

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?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected the service on 20 January 2016. This was an unannounced inspection. The service was last inspected in May 2013 when it was compliant with the regulations at that time.

The service is registered to provide accommodation and personal care for up to 20 people. At the time of our inspection there were 16 people living at the home.

There was a registered manager for 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.

Staff had been on training to help them to understand what abuse was and how to report concerns if they thought someone was at risk of abuse.

Some environmental health and safety risks required assessing and possible action to be taken. This was to ensure that risks were minimised to keep people safe.

Summary of findings

People were assisted by enough staff to provide them with safe care. Staffing numbers were increased when it was needed. For example if people's needs changed because they were physically unwell.

People spoke highly of the food they were served. One person said, "It's like good old fashioned home cooking". People were provided with a varied diet that supported them to be healthy. The chef worked closely with people and ensured that menus included their likes and preferences when planning meal choices.

There was a system in place to ensure that the requirements of the Mental Capacity Act 2005 were implemented. This legislation protects the rights of people who lack the capacity to make informed decisions in relation to different aspects of their lives.

We found that while people spoke very highly of the staff team they thought that one member of staff was often abrupt and harsh in their manner and approach to people.

We found that staff were caring in their approach to people when they assisted them with their needs. One person said, "They are marvellous and they can't do enough for you, they are my friends. Staff were polite and showed respect to the people they supported with their care

People were able to take part in a variety of individual social activities as well as group ones. People told us that entertainers performed at the home regularly and they went out for trips into the local area. On the day of our visit, a singer performed and people were singing and playing musical instruments along with them.

The registered manager ensured that people were involved in the planning and writing of their care plans if they wanted to be. This was to help ensure that people were supported in the way they preferred. The care plans set out very clearly how to meet people's care and support needs.

People were supported with their physical health care needs. The staff liaised with external healthcare professionals to get specialist advice and medical input for people when it was needed.

Staff felt they were very well supported in their work by the registered manager and by each other. People who lived at the home and the staff spoke very highly of the registered manager. Comments made about the registered manager included "They are very kind", "They are a very caring person" and "You can go to them about anything".

Staff had an understanding of what the provider's visions and values were for the service. They were able to explain that a key value was to always treat people as if they were at their own home.

The registered manager had a system in place to ensure that people were regularly asked for their views of the service. Where actions were needed to improve standards these were acted upon immediately. There was also a system in place to monitor and improve the quality of the service. Audits demonstrated that regular checks were undertaken on the quality of the service.

We have made a recommendation to the provider around environmental health and safety risks.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were some potential environmental health and safety risks in the premises.

Peoples' medicines were managed and given to them safely.

There was enough staff on duty at any time to provide people with a safe level of care that met their needs.

Requires improvement



Is the service effective?

The service was effective.

People were supported by staff who understood how to provide them with the care they required so that their needs were met.

The Mental Capacity Act 2005 requirements were implemented when needed. This legislation protects the rights of people who lack the capacity to be able to make informed decisions in their lives.

People thought very highly of the meals that were served at the home. They were supported to eat and drink enough to for their health needs.

GP's and healthcare professional's supported people with their health care needs.

Good



Is the service caring?

The service was caring.

People were supported with their needs by staff who had a caring and kind approach.

The staff who supported people knew how to ensure they respected their privacy.

Good



Is the service responsive?

The service was responsive

Staff understood the needs of the people they were supporting and provide care in a way that was flexible to each person's needs.

A variety of social and therapeutic activities took place that people told us they enjoyed.

People and their relatives had been asked for their views of the service. This feedback was acted upon and improvements were made where needed.

Good



Summary of findings

Is the service well-led?

The service was well led

People told us they felt the home was well run. People had positive opinions of the registered manager who they said was really caring and good at their job.

Staff understood the provider's visions and values. They told us they included treating people as if they were in their own home.

