

Claremont Care Services Limited

# Offington Park Care Home

## Inspection report

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West Sussex  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service.

Offington Park Care Home is a 'care home.' The home is registered to provide accommodation and personal care for up to 24 older people. At the time of the inspection there were 22 people living at the home.

People's experience of using this service:

The provider had not followed the West Sussex Fire and Rescue Service's advice. There were no records of weekly testing of the fire alarms and monthly tests of the emergency lighting. The smoke detector system had not been extended to the office which was also advised by the fire and rescue service. Risks assessments were not carried out when bed rails were used to prevent people falling out of their bed.

Whilst people said their care needs were discussed with them, there was a lack of records that people had consented to care practices which restricted their liberty. The provider made applications to deprive people of their liberty for reasons of safety; these are called Deprivation of Liberty Safeguards (DoLS). However, the provider had not assessed whether or not people had capacity to consent to these restrictions before applying for DoLS.

The provider had introduced a new computerised care plan system. These computerised assessment and care plans varied greatly in detail. Some sections were incomplete whereas others were completed well.

The provider's system to assess, monitor and improve the quality and safety of services was not effective. The system of checks had not monitored whether improvements had been completed. This included the advice of the fire and rescue services and routine fire safety checks. The provider used audits which had identified improvements were needed in the assessments and care plans but these were not fully actioned. At the time of the inspection, the registered manager was not available and the provider had difficulty locating some records. For example, the provider said surveys were used to check people's views about the service but these could not be located.

People and their relatives said they were satisfied with the standard of care provided. For example, one relative said, "I can't fault it." People said they received individualised care and support which they had discussed with staff. Relatives and people said the staff were friendly and treated people with respect. One person, for example, said, "It's marvellous. I get a lot of attention. The staff are very nice. Kind. They do all they can to help you. They always come when you ring the bell." Staff demonstrated they promoted values of treating people with respect and dignity. Staff said they treated people as they would treat a family member. Staff were observed to talk to people with respect and in a polite and friendly manner.

People said there was a choice of good quality food. People received support with social and recreational activities which they enjoyed. This included growing flowers and vegetables in the garden. We observed staff involving people in a quiz and there was an activities folder detailing the activities provided.

Staff were trained and supervised. Staff said they felt supported and worked well as a team.

The home was comfortable, clean, hygienic and free from any offensive odours.

People could express their views at the residents' meetings, which were recorded and showed people could contribute to decisions

At the last inspection the service was rated as Good. The inspection report was published on 4 October 2016. The service has changed to Requires Improvement.

Why we inspected: This was a planned, comprehensive inspection. The inspection took place in line with CQC scheduling guidelines for adult social care services.

Enforcement: Action we have told the provider to take is included at the end of this report.

Follow up: We will review the service in line with our methodology for 'Requires Improvement' services.

## 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 has dropped to Requires Improvement.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service has dropped to Requires Improvement.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service has remained Good.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service has remained Good.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service has dropped to Requires Improvement.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Offington Park Care 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 as part of our regulatory functions. This inspection was planned to check 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.

Inspection team: The inspection was carried out by one inspector.

Service and service type: The service is a care home. People living in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: The inspection was unannounced.

What we did: Before the inspection we checked information that we held about the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections.

During the inspection:

- We spoke to four people and to one relative.
- We received feedback from a contract commissioning officer from a local authority.
- We spoke with four staff which included a senior care staff member.
- We also spoke with a registered manager from another service run by the same provider who was present for a short period during the inspection.

- We spoke with the provider's nominated individual.

We looked at the following records:

- care plans and associated records for five people
- the provider's internal checks and audits
- training records, supervision and recruitment records for four staff
- staff rotas
- accidents and incidents reports
- records relating to the health and safety of the premises
- policies and procedures.

