

KRG Care Homes Limited

Manor Farm Care 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 

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 is a residential care home that can accommodate up to 25 older people. Although this is a newly registered service with a new provider, the registered manager and most of the staff have worked in the home for a number

of years. 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 and associated Regulations about how the service is run.

Summary of findings

People and their relatives were very complimentary about the support provided by this service. They told us they felt safe and supported well. Individual risks had been assessed and staff were working in line with those risk assessments.

Staff were recruited and given an induction to the job required to ensure they knew what was expected of them. Training and individual staff development was encouraged. Many of the staff held a recognised qualification.

Medicines were managed safely and staff followed set procedures to ensure they gave people their medication correctly.

Staff were aware of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). However, the manager was also aware that staff required training to enhance their knowledge further.

People were offered choices for their meals and people who required support were given that support appropriately as written in their risk assessments.

People using the service told us how kind, caring and compassionate the staff were. We observed staff

supporting people in a caring manner and noted that people were smiling and interacting positively. Some methods used for people's records could be improved upon.

Throughout the day we saw people were involved in what they wished to do. Choices were available and staff interacted in a manner that empowered people to make choices.

The new provider was proactive with their involvement in the home on a regular basis. Staff were supported and asked for their views on the service. However more formal records such as staff appraisals and support need to be improved upon.

People who used the service and their relatives were asked about the quality of the service

provided. They told us that they were actively involved in making choices regarding the alterations taking place to their home environment.

The manager told us that the provider had been visiting other residential care services to gain ideas on providing better care and further improve the environment for people.

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.

People told us they felt safe and well cared for by the staff team and the service provided.

Staff understood how to keep people safe and would report any safeguarding concerns to the appropriate professionals.

The management had appropriate procedures in place when recruiting staff.

Medicines were managed appropriately and safely.

Good



Is the service effective?

The service was effective.

Staff were trained and supported to enable them to do the job required correctly. This included having an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People had choices at mealtimes and were supported appropriately to eat their meals.

Health care needs were met by professionals who visited the home when required.

Good



Is the service caring?

The service was caring.

People who used the service told us they were supported by kind, compassionate and supportive staff.

Changes to the service, as alterations were taking place, involved people living in the home.

People were treated with dignity and respect.

Good



Is the service responsive?

The service was responsive.

Care plans were centred around the needs of each person.

People knew how to and who to complain to, if and when they needed to.

People had choices about how they wished to spend their days. Activities were available.

Good



Is the service well-led?

The service was well led.

The manager and staff team had worked together for a number of years and provided a robust service that was regularly checked, to ensure the quality of the service provided was maintained.

Some recording systems showing how staff were supported and appraised could be improved upon.

The provider visited the home on a regular basis to support staff and involve people living in the home with the changes taking place.

Good



Manor Farm Care Home

Detailed findings

Background to this inspection

This inspection took place on 15 October 2014 and was unannounced. This was a newly registered service with a new provider and this was their first inspection.

The inspection team consisted of two inspectors.

Before this inspection we reviewed the information we held about this service, including notifications that the provider is required to send to us. A notification is information about important events which the service is required to send to us by law.

During this inspection we spoke with seven people using the service and two relatives. We also spoke with four care staff, one cook, one senior carer, the manager and talked with a health care professional. In addition, we carried out a Short Observational Framework Inspection (SOFI) over the lunch time period. SOFI is a tool to help us assess the care of people who are unable to tell us verbally about the care they receive.

We completed general observations, looked through three sets of care plan records. We looked at staff training and staff support records, as well as other records relating to how the quality of the service was monitored.

Is the service safe?

Our findings

People we spoke with were all positive about the service the home provided. They told us they felt safe and well cared for. We received comments such as, "I have never felt worried about my safety." And "Of course I feel safe, safe and secure."

We read a number of compliments from relatives following a survey carried out by the home. We noted one saying they 'were always happy knowing [relative] was safe and cared for with every need.'

People living in the home and relatives spoken with felt confident that any concerns about their safety would be acted upon. One relative said, "I only have to ask and it is done. I have no concerns about the way staff support my [relative]."

