

Trees Park (East Ham) 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?		Requires improvement	

Overall summary

Manor Farm is a residential and nursing home which provides nursing and personal care for up to 81 older people. At the time of this inspection there were 54 people using the service. The top floor of the home is for people requiring residential care, the middle floor is for people with dementia and the ground floor is for people with nursing needs.

We last inspected the home on 15, 16 and 17 September 2014. During this inspection we found breaches of three regulations. The provider had not ensured that there was enough equipment to promote the comfort,

independence and safety of people using the service. There was also not enough qualified, skilled and experienced staff to meet people's needs. The provider did not have an effective system in place to monitor call-bell response times, the performance of staff working at weekends or during the night and we saw no evidence that the provider carried out their own monitoring checks of the service.

We carried out this unannounced inspection on 28, 29 May, 3, 4 and 5 June 2015.

Summary of findings

During the inspection we found people consistently received their medicines safely and as prescribed. There were systems to check and maintain the safety and suitability of equipment and the premises and these checks were up-to-date. Staff were knowledgeable about the procedures relating to safeguarding and whistleblowing. Safe recruitment checks were carried out and there were adequate numbers of staff to meet people's needs.

Some people thought staff were caring and things had improved since the current manager took up their post. Staff respected people's privacy and dignity and enabled people to maintain their independence.

Staff received regular opportunities for training. The manager was aware of their responsibilities around legislation regarding people's mental capacity. Staff were knowledgeable about the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. MCA is legislation protecting people who are unable to make decisions for themselves and DoLS apply to people where the state has decided their liberty could be deprived in their own best interests to ensure their safety and welfare.

People had a choice of nutritional food and drink and were able to make choices from the menu or ask for alternatives. Staff were aware of people's dietary requirements. People had access to healthcare professionals as required to meet their day-to-day health needs.

We saw there were group and individual activities on offer to ensure people had their social and emotional needs met. These included activities outside the home. People's care plans were person-centred and staff were aware of people's individual needs and preferences. Staff felt able to raise concerns with the managers. People knew how to make a complaint and these were dealt with appropriately.

At the time of our inspection there was no registered manager at this home. 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. The previous registered manager had left employment in April 2013. Since this date there have been three managers in post who did not become registered. A new manager was due to start employment in June 2015.

The provider had systems in place to monitor the quality of care and support in the home and to obtain feedback from people using the service and their representatives. Staff told us they felt supported and had regular supervision and appraisals.

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 enough qualified, skilled and experienced staff to meet people's needs and safe recruitment checks were made. The premises and equipment were maintained to an adequate standard to ensure that people using them were kept safe.

Staff were knowledgeable about how to report concerns or abuse under safeguarding or whistleblowing. The home had systems to manage the storage, administration and recording of medicines to ensure people received their medicines safely.

The home had an emergency plan which staff were knowledgeable about.

Good



Is the service effective?

The service was effective. People were given choices of suitable and nutritious food and drink to protect them from the risks of inadequate nutrition and dehydration.

The manager was knowledgeable about mental capacity and deprivation of liberty. People received care from staff who were skilled and trained to deliver care.

The home worked together with other health professionals to ensure people received care appropriate to their needs.

Good



Is the service caring?

The service was caring. Staff had developed good positive relationships with people.

Each person had a named nurse and a named senior care worker who were responsible for overseeing the care they received. The home had a 'resident of the day' system where each person using the service was made to feel special one day a month.

Staff demonstrated how they offered people choices and helped them to maintain independence. The home had a dignity in care policy and staff were knowledgeable about maintaining people's dignity.

Good



Is the service responsive?

The service was responsive. Staff were knowledgeable about giving person-centred care. People and their family members were involved in decision-making and developing their care plan.

There were activities on offer which people could take part in within the home, out in the community, individually or as a group.

Good



Summary of findings

The manager responded to any concerns, issues or complaints that were raised by staff, people using the service or their representatives.

Is the service well-led?

The service was not consistently well-led. There was no registered manager in post at the time of inspection.

There were regular meetings for staff, people using the service and their representatives. The provider had a system in place to assess and monitor the quality of care provided. People and their representatives were asked to give their views on the quality of service provided. Family members felt the home had improved since the current manager had taken up the post.

