

Care First (UK) Limited

# Offmore Farm Residential Home

## Inspection report

Offmore Farm Close  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Offmore Farm Residential Home is a residential care home providing personal care to up to people. The service provides support to 28 older people who may live with dementia and/or a physical disability. At the time of our inspection there were 27 people using the service.

Offmore Farm Residential Home accommodates 28 people in one adapted building across three floors.

### People's experience of using this service and what we found

People felt safe and well supported by the staff. Staff recognised different types of abuse and how to report them. The registered manager understood their safeguarding responsibilities and how to protect people from abuse. Potential risks to people's health and wellbeing had been identified and were managed safely. People, and where appropriate, their relatives, had been involved with decisions in how to reduce risk associated with people's care. There were sufficient numbers of staff on duty to keep people safe and meet their needs. People's medicines were managed and stored in a safe way. Safe practice was carried out to reduce the risk of infection.

People's care needs had been assessed and reviews took place with the person and, where appropriate, their relative. Staff had the training and support to be able to care for people in line with best practice. People were supported to have a healthy balanced diet and were given food they enjoyed. Staff worked with external healthcare professionals and followed their guidance and advice about how to support people following best practice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did support this practice.

All people and staff felt the service was well run. The registered manager was visible within the home and listened to people's and staff's views about the way the service was run. The registered manager had put checks into place to monitor the quality of the service provision. The provider had additional checks in place to ensure the service provision was of a good standard.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 26 October 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 20 August 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Offmore Farm Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Offmore Farm Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Offmore Farm Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Offmore Farm Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who lived in the home. We spoke with eight staff, this included care staff, senior care staff, catering staff, laundry staff, the activities co-ordinator, the deputy manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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 reviewed four records in relation to people's care, including medication records. We also reviewed a range of records held by the service including, staff training and rota's, recruitment records, complaints and compliments, audits and checks, surveys and information held about people living in the home, such as DoLS authorisations.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- At the last inspection staff were not consistent with how they managed people's known risks which potentially put people at risk of harm. At this inspection staff understood people's risks and how to manage these. People's care needs were reviewed monthly or sooner where necessary. Records contained good detail about the person's needs
- People told us staff understood their care and support needs for how to keep them safe. One person told us how they had had a fall from bed, and how staff had altered the room so they felt safer in bed. The interactions we saw between people and staff showed staff knew how to support them.
- There was good communication processes in place, such as daily handovers, which ensured any changes to people's care needs were known by all staff.

### Using medicines safely

- At the last inspection people did not always receive their covert medicines in a safe way. At this inspection we found staff had clear guidance for administering covert medication.
- At the last inspection the medicines fridge temperatures were not always in the 'safe' range to ensure the medicines remained effective. At this inspection we found safe temperatures were maintained.
- People received their medicines as prescribed. Staff checked if people required medicine 'as required', for example pain relief, to ensure people were comfortable.
- The provider was following safe protocols for the receipt, storage and disposal of medicines.

### Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they continued to feel safe with the staff who supported them. One person told us, "I felt nervous when I first came here; but there was no need to be, it's lovely here."
- Staff demonstrated a good understanding of the different types of abuse people could experience and knew what approach they would take in the event of any concerns.
- The registered manager understood their responsibilities regarding the action to take to protect people from harm.

### Staffing and recruitment

- People told us there was enough staff to meet their needs and keep them safe. One person said, "They are always checking on me to make sure I'm okay." Our observations showed staff were attentive to people's needs.
- The registered manager monitored staffing levels by reviewing people's dependency needs through reviewing people's care plans, speaking to staff and undertaking observations.
- The registered manager ensured there was a good skill mix of staff on duty, where more experienced staff worked alongside newer staff which they told us worked well.
- The provider carried out safe recruitment practices before employing staff to work in the home.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- The provider facilitated visitors into the home in a way which kept people who lived in the home safe, while maintaining people's social needs.

### Learning lessons when things go wrong

- Where incidents had taken place, these were reviewed so learning could take place to prevent them from happening again.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to work within the principles of the Mental Capacity Act 2005 (MCA). This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the last inspection we found mental capacity assessments and best interest meetings had not taken place when medicines were given covertly. We also found that where deprivation of their liberty applications had been made to the local authority, capacity assessments and involvement from people's families and advocates had not been considered first.
- At this inspection we found the provider was working within the principles of the mental capacity act, and staff had the knowledge and understanding of how to support people and adhere to the DoLS where this had been authorised for people.