There was a system in place to check the quality of service people received. Action was taken where improvements were needed

Good



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 20 January 2016 and was unannounced. The inspection team consisted of two inspectors.

Before our inspection, we reviewed the information we held about the service. This included statutory notifications. Notifications are information about specific important events that the service is legally required to send to us.

During the inspection we spoke with 12 people who used the service and four people were visiting. We also spoke with five members of staff, and a manager.

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 three people's care records. We observed care and support. We also looked at records that related to how the service was managed.

Is the service safe?

Our findings

When we arrived we saw that the premises was secure and a member of staff checked our identity and asked us to sign in the visitors' book. This showed that staff thought about people's safety before they let visitors into the home. People told us they felt safe in Manor Farm. One person said "yes. I feel safe here." Relatives and visitors we spoke with were confident their relatives were safe. One relative said "she's always well looked after."

We found a number of potential risks when we toured the premises. A bedroom had an electricity cupboard over the headboard and this had not been risk assessed. There was a fire door in front of a step leading into another corridor which was without a warning notice. There was a fire door propped open with a Zimmer frame. This meant the fire door could not close in the event of a fire. The potential harm to the health and safety of people had not been fully risk assessed by the service.

The care records contained risk assessments for people's daily activities and an environmental assessment of their bedroom. Risk assessments covered areas such as moving and transferring and falls. Falls prevention management plans were in place.

Staff said they had completed safeguarding adults training. Staff had an understanding of the types of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. One staff member told us "I would go straight to the manager". Staff were confident if they reported anything of concern to the manager or the provider it would be dealt with. One staff member said, "I would have no problem speaking up and I would be happy to take things straight to the manager".

Staff understood what whistleblowing at work meant and how they would do this. Staff explained they were protected by law if they reported something wrong at work. The staff had attended training to help them understand this subject. There was a whistleblowing procedure on display in the home. The procedure had the contact details of the organisation's people could safely contact.

There was a copy of the provider's procedure for reporting abuse. This was displayed on a notice board in a communal area in the home so that it was easy to see. The

procedure was written in an easy to understand format to help to make it easy to follow. There was also other information from the local authority informing people how to safely report potential abuse.

People we met and the staff told us there was enough staff to care and support people with their full range of needs. Throughout the day, there was sufficient, experienced staff to meet the needs of the people living at Manor Farm. Staff were able to tell us about people's different needs and how they treated them as individuals. We saw the chef and the domestic regularly talked with people in the home and listened to their views. This meant people were being cared for by a staff team with the knowledge to meet the needs of people who lived there.

Arrangements for handling medicines were safe. Staff designated to administer medicines had completed a safe handling of medicines course. As part of our visit, we checked the storage, safe keeping and recording of medicines. We found that all of these areas were safe and in order. Medicines that were no longer required were disposed of safely, and all items had been logged in the provider's destruction book. We observed part of a medicines round and we saw that the staff took their time with people. They asked people how they were, asked how they would like their medicines, for example, one by one or all together, and ensured they had a drink. They knelt down when speaking to people and gave them encouragement. They ensured medicines were swallowed before signing the medicines administration record (MAR) chart.

Staff recruitment records demonstrated prospective staff members employment histories had been reviewed in detail as part of the recruitment process. Disclosure and barring service checks had been completed before staff were appointed to positions within the home. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

The people we spoke with told us they thought there was enough staff on duty to care for them. The registered manager had recently recruited new staff to increase the numbers. A manager told us the numbers of staff needed to meet the needs of people at the home were increased when they needed to be. For example, when people were

Is the service safe?

physically unwell and required extra care. The numbers of staff needed to provide each person with their care were worked out based how much support each individual required .

Our observations showed there was a sufficient number of staff to safely meet the needs of the people at the home. This was seen in a number of ways. Staff were able to provide one to one support to people who needed extra prompting with eating and drinking. Staff were readily available when people needed staff to help them with their mobility needs. Staff were able to sit with people and engage them in social conversation when they were not providing them with their care. Staff said they did not use equipment such as hoists for transferring people, because people using the service were able to mobilise independently. We observed people walking around the building using their walking aids. Staff sometimes assisted people to stand, or walked alongside people if needed.

