The Drive Care Homes Limited

Manor Farm

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

Summary of findings

Overall summary

This inspection took place on 7 March 2016 and was unannounced. At our previous inspection in May 2014, we found the provider was meeting the regulations in relation to all the outcomes we inspected.

Manor Farm provides accommodation and residential care for 17 older people. At the time of our inspection the home was providing support to 11 people. The home had a registered manager in post. 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.

Systems were in place to protected people from the risk of abuse because staff had received appropriate support and training. This enabled them to identify the possibility of abuse and take appropriate actions to report and escalate concerns. Risks were assessed and managed appropriately. Risk assessments were person centred, detailed and responsive to people's needs. There were systems in place to monitor the safety of the environment and equipment used within the home. There were arrangements in place to deal with emergencies.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff were employed ensuring people were supported by staff that were suitable for their role. There were processes in place to ensure new staff were inducted into the home appropriately and staff received regular training, supervision and annual appraisals. Staff were aware of the importance of gaining consent for the support they offered people. The registered manager and staff were able to demonstrate their understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation.

People were supported to maintain good health and had access to a range of health and social care professionals when required. People's nutritional needs and preferences were met. Medicines were managed, stored and administered safely.

Staff demonstrated a good understanding of the needs of the people they supported and could describe peoples' preferences as to how they liked to be supported. Staff spoke with and treated people in a respectful and caring manner and interactions between people, their relatives and staff were relaxed and friendly. The atmosphere in the home was open, friendly and welcoming. People felt that the registered manager and staff were approachable.

People received care and treatment in accordance with their identified needs and wishes. Care plans documented information about people's personal history, choices and preferences, preferred activities and people's ability to communicate. Staff respected people's privacy and dignity. People and their relatives were made welcome in the home. People were supported to engage in a range of activities that met their needs and reflected their interests.

There were systems and processes in place to monitor and evaluate the quality of the service provided. The management of the home's records were maintained to a good standard. We found the records we inspected were clear and easily accessible. There was a complaints policy and procedure in place and information on how to make a complaint was on display in the reception area of the home so it was accessible to all.

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.

There were policies and procedures in place to enable the safeguarding of adults from the risk of abuse. Staff had received appropriate support and training.

There were safe recruitment practices in place and staffing levels were appropriate to meet people's needs.

The administration of medicines was managed safely.

Is the service effective?

Good

The service was effective.

Staff had received the training they needed to ensure people's needs were met effectively. Staff were given regular supervision and support.

People received appropriate support to meet their healthcare needs. Staff liaised with GPs and other professionals to make sure people's care and treatment needs were met in a timely way.

People received an appropriate individual and varied diet.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and were very complimentary about the care and support staff provided.

People's rights to privacy and dignity were respected and staff were patient and interacted well with people.

Staff were aware of people's individual needs, backgrounds and personalities.

Is the service responsive?

Good

The service was responsive.

People received care and support in accordance to their identified needs and wishes.

People were supported to engage in a range of activities if they wished to.

There was a complaints policy and procedure in place and people were provided with information on how to make a complaint.

Is the service well-led?

Good

The service was well led.

The service had a registered manager in post.

The atmosphere in the home was open, friendly and welcoming

Staff received regular supervision and support and were aware of their responsibility to share any concerns that they had.

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 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 7 March 2016 and was unannounced. It was carried out by one inspector.

Before we visited the service we reviewed the information we held about it. We reviewed the information we held about concerns or complaints and received feedback from the local authority's quality monitoring team.

During the inspection we spoke to three people using the service, three members of staff as well as a team leader and the registered manager of the home. We also spoke with a family member of a person living at the home.

We reviewed records associated with the care of people, this included medicines records. We checked recruitment records for three staff and training records for the staff team. We also reviewed records associated with the safety, quality and management of the service.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe living in the home. People told us that they felt safe because staff were kind and supportive. One person told us, "All the staff are very nice, they come when you call." Another person said, "You can talk to any of the staff if you have a problem, or I can talk to the team leader."