Staff felt able to raise concerns with the manager and had regular supervisions and appraisals.

Requires improvement



Manor Farm Care 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 28, 29 May, 3, 4 and 5 June and was unannounced. The inspection was carried out by one inspector and an expert-by-experience on the first day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience of caring for an older person with dementia. On the second inspection day, one inspector was supported by a specialist nurse inspector. The other inspection days were carried out by one inspector.

Before the inspection we reviewed notifications received at the Care Quality Commission (CQC) since the last inspection. We usually ask the provider to complete a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, on this occasion, the provider was not asked to complete a PIR so we obtained the information during the inspection instead.

During the inspection we observed care and support in communal areas, spoke with people in private and looked at care and management records. 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 speak with us. We reviewed 6 staff files and 7 people's care records. We also reviewed training, quality assurance, maintenance records and looked at staff rotas and policies. We spoke with 20 people who used the service, 15 family members, 11 staff members and the manager.

Is the service safe?

Our findings

At the last inspection we found breaches to the regulations relating to staffing and the safety and suitability of equipment. The provider sent us an action plan stating the steps they would take to address these issues. At this inspection, we found that the provider had taken appropriate action to meet these legal requirements.

Previously, we found there were not enough permanent staff available to meet people's needs. At this inspection staff generally thought there were enough staff on duty and they were able to take breaks to ensure they worked in a safe way. However one member of staff told us there were "Enough staff [but] don't get proper breaks." Two family members told us there was not always enough experienced staff on duty.

The manager and home administrator told us there had been a recent recruitment drive and they had only one vacancy for a nurse. The provider had a pool of bank staff who could be approached to cover staff absences. We reviewed the rota on each floor and saw there were adequate numbers of staff available during the day and night to keep people safe and there was always a senior member of staff on duty. We saw people had a dependency assessment within their care plan which was reviewed every month. The manager told us the information from the dependency rating was used to inform the provider about the level of need within the home and influence staffing ratios. During our inspection we observed that people did not have to wait too long for assistance.

Safe recruitment checks were made. We looked at the recruitment records for six staff and found that all pre-employment checks had been carried out as required. Staff had produced evidence of identification, had completed application forms with any gaps in employment explained, had a disclosure and barring service (DBS) check, and where appropriate there was confirmation that that the person was legally entitled to work in the UK.

At the last inspection, we found there was not enough equipment to promote the comfort, independence and safety of people who used the service. At this inspection we found the home had purchased one extra standing hoist and an additional full body hoist. Staff we spoke with

confirmed there was now enough hoisting equipment which meant that people did not have to wait too long for assistance with transfers. We saw the hoists and slings had been inspected on 17/12/2014.

At the last inspection we found the laundry facilities were insufficient to meet people's needs and there was a backlog of dirty laundry to be washed. During this inspection, one relative told us, "The laundry has improved." We saw the laundry facilities had not changed but noted there was no backlog of laundry this time. We discussed this with the manager who explained the laundry was now better managed partly because they had employed an extra laundry person and partly because the occupancy of the home had reduced.

The maintenance person told us they carried out weekly and monthly maintenance checks to ensure the building and facilities were safe for people to use. We reviewed the maintenance records and saw the weekly checks of bed rails, pressure mattresses, water temperatures and toilet flushes were up to date. We saw the monthly maintenance checks were also up to date and included checking the fire doors and fire extinguishers and the general safety of the building. There was a maintenance book on each floor and at the reception area where staff or family members could record repairs and the maintenance person signed each one when completed.

We saw the fire alarm equipment was serviced on 09/02/2015 and the building's lifts were serviced on 04/03/2015. Records showed the building's electrical five year inspection was carried out and the gas system had been serviced. We also saw records that the boiler had been serviced and portable electrical appliances had been tested.

Staff were able to give detailed information about what abuse was and how to respond appropriately. For example one member of staff told us they would "Report and record it, tell the senior who reports to the manager who [liaises with] the local authority safeguarding." Another staff member told us whistleblowing is "If you suspect your colleague is doing something wrong, you must report to your supervisor, your manager, safeguarding team or CQC."