Following the inspection, we spoke to another relative.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- Assessments of risk to people were carried out but these were sometimes inconsistent. For example, we saw risk assessments regarding mobility and falls were completed and there was guidance for staff on how to support people safely. Details about behaviour was assessed with information for staff on how to manage this. A number of people had bedrails to prevent them falling out of bed. Appropriate 'bumper' cushions were in place to prevent injury and care plans referred to use of bed rails. However, these were not always assessed for the risk of injury to people. Where people were at risk of skin pressure injuries air cushions and air flow mattresses were used. Records showed staff liaised with the community nursing team about this. We were shown the community team's nursing records about managing pressure area care for one person identified as at high risk but the provider did have their own records about managing this. This showed greater attention was needed to ensure these risks were properly assessed and care plans in place to mitigate the risks.
- The premises and equipment were generally safely maintained. Hoists, the passenger lift, gas safety, electrical wiring and appliances were all checked and serviced by suitably qualified persons. Measures were in place to prevent people from the risk of hot water and hot radiators. Fire safety equipment was serviced by suitably qualified persons. Fire drills had taken place. The home was inspected by West Sussex Fire and Rescue Service on 30 January 2018 which found the service to be 'broadly compliant' but made a number of recommendations. Not all of these had been actioned by the provider. For example, the fire service advised the fire alarms were tested each week, and the emergency lighting monthly, and supplied a log book for the provider to record this. The log book had no records of these taking place at all. The provider could not confirm these took place. The fire service also advised the smoke detector system was extended to other areas of the home which had not been fully implemented.

The provider had not ensured the premises and equipment were safe to use for their intended purpose. The provider had not always ensured the risks of health and safety of people were assessed and plans in place to mitigate the risks. This is in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding procedures and had a good knowledge of the procedures for identifying and reporting any suspected abuse.
- People and relatives said they felt safe with the staff.
- The provider had policies and procedures for safeguarding people.

### Staffing and recruitment

- Sufficient numbers of staff were provided to meet people's needs. Five care staff were on duty from 8am to 2pm and three care staff from 2pm to 8pm. There was also a staff member who worked from 4pm to 8 pm plus the hours worked by the registered manager, the activities coordinator, kitchen and cleaning staff.
- People and their relatives said there were enough staff and confirmed staff attended to them promptly when they used the call points in their rooms.
- Staff also confirmed there were enough staff to meet people's needs.
- The management team organised staff on a duty roster. This showed staffing was organised and provided at the planned levels.
- Checks were made that newly appointed staff were suitable to work in a care setting. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting.

### Using medicines safely

- Medicines were safely managed.
- Staff were trained in handling and supporting people to take their medicines which involved an assessment and observation of their competency to do so.
- The provider had policies and procedures regarding the handling and administration of medicines.
  - Medicines were safely stored.
  - Staff completed a record of their signature each time they supported someone to take their medicines.
  - People told is they received their medicines when they needed them.

### Preventing and controlling infection

- The home was found to be clean and hygienic.
- Staff were trained in food hygiene and infection control.
- Staff had access to disposable aprons and gloves to use when supporting people for the purposes of infection control and prevention.
- People and their relatives said the home was kept clean and staff followed good infection control procedures.

### Learning lessons when things go wrong

- The provider had a system whereby accidents or incidents were recorded and reviewed. For example, there was a falls incident form which recorded and reviewed the circumstances of each fall and the action needed to prevent a reoccurrence.



## 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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 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 to receive care and treatment with appropriate legal authority. 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 Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The provider did not always ensure the correct procedures were followed regarding consent under the MCA.
- We found people whose liberty was restricted such as by the use of monitoring equipment or bed rails had not formally consented to this. Records did not show if people had been assessed as having capacity to agree to these or whether this was a best interests' decision under DoLS.
- Information regarding consent and restrictions in care records was not clear. For example, one person's care records showed a consent to care form was completed by the person but a DoLS application had been made as the person was refusing treatment from a community nurse. There was no assessment of the person's capacity regarding this treatment. Assessments of capacity should be decision specific. We also found another person's care records had assessed the person as having capacity, but a DoLS application had been made as a belt was needed to secure the person when they were transferred in a wheelchair. The provider could not locate a record to show whether the person had capacity to consent to this or not. The provider acknowledged the use of procedures for assessing capacity and consent were in need of improvement and were not of a standard they expected. □
- We recommend the provider takes steps to ensure the Mental Capacity Act and its associated Code of Practice are followed to ensure the appropriate procedures are followed regarding consent when people's liberty is restricted.
- Despite the above, people told us staff always asked them how they wanted to be helped and sought their consent before doing so.

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

- People's needs were assessed and reviewed at regular intervals. This included assessments of need before

people moved to the home.

- The provider informed us guidance on current practice was sought from organisations such as the King's Fund regarding falls prevention and the continuous improvement plan had identified the need to implement advice from the National Institute for Clinical Excellence.
- The provider had introduced a computerised care plan system which staff accessed via hand held devices and prompted them to carry out care tasks.