Incidents and accidents in the home were properly evaluated and actions put in place to ensure people were safe. The records showed staff recorded what they had done after an incident and occurrence to keep people safe. Risk assessments had been updated after any incident where a risk was found. For example, one risk assessment had been updated after one person had experienced a fall. Actions taken to support to person to move safely were clearly explained in their risk assessment. The registered manager looked into each incident and occurrence to look for patterns and trends and ways to reduce risk. This showed they were monitoring safety.

We recommend that the provider undertakes a full a health and safety risk assessment of the premises and takes action to address any risks identified.

Is the service effective?

Our findings

People who we spoke with were positive in their views of how they were being supported at the home and what life was like living there. One person told us “They are first class I love them all this is my home”. Another person told us “They are caring and always try their best”.

Staff provided people with suitable support with their care needs. Staff helped people with their mobility in a safe way and talked to people they were assisting. Staff made sure people were sat in a comfortable position before they had lunch. We also saw staff assisted a person who was in bed. The staff spent plenty of time with people and encouraged them to eat and drink enough.

Staff were able to tell us about people’s different needs and how they treated them as individuals. We saw the chef and the domestic staff regularly talked with people in the home and listened to their views. This meant people were being cared for by a staff team with the knowledge to meet the needs of people who lived there.

Staff we spoke with understood the needs of people they were looking after. The staff were able to explain to us about people’s individual preferences and daily routines. These included when people liked to get up and how they liked to spend their day.

Staff said they did not use equipment such as hoists for transferring people, because people using the service were able to mobilise independently. We observed people walking around the building using their walking aids. Staff sometimes assisted people to stand, or walked alongside people if needed.

Every person we spoke with had a positive view of the meals that were served at the home. People sat in the lounge had glasses of squash or water on tables near to them. People were offered tea or coffee in the morning and in the afternoon there was a choice of biscuits and a cake. One person asked if they could have another cup of tea and a member of staff responded promptly to the request. Staff asked people to choose their meals daily. One person told us “I enjoy my food and I eat what I want” another told us “I choose my food.”

The chef told us there was a four weekly menu. They said this was discussed with people at resident meetings so their likes, dislikes and requests were incorporated[AG1]

into the menu planning. The care records contained a detailed list of the food people liked or disliked. Every Wednesday there was a free choice and people could choose what they wanted.

Staff could identify people with different dietary needs and told us how they catered for them. The chef wrote out the menus based up on people’s likes and dislikes. The chef explained how they had to adapt the menus to provide a nutritional diet to the few of the people who were very specific about what they ate or were on special diets. A list of variety of meals served to people this month was made available to us

The chef explained how the majority of the vegetables used were freshly delivered three times a week. Some of the meals on the menu were very similar and we advised that the nutritional balance of the meals on the menu should be assessed by an external nutritional advisor.

Care records contained guidance about how to support people with their nutritional needs and provide them with effective support to eat healthily. One person required a special diet for their specific health needs. The person was assisted with their nutritional needs in the way that was explained in their care plan at lunchtime and were offered a sugar free meal .Where people had specific nutritional needs an assessment had been completed. This was to identify if people were at risk of malnutrition or obesity. The staff training records showed that staff had been on a training course to help them to support people effectively with nutrition.

Staff were able to tell us about The Mental Capacity Act 2005 and confirmed they had attended training. The Mental Capacity Act 2005 aims to protect people who may not be able to make some decisions for themselves. It also enables people to plan in case they are unable to make important decisions for themselves in the future. The staff told us how the principles of the Act included respecting the right of people in care to make unwise decisions and assuming they had capacity unless they had been assessed otherwise. Staff asked people what time they wanted to get up, and where they wanted to sit for lunch for example. Care plans contained signed mental capacity assessments that related to people’s needs.