The provider had a safeguarding policy in place which described the types of abuse, recognising abuse and reporting abuse. There was also a whistleblowing policy which was on display on the noticeboard and gave

Is the service safe?

guidance to staff on raising concerns and detailed the process to be followed. We reviewed the training matrix and found that staff were up to date with safeguarding and whistleblowing training and staff we spoke with confirmed this.

During this inspection we reviewed the storage, management and administration of medicines on each of the three floors. The home had a comprehensive medicines policy which gave guidance to staff on the safe management of medicines. We found there were systems in place to ensure that people consistently received their medicines safely and as prescribed. Medicines requiring cool storage were stored appropriately and records showed they were kept at the correct temperature and so would be safe to use. Controlled drugs were stored appropriately and were signed by two staff when administered. We saw there were appropriate arrangements for the receipt and disposal of medicines.

As part of this inspection we looked at the medicine administration records for all people living in the home. We saw appropriate arrangements were in place for recording the administration of medicines. These records were clear

and fully completed. The records showed people were getting their medicines as prescribed and any reasons for not giving people their medicines were recorded. Where medicines were prescribed to be given 'only when needed' or where they were to be used only under specific circumstances, individual 'when required' protocols were in place. The protocols gave administration guidance to inform staff about when these medicines should and should not be given. This ensured people were given their medicines when required and in a safe and consistent way.

We saw the home had a business continuity plan which was reviewed in November 2014 and gave guidelines to staff on how to deal with foreseeable emergencies with contact telephone numbers. Staff we spoke with were aware of this plan and were able to tell us what they would do in emergency situations. For example, one member of staff gave an example of what they would do if they found someone had fallen to the floor, they would "Call the Senior, shout for help, cannot move resident because you might cause more damage, stay by [the person's] side, calm them down."

Is the service effective?

Our findings

The manager and staff demonstrated they understood the Mental Capacity Act 2005 (MCA), associated codes of practice and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived. The manager understood the importance of identifying people whose liberty needs to be deprived. At the time of this inspection there were DoLS in place for 15 people.

Staff told us they had received training in MCA and DoLS and one staff member told us “DoLS is for people who are not able to make decisions on their own.” We saw that staff obtained people’s consent before carrying out any aspect of care. One staff member told us they “Always ask consent, have to respect if they say no, we encourage them but respect their decision.”

Two family members told us the food was better and one said “Food has improved, menus have settled.” People told us “The food is not marvellous, but it’s alright. Can’t grumble” and “The food is not too bad. It varies.” One person told us “When [the food] comes its horrible, all the lunches are horrible” but another person said the kitchen would prepare something different if they asked for it and “They’ll make anything if they’ve got the ingredients.”

People were provided with a choice of suitable and nutritious food and drink. We saw the kitchen was well stocked with food which was stored safely and appropriately to prevent people being at risk from unsafe food handling. Staff told us people chose from the menu every day and if a person did not like what was on the menu an alternative was provided. We saw examples of the menu which gave a choice of two main courses and two desserts. The chef explained that care staff wrote people’s choices in the menu book the day before and if food requested was not available, this was ordered so the person could have it the following day. People who were on special diets were listed in the menu folder and we saw vegetarian options were on offer.

We observed people who needed support to eat were given adequate time to eat at a pace that suited them and

people chose where they wanted to eat their lunch. Throughout the day people were offered drinks at regular intervals. Records documented people’s food preferences and individual dietary requirements.

Staff we spoke with demonstrated an understanding of the needs of people at risk of malnutrition and were observed to provide people with one to one support with eating and drinking where required. Care files contained risk assessments for the risk of malnutrition. Records showed that Malnutrition Universal Screening Tools (MUST) were completed on a monthly basis to identify if people were at risk of malnutrition and ensure their weights were within healthy limits. People were weighed regularly to ensure weight loss or weight gain was monitored and where there were concerns about people’s weight, they were weighed weekly. We saw food and fluid charts were completed for people and were up-to-date. Staff were aware of people who required thickened fluids and soft food.

Care records showed input from health and social care professionals including optician, audiologist, mental health team, occupational therapist and palliative care nurse. We saw the GP visited the home for a regular session each week. The home had a good working relationship with the supplying pharmacist who visited the home when needed. The manager told us they were utilising the Newham rapid response team as a way to avoid unnecessary hospital admissions.

