene. For example, when the environmental check audit identified an unpleasant smell coming from an area of carpet, a carpet cleaner was used to eliminate the smell.

## Is the service effective?

### Our findings

The service remained effective.

Pre-admission assessments were completed by the Registered manager prior to any person being offered a place to live in Manor Farm Residential Home. On admission to the home the assessment was reviewed to check that no changes were necessary to meet the person's care and support needs.

People who lack mental capacity to consent to care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The Registered manager kept a 'resident's details folder' and it was clearly identified in this which people were the subject of DoLS. There were systems in place to alert when authorisations needed to be renewed.

As part of the assessment of people's needs a mental capacity assessment was completed when required. These were completed in respect of day to day living or specific decisions that needed to be made.

People were registered with one of three local GP surgeries and some people had been able to remain with their family GP because they had previously lived locally. GPs were asked to visit when people were unwell, had requested to see a GP or needed a healthcare review. The service maintained clear and detailed records of all visits by GPs and other health care professionals. Examples of these included physiotherapists, occupational therapists, district nurses, social workers and community based mental health services.

People were supported to eat and drink. During our inspection we observed people eating lunch and the food looked appetising. The registered manager told us that the meal had been chosen by a person as part of 'residents' choice day' when people can choose the meal that they would like to eat. Those who do not wish to eat the chosen meal are offered an alternative. We observed that there was fresh fruit on dining room tables available for people to eat when they wanted. Comments from people included, "The food here is marvellous" and, "We have a choice of meals and drinks at any time of day and night". One relative said, "My Mum has put on weight since being here". Staff were familiar with people's preferences and when one person requested more toast, the staff member replied, "You have white bread don't you"?

There were sufficient toilets located throughout the home. There was no signage that would help people use the facilities independently. Chair lifts were installed on both staircases, but some bedrooms in the home were down three or four steps therefore only suitable for people who were mobile. People could spend their day in one of two communal lounge areas and there was a separate dining room which was able to seat every person at meal times. People could access the back garden from the dining area, where there was plenty of tables, chairs and umbrellas.

There was a range of equipment in place to aid the care staff in meeting people's care and support needs. For example, some rooms had floor sensors and door sensors, we saw raised toilet seats and there was one

hoist and a variety of body slings. There was one assisted bathroom with a swivel bath seat, one shower room plus an additional ordinary bathroom.

All staff members are enrolled onto a level two vocational health and social care qualification when they began working in the service. Staff are encouraged to progress onto the level three qualification once they have completed the level two qualification. Staff we spoke with had a limited understanding of the Mental Capacity Act 2005 and we highlighted this during feedback at the end of our inspection. The registered manager contacted us to let us know that they were going to arrange refresher training for all staff working at the service. During our inspection we saw evidence that relevant topics were discussed during staff meetings, supervisions and because of incidents that had occurred. This had included reviewing the fire safety policy and making alterations to a gate so that the garden was more accessible to a person living in the home.

## Is the service caring?

### Our findings

The service remained caring.

People were treated with dignity, respect and kindness. We observed many kind interactions between staff and people during our inspection. One person was having their hair cut and when this had been completed a member of staff who was walking past said, "Your hair looks nice."

Relatives who visited looked at ease and we observed relatives sitting with people in the lounge and in the dining room during lunch. There was a homely and informal atmosphere and we heard much laughter. Comments from people included, "the staff are all very nice and friendly and feel like daughters", "This is a wonderful home from home atmosphere and this has lifted my spirits" and one relative said "My Mum has put on weight since she moved here. This is good because she wasn't eating at home".

During staff meetings, the dignity and respect policies were discussed as a team and there were further discussions about how the service could deliver "High standards of care" and the importance of respectful communication was reinforced/discussed.

There was a dignity audit in place and this looked at how the service was ensuring that care was being delivered in a dignified way, people's preferences were being listened to and choices were being respected. We observed a member of staff asking people, "Do you want the lights on as it's dark in here?" and turning the lights on when people agreed that it was too dark.

The service used 'resident life history' documentation to record details about the person, their previous life and life events, likes, dislikes and hobbies. This enabled the care staff to get to know the person well, engage with them about meaningful things and reminisce with the person.