We spoke with a relative who visited every day, they told us, "I have every confidence that they tell me what is going on, and are very quick to let me know of anything significant."

There were systems in place to protect people from abuse, staff had received support and training which enabled them to identify the signs of abuse and deal with any concerns appropriately. Staff we spoke to were able to describe different types of abuse and tell us what they would do if they had any concerns. Staff told us that they were confident that the registered manager or team leader would deal with concerns properly. One member of staff said, "I feel very confident that I can go to the managers if there was a problem." Another member of staff told us, "If someone was doing something wrong, you would report them to [registered manager] or [team leader]."

We looked at the provider's policies and procedures in place for the safeguarding of adults at risk of abuse. We saw that there was information containing the local authorities' safeguarding team. The manager told us that safeguarding training was updated every year for all staff and discussed at every supervision. Staff were required to achieve an 85% pass mark, any questions answered incorrectly were discussed in a 1:1 session afterwards, this ensured that any potential gaps in knowledge or skill were identified and addressed. When we spoke to staff about safeguarding, they told us that they knew about whistle blowing, and that they could talk to the Care Quality Commission if the needed too.

We saw that care plans and risk assessments were individualised. Levels of risk had been identified as high, medium or low and measures to reduce any risks had been implemented. For example we saw that one person who had recently had a decline in their mobility moved rooms to a ground floor bedroom, as they were at risk of not being able to leave the building via the stairs in the event of a fire. This was done with their agreement. Accidents and incidents involving peoples' safety and for staff were recorded, managed and acted on appropriately. We looked at those recorded and saw that where staff had identified concerns they had taken appropriate action to address them so as to minimise the reoccurrence of risks.

People had detailed individual evacuation plans in place which detailed the support they needed to evacuate the building in the event of a fire, with copies of these kept in grab and go packs around the home. This ensured that essential information to keep people safe was easily accessible. Staff we spoke with knew what to do in the event of a fire and who to contact. We saw from the records that regular fire alarm tests and evacuation drills were included. The home received an annual visit from the local fire safety officer and completed a risk assessment for the home in conjunction with them. The home had arrangements with the local church hall to be opened at any point during the day or night as a place of shelter should people need

to leave the building in an emergency.

There were systems in place to monitor the safety of the environment and equipment used within the home thereby minimising risks to people. We saw certificated evidence that showed equipment was routinely serviced and maintenance checks were carried out. Hoists, gas appliances, electrical appliances, legionella testing and fire equipment tests and maintenance were routinely maintained and serviced.

On the day of the inspection we saw that there were staffing levels that enabled people's needs to be met. Staff told us that staffing levels were appropriate to meet people's needs. We looked at staffing rota's which evidenced this. The manager told us that all staff at the home were multi skilled, that meant that housekeeping staff and kitchen staff were skilled and experienced in supporting people with care, and could provide cover in an emergency or if a staff member became ill.

There were safe staff recruitment practices in place and we saw that appropriate recruitment checks were conducted before staff started work. This helped to ensure that people were supported by staff that were deemed as being suitable by the provider for their role. Records we looked at confirmed that pre-employment and criminal records checks were carried out.

We saw that medicines were managed and administered safely. We observed a member of staff administering medicines correctly and safely to people. Staff told us that they had received training for this, and records confirmed this.

We looked at people's medication administration records (MAR), and could see that staff had signed the records correctly. People had an individual medicines profile that detailed allergies. Staff were able to tell us what each medicine was for and any risks or special requirements for administering it, for example people who took Alendronic Acid needing to have this an hour before eating. This meant that people were given medicines appropriately.

We saw that medicines were stored in individual dosset boxes in a secure trolley that was kept in large lockable closet and secured to the wall when not in use. The home had provision for the storage of controlled drugs should they be prescribed, and a lockable medicines fridge was available. Temperatures of the medicines cabinet and fridge were recorded on a daily basis to ensure that medicines were stored at the correct temperature. The home completed an audit of medicine administration and stock levels every month, unused medicines were returned to the pharmacy at the end of each cycle. This meant that medicines were managed safely.