Staff confirmed they had regular opportunities for training and skill development and we saw during our visit, training sessions being held in moving and handling and medicines management. We saw new staff completed a two day induction and spent three days shadowing experienced staff. Staff had received appropriate training in the core areas of care. The home also had a buddy system where new staff were given support from one or two experienced staff for a twelve week period. We reviewed the training matrix which was colour coded to show the date people had attended face to face training and the stage they were at completing e-learning. The training staff had completed included fire safety, health and safety, first aid, dementia and palliative care.

Is the service caring?

Our findings

Some people told us they thought staff were caring. For example, people said, “They look after me well. I’ve got no complaints. All of them are kind”, “We’re very well looked after” and “They are very loving and very caring, to the best of their ability.” One person told us “This is the best place that I’ve been to” and “I’ve liked it since I’ve been here” but also said “You have some carers that aren’t up to much.” Another person said when we asked if staff were kind and caring “Some are, some aren’t. You have to settle down with what they are.”

One family member told us staff were caring and “The care is number one” and another family member said “I think they look after my [relative] very well.” Two family members told us “In general we are very happy, you can talk to the staff and we have good relationships with them. It was difficult for my [relative] when she first came here but now she has settled.” We reviewed the most recent 20 comments written by visitors in a book kept near the front door which were all complimenting the home on the care given by staff, the friendly atmosphere, the cleanliness of the home and the improvement in the food.

The manager told us that staff were able to develop positive caring relationships with people because they used a matching process when allocating a nurse or a keyworker to oversee a person’s care. Senior care workers told us that they had a keyworker role to people which meant they were responsible for updating that person’s care plan, keeping their room tidy and purchasing toiletries for them. Each person had a named nurse who was responsible for overseeing their medical care and arranging appointments with health professionals. The home had a

‘resident of the day’ system. The manager and staff explained that once a month each person had their care plan updated, their room was cleaned, they had a one to one activity and a special meal of their choice.

Staff we spoke with told us how they developed positive caring relationships with people using the service. One staff member explained they got to know new people moving into the home by “Introduce yourself, reassure and make them comfortable.” Another staff member told us they were able to get to know people because they had “Time to talk to people.” We spent time observing care practices in the communal areas of the home. Throughout the inspection we saw staff knelt or sat down when talking with people so they were at the same level. Staff took the time to speak with people as they supported them.

The home had a dignity in care policy which was comprehensive and staff confirmed they had read this. Staff told us when they support people with personal care they “Ensure door and curtains are closed”, and they use a “Friendly approach, talk to them and explain what I’m going to do.” However we observed staff did not always knock on people’s doors before entering their room.

We asked staff how they ensured people had choice and maintained their independence. Staff gave detailed examples of how they offered choices and encouraged people to do tasks for themselves. For example, one staff member said they “Make things available to [people] to make a choice; give them a choice of clothes so they can choose colour.” Another staff member said they “Encourage [people] to walk and dress or feed themselves.”

We saw that ‘Do not attempt resuscitation’ (DNAR) forms had been completed to show that either the person or their family had been involved in the decision.

Is the service responsive?

Our findings

Some people felt there were not enough activities. Other people told us there was an activity programme which we saw evidence of. During our visit we observed a sing along session, a bingo session and people enjoying the sun in the garden. On one of the inspection days the activity co-ordinator arranged an afternoon trip to a local pub. One person told us they got a paper every day and had knitting in their room. This person said they were always asked if they wanted to participate in other activities. Another person told us the activity co-ordinator “Is supposed to be doing the entertainment but has only been doing it three weeks. We were out in the garden yesterday.” A family member told us there had been a trip to a Chinese restaurant a few weeks ago.

The manager explained there were two activities co-ordinators, one who worked during the week and one who worked at the weekend and there was also a vacant post which they were recruiting to. We spoke with the activities co-ordinator who worked during the week who explained that they had only taken up the post recently. The activities on offer included artwork, music, nail bar, reminiscence, storytelling and day trips to a café or shopping. The activities co-ordinator told us that jewellery-making materials and a darts game had been ordered. We saw the activities cupboard which was stocked with games and arts and crafts materials. The activities co-ordinator also told us they were working with people on creating memory boxes to have outside their room.