Staff understood about the Deprivation of Liberty Safeguards (DoLS) and how these applied to the people they supported at the home. DoLS are put in place to try

Is the service effective?

and make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure a person is only deprived of their liberty in a safe and correct way, and only when it is in the best interests of the person. We saw that where applications for DoLS had been made and the records confirmed that best Interest meetings were held.

People saw a GP. at the home when required . Records were kept of visits from other health professionals and other social care professionals were in people's care plans. The records showed staff contacted medical professionals and other professionals promptly. This was if they were concerned about people's health and wellbeing. Care plans were updated to reflect changes required based on health care professionals' advice. The care records also showed that a GP carried out regular health checks with people to review their physical health care needs. Dieticians, a physiotherapist and a chiropodist also provided assistance and guidance when required.

Staff told us they took part in regular training and learning opportunities to help them to support people effectively. Staff spoke positively about the training they were able to do in a number of subjects relevant to people's needs. The training records confirmed staff had been on training in dementia, health and safety matters, safe moving and handling, first aid, infection control and medicines management and administration.

New staff did an induction-training programme to help to ensure they were competent and skilled enough to care for people. The induction programme covered a range of areas including how to support older people with their care needs and safeguarding adults.

Staff received regular one to one supervision and they said these meetings were useful and helped them to support people more effectively. Staff told us they felt well supported by the registered manager and this helped them to feel confident to effectively support people with their needs. Supervision records confirmed staff were being regularly supervised in their work and overall performance.

Is the service caring?

Our findings

Staff were kind and caring to people. They knew people well, and called them by their first names. They were gentle and patient. People were laughing and joking and there was a pleasant atmosphere. Staff assisted people in a way that demonstrated they were caring. For example, staff used a kind approach and a friendly manner with people who were anxious. They also used gentle humour and encouragement to motivate people to get up. People responded to staff when they used this approach in a way that was positive in manner.

While people praised the caring attitude of the staff team they said that they thought one staff member could often allegedly be harsh and abrasive in their manner and approach. We told the registered manager and they reported back to us after the visit. They took suitable action to address people's concerns. The manager informed us the day after our visit that action was being taken and the concerns were being formally addressed.

All of the interactions we observed between staff and people using the service were positive and friendly. The

atmosphere was calm and people were laughing and interacting with staff. Music was put on after staff asked people what they wanted to listen to. Staff and people sang songs together.

Staff had knowledge about people's personal life histories. For example, one member of staff said, "I know what people enjoy and I try and talk to them about that". Staff also knew how to protect people's dignity. For example, staff knew that they must always deliver personal care behind closed doors and make sure people were offered a choice for example what clothes they liked to wear.

Each person had their own single room, which helped to give people privacy. We saw rooms were personalised with people's own possessions, photographs, artwork and personal mementoes. This helped to make each room personal and homely for the person concerned. There was a garden where people could walk safely. There were quiet rooms and different lounge areas. People were able to sit in different communal areas in the home. This showed people were able to have privacy when they wanted it.

Information about local advocacy service was available in the home. Advocacy services support people to make sure their views and wishes are properly heard and acted upon when decisions are being made about their lives.

Is the service responsive?

Our findings

People received care and support that was responsive to their needs. For example, people chose when to get up or if they wanted to stay in bed. People were offered a choice of what type of help they wanted with their personal care. For example, did they want a shower or a bath. People were asked by staff what they wanted to do during the day. Staff asked people where they wanted to have their lunch, and did they want to have a protective apron on.

Every person who wished to live in Manor Farm had been assessed prior to a place being offered to them. The assessments included physical, nutritional and emotional needs. People had individual care plans which were supported with a series of risk assessments. This enabled the manager and staff to be certain they were able to meet the person's needs and be aware of potential risks to the individual.