Good

Is the service effective?

Our findings

At this inspection we found that the home ensured people received effective care. One person said, "They have been ever so good to me here." A relation told us, "They cared for my mother really well when she was discharged from hospital and very patient with her when building her back up with food and drink."

We spoke with staff and looked at peoples records. We saw that staff had the knowledge and skills required to meet the needs of people living in the home. Training records evidenced that all staff completed an induction and training programme in areas that the provider considered essential. The training programme included food hygiene, fire safety, manual handling, first aid, administration of medicines, safeguarding adults, health and safety, infection control and the Mental Capacity act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

A member of staff told us that they had completed an induction programme when they started after spending the first week shadowing experienced staff members. They told us that their induction lasted for about six weeks and that they met with their supervisor every two weeks through this period. The home had a detailed and planned induction programme for staff to complete, which started with familiarisation and introduction to people living at the home the and premises, then progressed to understanding of policies and procedures relating to the service finishing with standards expected of staff and the daily routines of people living there.

The registered manager demonstrated a good understanding of the MCA and DoLS. 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).They told us that all of the people living in the home had capacity to make decisions about their own care and treatment. For this reason no DoLS were in place for anybody living in the home at the time of the inspection. Staff told us that they knew about the MCA, one member of staff told us that they had completed training in the MCA recently, and told us that "People here have the capacity to make decisions that are the right choices for them, so we must make sure that we offer choices."

Staff told us that they received supervision every four to six weeks. The supervision of staff is essential in ensuring that staff are confident and competent in their role. Our inspection of staff records evidenced this. The provider had an annual appraisal system in place which staff were required to contribute too. Staff told us that they discussed policies and procedures in supervision sessions to ensure that they understood them and signed a document to this effect.

We saw that people were supported to have a healthy and balanced diet. Dietary needs had been assessed

and people told us that they enjoyed the food, one person said, "The food is great, they don't mind what you ask for." A relative told us, "I visit almost every day, the food always smells and looks really nice, my [family member] can be really fussy with food, but she is really happy with the food there."

During our inspection we observed that people were able to choose whether they ate as part of a group in the dining room or in their own bedroom. People were offered a choice of meals. There was a set meal on offer on a daily basis however, if they did not want this they were able to have an alternative. A person told us, "I don't like fish pie so the cook has made me a beef pie, she makes me whatever I want." We spoke with the cook who told us that they attended the residents meetings every month and asked people if they were enjoying the food and if people would like to make any alterations to the menu. The cook told us that people living at the home usually enjoy a traditional English menu, "But this could change at any time with the arrival of a new resident so I keep an open mind." The cook had extensive experience of catering for specific diets and intolerances, and always kept a stock of peoples known favourite choices such as sausages or pies so people were able to change their minds on a daily basis if they wanted to.

People were supported to access the healthcare they needed. Staff told us that they arranged for transport for people to attend clinics, and accompanied people on these appointments if the person wanted them to do so. During our inspection we observed one person living at the home say to the registered manager that they were not feeling very well. The registered manager asked the person discreetly if they would like them to arrange for the persons GP to visit. We saw that this was arranged without delay and the GP arrived later that morning. The registered manager told us that arrangements were made for a hairdresser, optician and chiropodist to visit as and when required as most people living at the home found accessing resources in the community difficult due to mobility restrictions.

Good

Is the service caring?

Our findings

At this inspection we observed staff speaking with and treating people in a respectful and dignified manner. One person using the service said, "It's very nice here, they come when you call, any problems and you can talk to the staff." Another person told us, "Nothing here needs to improve at all." A relative told us, "There were a number of health concerns for my [family member] when she was discharged from hospital and first went to Manor Farm, staff were really kind and patient throughout this, helping her with her confidence when her speech was affected, they built up her confidence and encouraged her so that she felt comfortable enough to eat in the dining room."