We reviewed people’s care files and saw care plans were comprehensive and were written in a person-centred way focussing on individual needs. Care files included people’s details, an assessment of people’s abilities, personal care needs and health needs, correspondence and daily notes. We saw from the care files that people and their family had been involved in developing their care plan and decision-making.

Staff had an understanding about person-centred care. One member of staff told us person-centred care was when you “Put the person in the centre, consider needs, wants, choices.” Another member of staff explained that people “Have different care needs and you give care the way they want it.”

People and their family members told us they knew how to make a complaint. However one person told us “We don’t have to bother about [making complaints], we all get on very well.” The home had a comprehensive complaints policy which was available in an accessible format. We saw that complaints were responded to within the timescales laid out in the complaints policy.

We reviewed the complaints log and saw they showed an outcome letter was sent to the person making the complaint and action taken was documented. For example, we saw that a family member had complained that her relative’s drinks were made too thick. The manager apologised by letter and spoke to staff about the procedure for thickening this person’s drinks.

Is the service well-led?

Our findings

We found the service was not consistently well-led. There was not a registered manager in post at the time of inspection. The most recent registered manager had left their post in 2013. This was a breach of regulation 5 of The Care Quality Commission (Registration) Regulations 2009. A new manager had been recruited and applied for registration in July 2014 but left their post in October 2014 before the registration process could be completed. The current manager took up their post in December 2014 and told us they had not submitted an application for registration because they had decided to leave the post and were working their notice period. The regional manager told us a new manager was due to start employment on 15/06/2015.

Family members and staff told us they felt able to raise concerns or issues with the manager. One staff member told us the manager "Is good, she wants things done. She's my kind of person." Another staff member said since the current manager had come "A lot of things has changed. We are all working together to improve." One family member told us that things had "Improved since the change of manager." Another family member told us they "Are always happy" with the manager.

At the last inspection we found the provider did not have an effective system in place to regularly assess and monitor the quality of service provided. During this inspection, we observed call bells were answered promptly. We saw the manager was now able to obtain print-outs for individual call-bells to check how long it took staff to respond over a period of time. The manager explained that they chose rooms randomly when deciding which ones to check.

Records showed the operations manager and the regional manager visited the home separately every week. The regional manager also carried out a monthly audit of the service. We reviewed the last audit carried out by the regional manager on 26/05/2015 and saw it was noted that urgent medicines auditing training was needed for nursing staff due to discrepancies in the counting of medicines in stock. Nurses attended this training during our inspection.

We saw evidence the manager often worked late in the evenings or at the weekends. The manager explained they were able to monitor the performance of staff at these times and be available to family members who could not visit during the day. Family members confirmed that this was the case. The manager carried out random night visits to monitor the performance of night staff. We reviewed the night visit form completed by the manager on 09/02/2015 and saw there were no issues identified.

People who used the service and their representatives were asked for their views about their care and treatment. A letter was sent to family members in 2014 asking for their views on the care their relative received. We saw that family members had asked for the middle floor to be refurbished. At this inspection we saw the provider had taken action and the middle floor had been redecorated. The manager told us that a survey had been carried out by the provider this year and they were waiting for the results to be collated by head office.

The provider had a system of holding staff meetings every month which consisted of a general staff meeting and separate meetings for different groups of staff. We reviewed the record of the care workers meeting held on 31/05/2015 and saw the topics discussed included roles and responsibilities, dignity, safeguarding and health and safety. Records showed that staff had supervision every two months and annual appraisals. We saw that topics discussed included training needs, care of people and keyworking responsibilities.

There were also regular meetings for people using the service and their representatives. We saw the record of a meeting held for people at the home on 31/03/2015 and for a meeting held for family members on 27/02/2015 and saw the topics included menus, care, housekeeping and laundry. Records showed the provider held a meeting for people living in the home on each floor once a month and for family members who had relatives on each floor every three months. Meetings were held for everybody on all floors twice a year.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 5 (Registration) Regulations 2009 Registered manager condition

There was not a registered manager in place and this is a condition of the provider's registration in respect of carrying out the regulated activity. Regulation 5 (1).