Care staff talked with us about how they ensured the people living in the home were safeguarded. They gave examples of abuse and explained how they would report any concerns to their manager and the local authority safeguarding team. They told us about the training and what was included in the courses they had completed. Staff told us that regular training on safeguarding was provided to ensure their knowledge was kept up to date. The manager also showed us the information about the safeguarding training, ensuring that all staff were up to date with this training. The staff were supported to attend training and gain the knowledge required to ensure people were protected from potential abuse.

Prior to this inspection we received a safeguarding concern that had been reported to the local authority. We spoke in detail with the manager about the concerns raised. The information was recorded and the investigation was still in progress. The manager gave us all the relevant information and explained how they were working closely with the safeguarding authority to ensure the concerns were fully investigated. The home acted quickly on the concerns raised to ensure people were safeguarded.

Each person's care plan contained a section to record potential risks. We noted in the care plans we looked through that risks had been identified and action had been taken to address the risks. For example, one person was at risk due to skin problems where a wound was not healing. We saw that action had been taken to involve appropriate healthcare professionals and that their advice was being

followed. In another care plan we saw that there was a risk of the person choking due to swallowing concerns. The staff were aware of the guidance from the Speech and Language Therapist and were following this.

The home was undergoing many changes to the environment. The risks to the safety of the building had been assessed by the new provider and work had been started to ensure the building was suitable and safe. In the past twelve months a new roof had been completed, suitable flooring fitted downstairs and new flooring was being fitted upstairs during the inspection.

Equipment, such as hoists and the stair lift had been serviced regularly. This ensured the equipment was safe to use.

On the day of this inspection 22 people were receiving care and support from one senior and six care staff. People we spoke with told us staff were always around to support them. They said did not have to wait long when they used their call bell and that staff were competent to meet their

needs. Staff said that, on occasions, the rota was not always covered when staff were off sick, on training or on leave. However, they did say that no person in the home went without their care and support. All the people we spoke with said their needs were always met but knew it could be a bit slower when staffing was short. The manager and senior carer told us that the staff were supportive of each other and often covered when staff shortages occurred. We noted on the rota for the previous three weeks that all shifts had been covered sufficiently by staff. This ensured that people received the care and support when it was required.

Staff we spoke with confirmed that they had completed and handed in all relevant references, application form, forms of identification and police check certificate. Staff were safely checked for their suitability to work in this home before commencing employment.

People who discussed their medicines with us told us they received them regularly. One person said, "They come in with my pills as I have to have my tablets before breakfast. They always make sure I get them." At lunchtime we observed the administration process for medicines. We noted that medicines were stored in a locked cabinet which was attached to the wall for safe keeping. The senior carer carried out the administration process by checking that the medication matched the record on the medication

Is the service safe?

administration record (MAR). Medication was given to each person in accordance with what was printed on the MAR sheet and the member of staff ensured each person had swallowed their medicine before signing to say it had been taken. We noted that the MAR charts had been signed for all medicines administered over the previous two weeks. However, we saw that on the day prior to this inspection, the lunchtime medication had not been signed for but the

medication had been removed from the containers. The manager informed us that all records were audited regularly which was confirmed by the senior carer. They said this error would be addressed with the staff member responsible straight away.

People were supported with their medicines safely.

Is the service effective?

Our findings

People's preferences, care and support needs were met by a team of staff who had the necessary skills and knowledge to effectively carry out the job required. All the people spoken with told us the staff were good and knew what they were doing. They said they had their individual care needs met and were happy. We were told by one person living in the home that the staff were well trained and knew what they were doing. They said, "Someone comes in to the home regularly to train them. They all have to learn." Another person said, "You cannot fault the meals, they are so good. The cook knows what she is doing."

Three care staff, the senior carer and manager told us about the variety of training and support provided by the home. We discussed the training planned and the training advertised within the staff room to encourage staff to attend. All staff spoken with told us that they had the skills and knowledge to do the job required. The manager showed us that 90% of staff had a recognised qualification in health and social care and that new staff were being supported to gain a qualification.

The staff and manager also told us that the new provider visited regularly and was building a working relationship with the team. They told us he was having regular meetings and one to one sessions to get to know the staff team and support them in their development. The provider also involved staff in the development and improvements taking place within the service. However, the manager did not have records of current supervision sessions or appraisals. The most recent supervision was recorded in February 2014 and appraisals were dated June 2013. The manager said that they knew they were behind with these and would act swiftly to book staff into these sessions. Although formal sessions for supervision and appraisals had not been taking place staff told us they were supported well by management.