People told us that they were given the care and treatment they needed. They said that staff were responsive to them and asked how they wanted their care to be provided for them. People said that they felt that they were listened to and got what they needed.

We saw that people had an appropriate care plan in place that was regularly reviewed and which included historical information about the person. We saw from the records that people had been involved in planning their own care and were able to choose whether they wanted to be involved in group activities at the home. Those we saw had been signed by people to show they agreed with the content of their care plans.

The records we looked at contained assessments that were completed by people prior to starting their placement which identified what was important to them when receiving care. Risk assessments were reviewed together with peoples care plans on a six monthly basis, unless there was a change in need before this. People had signed to show their agreement with the care plan, where people were unable to write, the registered manger had included on the care plan a statement to say when the care plan had been read and discussed with the person and who was present. We saw that people had risk assessments completed for mobility, falls and personal care.

We saw that staff gave people time and space to do the things they wanted to do and to make their own choices, such as choosing where to sit whilst the refreshments trolley served drinks. They respected people's choice where they said they wanted privacy. Some people preferred to spend time in their own rooms. A member of staff told us they tried to help people remain as independent as possible as well as making sure people's privacy and dignity was respected. For example we saw that when staff were offering people choices of food or drink, that they lowered their voice so that other people could not hear the conversation. Another example we witnessed was where staff knocked on people's doors before entering their rooms. We saw that people's information was kept confidential and secure.

We observed during our inspection that staff were patient and supportive with people when they became confused or found it difficult to communicate. An example of this was when a person living at the home wanted a sauce on their meal, but struggled to remember the name of it. Staff spoke with the person softly and discreetly, reassuring them when they became frustrated, and naming the sauces available. When this did not solve the problem, staff fetched the jars and bottles of various sauces and the person was able to

point to what they wanted.

We observed one person with a visual impairment being served with a meal. The member of staff explained to the person what the meal was and where the different items were placed on the plate using the positions on a clock face, for example, the pie is at 12 o'clock, the broccoli is at 4 o'clock. Choices of hot and cold drinks were offered throughout the day. One person told us "The staff bring me cups of tea all day long."

People had access to appropriate equipment that met their needs and which enabled greater independence. As an example we saw hoists, slings and wheelchairs provided in the home as well as adapted bathing equipment so people could take a bath with minimal support. We saw that people were encourage to personalise their bedrooms and had brought along personal items and furniture. Photographs of people's family and friends were put on the wall by the homes maintenance person, and rooms were redecorated when people moved in.

We observed that people who required help to mobilise were supported by staff who did not rush them, and explained to the person what they were doing, when they were going to touch them and where they were going too, including any potential hazards on the way, such as another person walking towards them.

There was a homely and relaxed atmosphere in the home when we inspected it and we observed that interactions between people, their relatives and staff were positive.

Good

Is the service responsive?

Our findings

People told us that they were involved in planning their care, and those who they wanted to support them with this were included too. A relative told us, "They really have encouraged [family member] to start improving her mobility to keep her independence, we have been quite shocked at how well she has improved."

The care plans we reviewed provided guidance for staff about people's needs and how best to support them whilst promoting choice and independence. We observed examples of this such as people being supported with choosing and getting ready to start eating a meal, followed by staff then checking that the person had what they needed and leaving them to enjoy their food.

Care plans showed people's needs were regularly assessed and reviewed in line with the provider's policy. We saw that where people had decided that they did not want to partake in activities offered, or eat in the dining room, this was documented in their care plan and people had signed to confirm this. People living at the home had a pen portrait detailed in their care plan, this helped staff to know information about a person's life history so that staff could talk to people about what was important to them.

Choices were clearly indicated in care plans such as people's preferred bed times and morning preferences. We saw in one person's plan that they had met with the manager of the home to discuss when they would like to take a medicine that they took once a week an hour before breakfast. Through discussion, they identified that the person did not want to miss out on the social occasion of eating breakfast with her friends, so arranged for staff to wake the person earlier on that day so this could take place.