Staff support: induction, training, skills and experience

- Staff had the knowledge, skills and experience to support people effectively.
- Newly appointed staff received an induction which they said prepared them for their job.
- There were records of staff induction and an induction programme for newly appointed staff.
- There was a programme of training for staff including courses considered mandatory for their job such as emergency first aid, moving and handling, food safety, fire safety, diet and nutrition and dementia awareness.
- Staff and the management team were supported to compete nationally recognised qualifications in care and management such as the Care Certificate and Diploma in Health and Social Care.
- Staff said they worked well as a team and communicated effectively.
- Regular supervision was provided to each staff member which was recorded.
- Staff said they were supported in their work and had good access to the management team.

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

- People were supported to eat and drink and to maintain a balanced diet.
- People's nutritional needs were assessed and recorded. Any assistance or preferences were recorded in the care plans.
- We observed people were supported to eat and drink. The meal looked appetising and people were observed having a glass of wine and chatting over their meal. Staff were on hand to provide any assistance.
- People told us they liked the food and there was always a choice.
- The meal choices for the day were displayed on a notice board in the dining room. Specialist diets were catered for.
- Fresh fruit was available for people to help themselves to.

Staff working with other agencies to provide consistent, effective, timely care

- The staff worked well with other agencies to ensure people received coordinated care. These included health and social care agencies such as social services, GPs and community nursing teams, as well as other care providers.
- Care records showed the provider and staff worked with health care professionals for people's specific care needs.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives and had access to a range of healthcare professionals and services.
- Health care needs were assessed and monitored. For example, records showed people's weight, blood pressure and pulse were checked at regular intervals.
- Care records showed where people needed assistance to attend health care appointment.

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

- The premises were homely, decorated to a good standard and suitably designed to meet the needs of people.

- Bedrooms were also homely and people confirmed they could bring their own belongings with them.
- Communal areas consisted of lounges and dining areas which people were observed using. People also said they liked to use the garden.
- Adaptations had been made for those with mobility needs. These included a passenger lift and level access to outside areas.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People said the staff treated them well. For example, one person said of the staff, "They make me feel like a person. They treat me with respect." Another person said the staff were friendly and that they got on well with them.
- Staff demonstrated they had values which promoted equality and diversity: where people were treated equally irrespective of any disability.
- Staff told us the values which underpinned their work included treating people with respect and dignity. Staff said they treated people as they would treat a family member, providing person centred care which took account of people's wishes and needs.
- We observed staff and people together. Staff supported people well and showed they cared about people. It was evident people were comfortable chatting and joking with the staff.
- The provider told us the principles of fairness, respect, equality and autonomy were central to the way the service and staff worked. We saw the values of potential staff were checked as part of the staff recruitment process.
- Relatives told us they were always made to feel welcome and one relative told us they and their spouse were able to spend Christmas day at the home and joined in with the activities and meal.

Supporting people to express their views and be involved in making decisions about their care

- People said they were consulted about their care. For example, one person said the staff asked them what they wanted and they had agreed to their care.
- Staff said they consulted people about their care and sought their agreement.
- People's assessments and care plans showed they were involved in decisions about how they were supported.

Respecting and promoting people's privacy, dignity and independence

- People said the staff helped them to develop and maintain their independence, such as in supporting them to go out, to complete tasks with staff support and in choosing how they spent their time.
- Care plans included reference to areas of personal care where people were independent and wished to complete tasks for themselves.
- People and their relatives said staff promoted people's privacy. For example, one person said, "They always knock on my door before coming in."
- Staff knew the importance of privacy to people and we observed staff knocked on people's doors and

waited for a reply before entering.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The provider had introduced a new computerised system of recording assessments and care plans. Information had not been fully transferred from the previous system to the new one. The provider acknowledged the information should have been transferred. There were long term care plans which covered a range of needs along with an outcome goal, a description of the care actions and reviews of care needs.
- People received personalised care that was responsive to their needs. People and their relatives said the staff provided responsive care which met people's changing needs. For example, one relative told us the service was good at meeting their relative's changing needs. This relative said of the service, "It's brilliant. The staff are absolutely brilliant."
- We saw people and their relatives were consulted and involved in the assessment of care needs. A relative told us the staff assessed people's needs prior to being admitted to the home. The assessment of people's needs was of a good standard and covered a range of care needs using a number of different assessment tools.
- A range of activities were provided for people, such as quizzes, entertainment from external providers, coffee mornings and themed evenings with food such as a Mexican night.
- People confirmed they enjoyed the activities and were able to make suggestions about what they would like to do.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans, for example, in the use of glasses and hearing aids. The provider told us information could be provided to people and visitors in different formats if needed in order to communicate effectively.