We spent time observing staff interacting with people during the midday meal. We noted methods used to encourage people with their food. Those who required extra help to eat were quietly and confidently offered that support. People were asked where they preferred to sit and if they were comfortable. One person who was a little anxious was supported appropriately and was soon smiling. Staff we observed during this mealtime had the skills that enable them to support people appropriately.

The manager, deputy manager and senior carers had received training on the Mental Capacity Act (MCA). One senior staff member gave us an example of that training showing they had a clear understanding of the implications of the act and how staff should approach their role and support people who may lack capacity. The rest of the staff team had not received this training to date. However, we did not see anyone whose liberty was being restricted or deprived. The manager stated they would ensure staff were booked on to a course before the end of the year to build on their knowledge to ensure staff fully understood the principles of the MCA. The manager gave us a good example of how recently a person living in the home had been supported when a decision was required to meet the needs of that person who did not have the capacity to understand. A best interest meeting was held that included the person, professionals and an advocate to ensure that person was supported to meet their needs in the best possible way. We read the information about the meeting and noted how the best decisions were made. We were informed that no person in the home was being deprived of their liberty and that no referral to the local authority for a Deprivation of Liberty Safeguards (DoLS) had been necessary to date.

People told us that meal choices were offered earlier in the day and if they did not like the main meal there was always an alternative. Comments about the food were all positive such as, "The food is lovely," "Always plenty to eat and drink" and "Meals are always good." One person stated there was too much on their plate but still managed to eat all of it. However, the food was dished up in the kitchen so people did not have a choice on quantity and all plates looked the same which meant varying appetites were not catered for. We noted one person was monitored carefully due to the possibility of choking and those who required assistance were asked first if they would like help. The atmosphere during the meal was jovial and lots of encouraging interactions were taking place between staff and people enjoying their meal.

On the day of this inspection the local GP was making a weekly visit. We were told by the senior carer that concerns were raised and dealt with at the weekly visit but urgent concerns would be dealt with by a call out. The information shared and professional approach showed the visit was prepared for, all the relevant information was ready and the issues and health concerns were acted upon quickly. For example, the home had access to 'dipsticks' which can test

Is the service effective?

urine to see if the person had a urine problem. The staff then informed the GP so treatment could begin quickly. We read in the care notes how quickly the concern was dealt with.

People we spoke with told us they saw an optician, dentist and chiropodist who visited regularly and the doctor

whenever they required it. We also read in care notes about the visits from the continence nurse, dietician and dermatologist. People living in this home were having their health care needs met appropriately and effectively.

Is the service caring?

Our findings

Throughout the inspection we received positive comments from people living in the home about the staff team that told us they were treated with kindness and compassion. We were told, "Staff are lovely, I am very happy here."

One relative said, "The care here is unsurpassed, workers are pleasant. I've not got a bad word to say about anyone in this place, wonderful. It is the best home in the area with proper care." Another relative said, "I knew it was good. My [relative] used to be here before they passed away. They looked after [relative] so well that they came on leaps and bounds when living here."

We observed and listened to interactions between staff and people living in the home. It was evident that staff knew people well and understood the best approach to use when talking with them. For example, one person who was a little distressed was supported by a staff member who knew what to say to pacify that person. It was evident through the conversations that staff had knowledge about individual people and could relate to topics they were familiar with such as family members or personal interests.

People and their relatives spoken with told us they were involved and listened to. One person said, "We only had to say the bedroom could do with a lick of paint and it was done."

People were actively involved in the changes that were taking place as building improvements were being made to the home. They told us how they had been involved in choosing from flooring samples and paint colours and understood why they were asked to stay in the dining room for their own safety while the decorator was in the lounge. People said they felt listened to and that their views were taken into account with the changes taking place to their home.

One person told us how they preferred to stay in their bedroom but how staff always asked if they would like to come downstairs. They said, "My wishes are respected and I get the support I need, when I need it."

We noted that people were dressed appropriately. Staff were seen adjusting people's clothing when their dignity was compromised and we noted that personal care tasks were carried out behind closed doors.

