

# Brookdale Healthcare Limited

## Manor Farm

### Inspection report

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21 July 2017

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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 provides personal care and accommodation for up to ten people who have a learning disability. Nine people were living at the service on the day of our inspection.

This unannounced inspection was undertaken on 21 July 2017 by one inspector. At the last inspection on 13 April 2016. The service was rated as 'Requires Improvement'. At this inspection we found the service was rated as 'Good'.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 knew how to respond to possible abuse and how to reduce risks to people. There were enough staff who had been recruited properly to make sure they were safe to work with people.

Medicines were stored and administered safely.

People were cared for by staff who had received the appropriate training and had the skills and support to carry out their roles. Staff members understood and complied with the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received a choice of meals and staff supported them to eat and drink enough. They were referred to health care professionals as needed and staff followed the advice these professionals gave them. People's personal and health care needs were met and care records guided staff in how to do this

Staff were caring and kind and treated people with respect. People's right to privacy was maintained by the actions and care given by staff members.

People were supported with enough social stimulation that they needed throughout the day including hobbies, interests and pastimes.

Complaints were investigated and responded to and people knew who to go to, to do this.

Staff worked well together and were supported by the management team. The monitoring process looked at systems throughout the home, identified issues and staff took the appropriate action to resolve these.

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 service was safe.

Risks to people had been identified and staff knew how to minimise these risks.

People were supported to take their medicines as prescribed.

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

### Is the service effective?

Good ●

The service was effective.

The provider was acting in accordance with the Mental Capacity Act 2005 legislation to protect people's rights.

Staff were trained and supported to enable them to meet people's individual needs.

People's health and nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

People were looked after by kind and attentive staff.

People's rights to independence, privacy and dignity were valued and respected.

People were involved and included in making decisions about what they wanted and liked to do.

### Is the service responsive?

Good ●

The service was responsive.

Care plans contained detailed information so people's care and support needs could be met.

Staff were knowledgeable about the people that they supported.

People were encouraged to maintain hobbies and interests and join in the activities provided at the home and in the community.

People's views were listened to and acted on. People, and their relatives, were involved in their care assessments and reviews.

**Is the service well-led?**

**Good** ●

The service was well-led.

People were enabled to make suggestions to improve the quality of their care.

The safety and quality of people's care was monitored and kept under review.

The management of staff ensured that people benefited from safe and appropriate care.

# Manor Farm

## **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 checked 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 21 July 2017 and was unannounced. The inspection was carried out by one inspector.

We looked at information we held about the service and reviewed notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. The registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make.

We spoke with four people to gain their views of the service. We spent time observing the care provided by staff when assisting people during the day.

We looked at records in relation to two people's care. We spoke with the registered manager, deputy manager, two senior support workers and two care staff. We looked at records relating to the management of risk, medicine administration, staff recruitment, training and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

People told us they felt safe at Manor Farm. One person when asked if they felt safe said, "Yes." Another person nodded their head and smiled. Observations we made showed that staff ensured that people's safety was protected. For example, staff reminded people about using the kettle and making sure they didn't touch it whilst it was hot. A visiting relative told us they were confident their family member was safe. "I've never had any worries about [name of person's] safety. The staff are very good here."

Since our last inspection an effective system had been put in place to reduce the risk of people being harmed, while at the same time ensuring that people were supported to lead full and satisfying lives. Any potential risks to each person had been assessed and recorded and guidelines put in place so that the risks were minimised with as little restriction as possible to the person's activities and independence. The assessments were regularly reviewed and revised if the person's needs had changed.

Each person had a personal emergency evacuation plan (PEEP) in place, which gave staff and others, such as the fire service, detailed guidance about each person's needs if there was an emergency situation. The registered manager said that evacuations were practiced regularly and involved the people who lived at the service.

Staff were clear about what to do if they had any concerns about people being harmed in any way such as contacting the local safeguarding team or the police if they felt their concerns were not being dealt with appropriately. They had all undertaken training in safeguarding people from harm and demonstrated that they knew how to recognise and report abuse. There was information in the office and throughout the service, which gave advice to people who used the service, visitors and staff about what to do if they had any concerns. Posters displayed in the home gave people information about who to contact outside the service such as the local safeguarding authority if anyone wished to do so. Staff were certain that their concerns would be taken very seriously by the management team. People were assured that staff were confident in protecting them from harm.