Care plans reflected people's individual needs, choices and preferences. Care plans were personalised and up to date. They provided the staff with sufficient information about people's assessed needs. Staff met in small teams to review individual people's care. Care plans were reviewed each month and any changes noted and discussed at the handover meeting at the change of shift. This ensured all the staff were aware of the changes and provided the appropriate level of care.

People were encouraged and supported to express their wishes and opinions. Several parts of the care records had been signed by the person the record belonged to. Two relatives told us they got involved in their relatives care plan and were contacted if any changes were made to the plan. People told us they would let staff know how they wanted things to be done for them; Staff described how they would listen to people and make sure they supported them to make their choices and preferences. People's individual records showed they were supported to decide what they wanted for themselves or be supported in their best interests about things that affected their welfare.

The home provided people with regular activities. For example, people told us that staff often ran a short armchair exercise session. In the afternoon, an outside entertainer visited the home and got nearly everyone in the home to join in.

People and relatives were encouraged to give their views of the service, questionnaires had been filled in and returned. Visiting health professionals had also been encouraged to give their views on the home. Action was taken when needed for example last year people had commented that meat had sometimes been tough. The provider had changed to a different meat supplier as a result. Two people had also commented that they wanted to be more independent. The registered manager had ensured staff were aware of this and had updated those people's care plans as a result.

Family members and visitors were encouraged to visit whenever they wished. Friends and families said staff always made them feel welcome. Some visitors went out with their relatives from the home this was facilitated and encouraged by staff. We observed this happen when one person went out to celebrate their birthday with family.

Relatives told us the manager and the care staff were around and available to discuss the care and support their family members received. They said communication was very good. One relative told us; "they phone us at home if there is anything we need to know".

The people we spoke with said if they had a complaint they could easily raise the matter with the staff and the registered manager. One person said, "I would speak to any of the staff". Another person told us "I would see the manager".

People were given a copy of the information brochure about the home. This included a copy of the complaints procedure about the service. This was set out in an easy to understand format. It clearly explained how people could make complaints if they had them. Each person was given a copy of the home's service user guide. This contained information about the organisation and their values and values, useful phone numbers, and safeguarding contact details.

Is the service well-led?

Our findings

Staff told us they liked working at the home and caring for the people who lived there. The staff and people spoke positively about the registered manager who they said was approachable and very committed to managing the home well.

A manager told us they kept up to date with current matters that related to care for older people by going to meetings with other professionals in social care. They told us they shared information and learning from these meetings with the staff team. They also told us they read articles and journals about health and social care matters.

Regular meetings were held with people and their relatives to discuss the quality of the care. We saw that improvements to care were made because of these meetings. For example, suggestions for events and activities had been acted upon because of feedback from people and their relatives. Staff meetings were also held regularly. Staff were able to make their views known to the registered manager. Minutes showed that staff also discussed the needs of the people they supported and if they were providing effective care.

There were quality systems in place to properly monitor the care and overall service provided. This included checks of medicines, care plans, incidents, weights, pressure area

care and wellbeing. These checks were regularly completed. For example, medicines people were prescribed were regularly reviewed to help to properly monitor people's health.

Health and safety audits and quality checks on the care people received were undertaken regularly. Actions were implemented where risks and improvements were needed. For example, an assessment of some fall hazards and the kitchen had been undertaken out to ensure they were safe.

The staff understood the provider's values and philosophy. One of the service's values was making people feel that they were living in their own home. The staff we met showed they were aware of these values in the way they supported people.

The registered manager followed their responsibilities of registration with us. They promptly reported significant events to us, such as safety incidents. This was in accordance with the requirements of their registration as manager of the service.

The staff were invited to take part in a staff survey. The survey asked for their views about the organisation and about what it was like to work at the home. They were also asked if they had suggestions for improving the way the home was run. Staff said us they felt listened to and valued by the organisation they worked for and by the registered manager