The visiting hairdresser was in the building on the day of the inspection. Conversations were dignified regarding people's appearances. Choices were made about hairstyles. Laughter and smiles were noted throughout and stimulating interactions took place whilst people were with the hairdresser.

Although we were told no person was using an advocacy service at the time of this inspection we noted that this service was advertised on the display board within the home if and when a person required advocacy support. The manager told us of a previous event that had led to person using the service offered by the Independent Mental Capacity Advocacy service (IMCA). People were supported with advocacy when required

We found that the care staff were monitoring and recording the support people required on records held in various parts of the building. The information was recorded but sometimes duplicated on one form in an area such as a bathroom or dining room and then transferred to daily notes. We found this confidential information was not secure and was available for any person to read. This meant people's confidentiality and privacy was not always protected.

Is the service responsive?

Our findings

People we spoke with told us they were actively involved in their day to day needs. One person said, "I know I have a care plan and staff do discuss with me my needs. I would tell them if I was not happy with what I was receiving."

We read some care plan documentation that held detailed information about the individuals the care plans belonged to. One relative told us that the family were all involved in the day to day care needs of their relative and played an active part in contributing to the care plan information, especially around the history of their relative.

One care plan we looked at in detail was focused on the individual need of the person it related to. We read comprehensive information showing their likes and dislikes, who was important in their life and how they wished to live their life. Their personal care needs were detailed and centred on the person's individual needs. We noted from the records that this person's original health concerns had improved when professional advice had been followed.

We asked people how they occupied themselves each day. We were told about the various activities that they could be part of if they wished and that a staff member was designated to find out what interested them. We noted the home had an activities poster on display that showed a variety of events such as quizzes, arts and crafts and large board games. Two people told us they attended a club outside of the home and another person told us they went out with their family.

Staff we spoke with told us how they got to know people well by meeting with their families and involving them in the day to day life of the home. With many changes taking place in the environment, people and their relatives told us they had been actively involved by choosing paint colours and floor coverings

The people we spoke with were all positive about the home and told us they had no need to complain. However, the home had a complaints procedure and people knew who to complain to if they were unhappy. They said the manager and staff were very good and would act on any concerns straight away. One relative said, "You only have to mention it and it is acted upon."

Is the service well-led?

Our findings

Although there is a new provider running this home it has been an established care home for a number of years. The same manager is running the service with a team of staff who have worked there for a number of years. It was evident that the management and team of staff worked well together supporting and guiding each other with the tasks required.

People we spoke with told us they liked the new provider visiting regularly and involving them in the changes that were taking place. One relative said, "We are encouraged to be involved and feel relaxed and able to be involved in such a good service." We were told about the regular residents meetings that also involved staff. The most recent meeting involved the cook, where meals and menu choices were discussed.

Staff told us they could go to the manager at any time to discuss concerns and said that she was approachable and available when required. Staff told us about the meetings that were held and what relevant topics were discussed. We looked at the staff meeting minutes and noted the last one was in February 2014, with the next one planned for November 2014.

The staff we spoke with told us that staff were encouraged by management to develop and build on their skills. One staff member said, "We have contact and see the manager walking the home regularly. Will always have time for us."

Prior to this inspection we checked our records for the past 12 months and noted we had received notifications in a timely manner regarding any changes, incidents, accidents or death that had occurred in the home.

The home had received visits from the fire department and the environmental health officer. We talked to the cook and manager who told us the work suggested by the environmental health officer to improve the kitchen had been completed. The manager confirmed that action had also been taken to address the fire officers suggested improvements.

We were told by the manager that the provider was visiting other residential homes and specialist services to gain ideas on how to improve the service they provided. For example, suitable environments for people with dementia related conditions.

The manager showed us the systems that were used to monitor the service provided, to ensure that particular areas were safe and regularly serviced. For example, audits were carried out throughout the building on items such as fire equipment, emergency lighting, stair lift servicing, moving and handling equipment, care plans, medication and staff training.

People who lived in the home and their relatives were asked their opinion on the quality of the service by completing a regular questionnaire. We saw three that had recently been completed where positive comments were given. We did not note any negative comments. The manager told us they liked to send out relatives questionnaires at least six monthly. We saw a different version about to go out to people living in the home on 'dignity and respect'. This showed people were asked about the quality of the home and the service provided.