One person told us there were "lots of staff." The visiting relative said, "There were always enough staff." and "Whenever I visit there is always staff available to talk to." The registered manager explained that the staff rota was devised to ensure that there were sufficient staff on duty so that they could be deployed effectively. Staff told us that the rotas were adjusted when there were additional people using the service for respite care, so that each person's staffing needs continued to be met. This meant there were sufficient staff deployed to meet each person's individual needs.

Staff told us that all the required checks had been carried out before they were allowed to start work at the home. These included references from previous employers, proof of identity and a criminal record check. This meant that the provider had taken appropriate steps to ensure that staff they employed were suitable to work at this care home.

We found that the arrangements for the handling and disposal of medicines were satisfactory. Accurate

records of medicines received into the home, administered and disposed of were maintained. Medicines were stored securely and at the correct temperature. Each person had a care plan in place, which gave staff guidance, such as the medicines the person was taking and how they liked to take them. There were protocols in place for people who were prescribed medicines on a 'when required' basis. Risk assessments had been carried out and strategies put in place to ensure that this was managed safely and that the person was kept safe by having their medicines with them wherever they were.

Staff confirmed that they received training in medicine administration every year and that their competence to administer medicines was assessed every six months by the registered manager or a team leader. Medicines were audited in full each month and by a daily count, which pinpointed discrepancies immediately. This meant that people were given their medicines safely and as they were prescribed.

# Is the service effective?

## Our findings

People made positive comments about the staff. One person said, "Yes, staff take me out. They are always around."

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 Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Since our last inspection, improvements have been made in this area. Staff confirmed they had received training in the MCA. They showed a basic understanding of promoting people's rights, equality and independence. We saw that appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety. This told us that people's rights in this area were protected as people had no unlawful restrictions imposed on them.

Staff told us that the training programme equipped them for their roles and that they had completed a thorough induction. The registered manager stated that new staff were expected to complete the Care Certificate. The Care Certificate is a nationally recognised qualification and covers subjects such as fluids and nutrition and awareness of mental health, dementia and learning disability. One member of staff said that they "felt supported". Members of care staff told us that they had the support to do their job, which they said they enjoyed doing. One member of staff said, "I love it here, we work really well as a team." They told us they had support from the management team. This support included informal and one-to-one support. The one-to-one support included discussions about staff training needs and the standard of their work performance.

People's individual nutrition and hydration needs were met. Staff told us there was no set lunch time: people could have their lunch whenever they chose to. We saw that staff offered each person a choice of food and drink. This was done according to the person's preferred methods of communication. For most people this involved showing the person the actual choices available, such as a pasta dish or a sandwich. Staff checked each time that they had understood correctly the person's choice. We noted that there were different choices for people. Staff explained that the choices were based on each person's preferences and their dietary needs. People were involved in preparing meals where they were able to.

People continued to be supported to maintain good health by the involvement of a range of external healthcare professionals, such as the GP, community nurses, chiropodist, dietician and optician.

# Is the service caring?

## Our findings

A visitor said, "The staff are very welcoming. It's a pleasure to come here; it has the feel of a home, a proper functioning, and friendly home. [Name of person] looks well cared for. Residents [people who use the service] look content, clean and the house is clean. I have no concerns to report."

People were approached by staff in a friendly caring manner maintaining their dignity. There was a relaxed feel to the service and staff were focused on the people.

Although not all the people were able to tell us directly of their experiences we were able to observe that staff demonstrated the right attitudes of care and compassion and placed people at the centre of the care they provided. The staff we spoke with clearly demonstrated they had a good knowledge of people's individual needs and could describe what they liked, disliked and how they preferred to be supported. Staff demonstrated compassion and care towards people and had very positive attitudes towards giving people a good quality of life.

A staff member commented, "I know the staff care, I think that makes a difference, we do care about people first." Throughout the inspection staff sat with people and offered them various activities and objects to keep them interested. Sensory equipment was available for people to hold and interact with. A staff member sat next to a person they spoke to the person in a kind and interested manner. They spoke about their holiday that they had planned. The person continued to smile and rub their hands as if they were excited. This showed us that people's wellbeing was put first and foremost?