Staff support: induction, training, skills and experience

- At the last inspection staff were not aware of best practice nor had they received specific training to support people who required a texture modified diets. At this inspection staff had a good understanding of texture modified diets, who required these and how these should be prepared and given.
- People told us staff were confident in their approach and had the knowledge and abilities to meet their individual needs.
- Staff were confident in the care and support they provided. They told us they had received mandatory training that was appropriate for the people they cared for. Staff were encouraged to develop their skills and knowledge and promoted into senior roles where appropriate.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs had been assessed and planned in line with best practice.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff told us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious beliefs, cultures and personal preferences.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were given a choice of meals to eat during the day. One person said, "I really like the food, you get plenty and lots of choice." While another person said, "10 out of 10, I always give my compliments to the chef."
- We saw staff gave people visual offerings of different food options so people could make an informed choice. Where people required assistance to eat, this was done at the person's own pace and in a respectful way.
- Staff understood people's dietary preferences and knew how to meet these. People's individual dietary needs was shared with the kitchen staff so their meals could be adapted to suit their needs.
- Staff monitored people's weight to ensure this remained stable and people remained well. Where people required support with weight management, this was monitored and where necessary discussed with the person's doctor.
- We saw people were provided with drinks throughout the day, with a variety of different options.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Healthcare professionals visited the service where necessary, or as part of routine medical review rounds. We saw care records which demonstrated people had appointments when they required them.
- We saw people were supported to attend health appointments, opticians, chiropodists and dental appointments, so they would remain well.
- Staff were aware of people's upcoming health appointments, and so ensured people were ready and prepared to attend these appointments on time.

Adapting service, design, decoration to meet people's needs

- Offmore Farm Residential Home was decorated and designed with people's preferences in mind. There were two lounges available to people, one of which offered a quieter space. There was also a dining room and a garden room, which people told us they enjoyed.
- People told us the home environment was homely and suitable for their needs.
- Rooms and facilities had clear signage to help support people in finding the right place.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider did not have robust governance procedures in place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- At the last inspection we found the provider did not have established systems and processes in place that operated effectively to enable them to assess, monitor and improve the quality and the safety of the service, such as escalating risk and responding to this in a timely way and ensuring staff had the right knowledge to support people on a textured modified diet. At this inspection the provider had robust checks were in place and improvements had been made.
- At the last inspection the provider systems had not identified that notifiable incidents had been reported to the CQC. At this inspection improvements in this area had been made.
- The provider displayed their CQC ratings as required.
- The registered manager monitored performance of staff through supervisions, spot checks of staff practice and sharing information in team meetings to ensure all staff were consistent in their approach to the care and support provided.
- Checks of care records and medicines took place to ensure the records reflected people's care.
- The registered manager understood their responsibilities to be open and transparent with people, where events had happened in the home, we saw this was communicated with the appropriate people and external agencies.

Continuous learning and improving care

- The nominated individual had reflected on the improvements required and worked with their staff team to improve in the areas identified at inspection. They told us how they spent time with the staff team, people and relatives listening to their views about the service provision.
- The nominated individual told us how they were exploring new training for dementia care reflective which reflects the way care is provided. They were also exploring a computer system so care records would become electronic, which they thought would help reduce the time staff spend recording on paper records.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- People were happy with the care and support they received.
- The provider had sent surveys to healthcare professionals and relatives. All of these surveys were positive. One comment from a relative said, "I'm so glad [the person's name] is in Offmore. Staff are all amazing and caring. [The person] seems happy and content."
- Staff felt well supported and valued by the registered manager. One staff member told us how they felt well supported and encouraged to complete health and social care qualifications, so they have been able to progress in their role.
- The registered manager was proud of their team and felt that the team worked well together to achieve positive outcomes for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People felt the service was well run. They felt the registered manager was approachable and understood what was important to them.
- There was a good approach to teamwork within the home. The management team had good oversight of the care and support people needed. Staff told us they worked with the management team to help meet people's needs. Staff told us they worked well together in a joined-up approach. Communication was effective between each staff group and each shift to ensure people received a consistent and co-ordinated service.

Working in partnership with others

- The registered manager and their staff team worked with people, relatives and healthcare professionals to provide the best outcomes for people.
- The registered manager worked in partnership with external agencies to ensure people received a holistic service.