People and relatives told us that they were supported to engage with activities that they enjoyed. Staff told us that recently two people who had recently moved into the home had suggested some ideas for activities that had proved to be popular with everyone living there including a regular quiz, word association games and parachute games. Some people told us that they would rather not be involved in some of the activities, and they were free to choose not to join in if they wished.

People and their relatives told us that visitors were made welcome to the home and there were no restrictions to visiting. The registered manager told us there were regular social events held where people's relatives and friends were welcomed to join in so they could spend time together. People living at the service gave us an example of this when they told us that on the previous afternoon for Mothering Sunday, a flower arranging session had been arranged so that people and their family members could all partake together. We saw other examples of social events that had been held over the previous year evidenced in photographs and other records.

Staff told us that the home received a regular visit from the local Vicar on Sundays so that people could take holy communion if they wished and that the home recently hosted a Macmillan coffee morning for the local village that was very well attended. Other recent events included an afternoon where the local primary school choir came and performed at the home which people told us they enjoyed.

We saw that there was a complaints policy and procedure in place. People told us that they knew how to make a complaint if they had any concerns. One relative told us, "The managers are brilliant, so approachable, almost like talking to a friend or neighbour, I can go straight to them if I have a concern." Staff told us that they knew what to do if they or anyone else had a complaint, and would talk to the registered manager about it. The registered manager told us that no formal complaints had been received in the past two years. We saw that a copy of the complaints procedure and who to contact was displayed on the notice board with in the home, and this information was also contained in the homes guide that was given to people before they arrived at the home.

Good

Is the service well-led?

Our findings

We saw that there was a happy and relaxed atmosphere at the home during our inspection. One person told us, "Its fine here, really nice." A relative told us, "All the staff make you feel very welcome, they are always nice to all the visitors." A member of staff said, "It's a lovely place to work."

It was clear from our observations, and our discussions with the registered manager, staff, relatives and people who used the service, that the ethos of the home was to ensure people had a happy and enjoyable experience while all their needs were met.

The registered manager said that they had regular team meetings every month, at which keyworkers updated the rest of the team of any changes to people's needs. People living at the home had been allocated a keyworker, their role was to keep records relating to the person up to date and liaise with family members if required. The keyworker is also the lead person to update other staff members about any changes to a person's care at team meetings. We saw minutes from the last four team meetings, we could see that these were well attended, and saw that the agenda covered standing items, for example safeguarding and health and safety, this ensured that areas to ensure the safety of people living or working at the home, were regularly discussed. We reviewed staffing rota's and shift patterns for the home, we saw that working times included 15 minutes of handover time at the beginning and end of each shift to ensure key information was shared.

The registered manager showed us records that demonstrated regular audits of the homes services, policies and procedures were being carried out. This included infection control, finance, health and safety, staff training, medicines administration, fire safety and care plans. The registered manager showed us the accidents and incidents book, occurrences were clearly detailed and action taken.

The registered manager told us that they promoted succession planning and development for staff, this was evidenced by recent investment in the team leader completing the level 5 diploma in leadership for health and social care, which would enable them to apply for registered manager positions. All staff were required to achieve the level 2 diploma in health and social care, and were encouraged to undertake the level 3 diploma following this. The registered manager and team leader told us that they had regular training and development sessions along with other managers working for the same provider and that the organisation promoted a strong ethos of high standards. The registered manager told us that she had regular communication with the chief executive of the company, who visited the home every month.

Staff told us that they had confidence in the management and leadership of the home and that the manager operated "An open door policy." We observed that the registered manager had a good relationship with the people living at the home who responded to them very positively.

The home had a whistle blowing policy, staff told us that they knew how to whistle blow and that they had received training in the importance of this. Supervision records from staff induction periods detailed how this was discussed, and that staff were told that they could contact the Care Quality Commission if they

needed to.