People were encouraged to make their own decisions and express their views. People were supported to engage in their surroundings and the support people received was person led. Staff responded to their wishes and respected their choices. If people declined to engage with others or be involved in activities that were offered this was accepted.

People's rooms were decorated in a way personal to them with various personal objects and pictures. Staff took pride in how the service looked and wanted to make it a pleasant environment for people to live in.

People's privacy and dignity was respected and staff engaged with people in their preferred way. Staff would ask people for their consent and input even if communication was limited.

Staff understood the need for confidentiality. Files were kept in the office and accessed on a need to know basis. This helped to protect people's private information and keep it secure.

Staff told us that it was important to them that they treated people with respect, dignity and promoted their independence. One staff member told us, "It is important for people to have their dignity protected. If they can do something for themselves We need to encourage them to do it as much as possible". Another member of staff told us, "I just want to make people as happy as they can be." When we asked people if staff knocked on their doors. One person said "Yes." Another person nodded their head and smiled. This was

confirmed during our inspection where we saw staff knocking on doors and waiting for a response before entering.

## Is the service responsive?

### Our findings

The registered manager told us that an assessment of the person's needs was always undertaken before a person was offered a place at the service. Staff also encouraged people to visit the service and look around to make sure it suited them prior to them moving in. One person had undertaken a visit to the service on the day of the inspection. Before they left, staff that accompanied them, asked if they could have some photographs to share with the person to help them with their transition into the service.

We found that care plans were easy to follow and read. All care plans contained details about people's life history and their likes and dislikes. The plan set out what was important to each person and how staff should support them. The care plans continued to be reviewed on a regular basis and where new areas of support were identified, or changes had occurred these were then included. The plans provided detailed guidance to staff and ensured they had the required information to provide the appropriate support. Guidance from other health care professionals was incorporated into the plans. People had been consulted and involved in developing and reviewing their care plan. Daily records provided evidence to show people had received care and support in line with their care plan.

People continued to enjoy a wide variety of hobbies and interests of their choosing. There were lots of activities that people took part in which included sailing via a sail-ability programme. People told us or showed us photos of their individual interests. People were interested in visits to the sea, the local pub and to a bowling centre. Some people were supported by staff to have a holiday.

The provider had a complaints policy and procedure that was displayed on notice boards around the home. These were also provided in pictorial format to make it easier for some people to understand. Staff told us they supported people to raise any concerns if they were unhappy. When we asked one person if they had any concerns about their care they responded by saying, "No". One formal complaint had been received and this had been dealt with in line with the company policy.

## Is the service well-led?

### Our findings

The service continued to provide a positive and open culture. Staff members told us that there was a stable staff group and that they got on well together. The registered manager described the staff team as, "One big happy family" and commented that they worked together to ensure they put the people who lived at the service first and foremost.

Staff said that they felt supported by the registered manager and said that they were approachable and a good support for all staff. Our observations showed that the registered manager spoke with staff in a positive and appropriate way. Staff helped people to maintain links with the local community. They had held a coffee morning in aid of a well-known charity and invited the local villagers to take part. We concluded that staff members were supported and that the home was well run, with an open atmosphere.

The registered manager was in post and had been registered with the Commission since 2015. 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. People told us that they were happy living at the home. Staff and people said that they saw the registered manager around the home and knew who they were.

The service remained good at assessing and monitoring risks to people and the quality of the service. The registered manager used various ways to monitor the quality of the service. These included audits, such as health and safety, medicines and the care records. These identified issues and the action required to address them.

The registered manager had informed the CQC of significant events in a timely way. This included notifications about accidents and incidents and where people had a DoLS in place. This meant that CQC was able to monitor the overall health, safety and wellbeing of people who used the service.

The registered manager monitored accidents and incidents and would make an analysis of incidents to look at any trends and take interventions necessary to reduce these reoccurring.

The views of people, their relatives and staff were obtained on an on-going basis and collated into an annual summary. These were through questionnaires or meetings for people and staff. Few issues were identified and these were responded to such as more activities such as sail-ability were identified.