Improving care quality in response to complaints or concerns

- People's complaints and concerns were listened to and responded to, to improve the quality of care.
- People said they knew what to do if they had a complaint. For example, one person said they would pass any concerns to their next of kin who in turn told us they had a copy of the complaints procedure.
- There was complaints policy with timescales for responding to any concerns raised. There was an audit of the complaints process by the area manager.
- The provider informed us of one complaint which was made in the last 12 months and how the registered manager had resolved this with the complainant.

End of life care and support

- There were no people in receipt of end of life care at the time of the inspection

- People's preferred future arrangements regarding end of life care were recorded in their care plan.

# 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. Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was not consistently managed and well-led. The governance framework had identified areas in need of improvement but these had not been fully acted on. These included areas related to the health and safety of people and staff.
- The provider had introduced a new system to computerised records, which did not contain all the information about people's needs, such as their social and preferences. The provider's own audits had identified in October 2018 that care plans were incomplete but this had not been fully rectified at the time of the inspection. We did not find this had a negative impact on outcomes for people.
- In the absence of the registered manager, the provider had difficulty locating records such as those regarding mental capacity. It was not clear what the status was in people's capacity being assessed or whether they were deprived of their liberty.
- There was an audit of people who were subject to Deprivation of Liberty Safeguards (DoLS) on 31 October 2018 which found the DoLS conditions were being met. The provider's audit had not identified whether capacity assessments were required for some people or whether a DoLS was needed.
- The provider had a system of audits and checks on various aspects of the home's performance such as medicines procedures and the environment. We saw health and safety audit carried out on 5 July 2018 identified risk assessments were not up to date. At this inspection this was still found to be the case, indicating a lack of management oversight.
- Recommendations made by the fire and rescue service more than a year ago had not been fully acted on and the provider had failed to monitor and follow this up.

The provider had not ensured there were adequate systems to assess, monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people and others. Accurate and contemporaneous records were not always maintained regarding people's care. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider was aware of the duty of candour policy and the need to be open and transparent when dealing with any complaints or concerns.



- Staff told us they could raise any concerns and contributed to decisions about people's ongoing care needs
- Staff said they worked well as a team and there were good communication channels between the management team and care staff
- There was a system of delegation so a member of staff with responsibility for coordinating care was on duty at all times.
- The service promoted person-centred care, which was demonstrated by the staff who treated people as individuals who they valued and respected. This was also confirmed by people and their relatives.
- A local authority commissioning officer said the service was monitored as part of its contracting arrangements and this confirmed the local authority were satisfied with the performance of the service.

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

- The provider informed us quality assurance survey questionnaires were used to obtain the views of people and their relatives about the standard of care. People and their relatives confirmed they had completed survey questionnaires. However, in the absence of the registered manager, the provider was not able to locate any of the survey results.
- People could express their views about the home at residents' meetings. These were recorded and showed people made suggestions about food and activities which were implemented.
- Relatives and people said there was good communication with the staff and provider. For example, a relative said they were kept up to date with any relevant information and said the staff and registered manager were receptive when approached.
- Staff told us they could raise concerns or issues at the staff meetings. Staff said their views were listened to and acted on and gave an example of additional staffing being provided because of these meetings. Records of these meetings showed staff could raise agenda items which showed the provider had an open culture by engaging well with staff.
- The provider provided people and visitors with up to date information about the service. There was a notice board in the hall with information about the home. This included activities.
- The rating given at the last inspection and a copy of the last CQC inspection report were on display in the hall.

Continuous learning and improving care

- Accidents and incidents were reviewed and recorded. Staff told us these were discussed at staff shift handover meetings and at staff meetings so they had up to date information on meeting people's care needs.
- The staff meetings also included agenda items where staff could share and reflect their experiences and suggest improvements.
- The provider had a continuous improvement plan with action plans for making changes. This had identified the risk assessments needed updating. There were plans to enhance staff skills and expertise.

Working in partnership with others

- The provider worked well with other organisations. This included the local authority and health services
- The local authority commissioners had assessed the provider at its own audit visits and did not have any concerns about the performance of the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had always assessed the risks to the health and safety of service users and had not acted to mitigate these risks.</p> <p>The provider had not ensured fire safety equipment was tested as required and had not followed the fire and rescue service's recommendations regarding fire safety in the home. Regulation 12 (1) (2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's system to assess, monitor and improve the quality of the services had not identified and made improvements where needed. This included fire safety in the home, risk assessments for people and compliance with the Mental Capacity Act 2005.</p> <p>Accurate and contemporaneous records were not always maintained for service users. Regulation 17 (1) (2)</p>