People and their relatives were invited to provide feedback during meetings and through questionnaires. During our inspection, the service was in the process of redesigning the questionnaires sent to relatives to increase the number of responses received. At the most recent residents' meetings, people had reflected on how much they enjoyed the summer fete held at the home. At one residents' meeting, people had suggested 'try it Tuesday', a meal time event that offers people the opportunity to try different types of foods with a view to incorporating them into the menu. The idea has been implemented and the registered manager told us that it has proven very successful.

## Is the service responsive?

### Our findings

The service continued to be responsive.

Each person had a care plan which set out their care and support needs and stated how the person wanted to be looked after. Paper based care plans were kept in the main office and electronic care plans were also available. The care staff had access to the electronic records using a tablet device they updated throughout the day, recording the care and support provided. Care plans were reviewed monthly with a full review at least every year. The person, and relatives where appropriate, were involved in these reviews.

People's birthdays were celebrated. If a person wanted an event to mark their birthday, these included a gift from the service, birthday cake, a party and an entertainer chosen by the person to visit the home.

The service had worked with a number of local supermarkets and had arrangements in place that meant when flowers passed their sell by date, a member of staff from the service would go and collect them. We saw that each table in the dining room had fresh flowers displayed in a vase, the flowers enhanced the dining experience and were pleasant for people to look at.

Where decisions had been made regarding a person's resuscitation status, the form completed by the person's GP was stored at the front of their care notes, on their electronic care records and in the handover sheets given to staff at the beginning of the shift. For one person we saw that because their health was deteriorating, the GP had already prescribed palliative care medicines, ready for when they were required.

The service had received no formal complaints since 2015. People we spoke with told us that they had not needed to raise a complaint however they felt comfortable to speak with staff or the registered manager if they needed to do so. People were very complimentary about the service and the staff. Comments from people included, "Manager and staff are so lovely and will do anything for you", "I feel this is a good home for people who may need help and care" and "It is a very nice place with nice friendly staff".

The registered manager had maintained a log of complimentary letters and cards the service had received. Comments included, "Thank you. We appreciate your genuine care..... a very special care home", "Thank you for looking after mum so well. She thoroughly enjoyed her time at Manor Farm", "Thank you very much for the trip to Bristol Zoo" and "Thank you for taking good care of mum. We were made to feel so welcome".

The registered manager told us the service "would bend over backwards" to ensure that if they wished, people could live in the home towards the end of their life and all efforts would be made to ensure a pain free and dignified death.

There was an equality and diversity and human rights policy in place. Religion and beliefs were considered during the pre-assessment and included in the care plan. The service worked with external religious organisations to enable representatives to visit the home and meet people's individual religious needs.

## Is the service well-led?

### Our findings

The service continued to be well led.

During our inspection there was a registered manager working at the service. A registered manager is a person who has registered with the Care Quality Commission 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 staffing team was led by the registered manager who provided good leadership and management. The registered manager was well qualified and had achieved national vocational qualifications at level two and three and an advanced management in care qualification. They were supported by the deputy manager, senior care assistants and care assistants. Catering and housekeeping staff were also employed to help meet people's daily living needs.

Staff spoke positively about the registered manager. Comments included "I feel well supported" and "[Register manager's name] is approachable and I have regular supervision".

The registered manager used the electronic care records to look at any accidents and incidents that had occurred. They could do an analysis by person/room/ time/type/injury to identify any themes. This meant preventative action could be taken to reduce or eliminate a recurrence. The provider who was not always based at the service was also able to access this information therefore was able to keep informed about what was happening in the service.

The registered manager told us that they were reviewing inspection reports produced by the Care Quality Commission, questionnaires and feedback provided by people and relatives as ways of improving the service for people.

We saw evidence that the service was working in partnership with other agencies and organisations to ensure good outcomes for people. We observed people eating lunch and one person was eating with cutlery that had thick wooden handles, we were advised that these had been suggested by the speech and language therapy team to make eating easier. We saw further evidence that the service was working with the local safeguarding teams and attending meetings alongside relatives.