

Care First (UK) Limited

Offmore Farm Residential Home

Inspection report

Offmore Farm Close
Kidderminster
DY10 3HB
Tel: 01562 515189

Date of inspection visit: 7 October 2015
Date of publication: 11/11/2015

Ratings

| | | |
|---------------------------------|------|---|
| Overall rating for this service | Good |  |
| Is the service safe? | Good |  |
| Is the service effective? | Good |  |
| Is the service caring? | Good |  |
| Is the service responsive? | Good |  |
| Is the service well-led? | Good |  |

Overall summary

Offmore Farm Residential Home provides accommodation and personal care for up to 27 older people, some of whom may have a diagnosis of dementia. On the day of our inspection there were 27 people living at the home.

The inspection took place on the 7 October 2015 and was unannounced.

There was a registered manager at this home. A registered manager is a person who has registered with

the Care Quality Commission to manage the service. Registered providers and registered managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives said they had no concerns about the care their family member received. They told us staff were caring and promoted people's independence.

Summary of findings

People told us they were able to maintain important relationships with support from staff. Staff we spoke with demonstrated an awareness and recognition of abuse and systems were in place to guide them in reporting these.

Staff were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them. Staff had up to date knowledge and training to support people.

We saw staff treated people with dignity and respect whilst supporting their needs. Staff knew people well, and took people's preferences into account and respected them. Staff had attended specific training in dementia to support the care they delivered. This gave staff the skills to use different ways to ensure people understood what was happening around them.

The provider had consistently assessed people's ability to make specific decisions about their daily life. For example, if people were able to go outside on their own. Applications had been submitted to the supervisory body so the decision to restrict somebody's liberty was only made by people who had suitable authority to do so.

We saw people had food and drink they enjoyed. People and their relatives said they had choices available to

them, to maintain a healthy diet. People were supported to eat and drink well in a discreet and dignified way. Staff knew people's needs and supported them to manage their risks.

People and their relatives told us they had access to health professionals as soon as they were needed. Relatives said they felt included in planning for the care their relative received and were always kept up to date with any concerns. Staff knew about people's histories and involved people in pastimes that were centred on them as a person.

People were able to see their friends and relatives as they wanted. People and their relatives said that staff supported them because they cared rather than because it was their job.

People and their relatives knew how to raise complaints and felt confident that they would be listened to and action taken to resolve any concerns. The registered manager had arrangements in place to ensure people were listened to and action could be taken if required.

The registered manager promoted a person focused approach to providing care for people living at the home. People who lived at the home and staff were encouraged to be involved in regular meetings to share their views and concerns about the quality of the service. The provider and registered manager had effective systems in place to monitor how the service was provided, to ensure people received quality care.

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 is safe

People were supported by staff who understood how to meet their individual care needs safely. People benefitted from enough staff to meet their care and social needs.

Good



Is the service effective?

The service is effective

People's needs and preferences were met by staff who were well trained. People enjoyed meals and were supported to maintain a healthy, balanced diet which offered them choice and variety. People were confident staff had contacted health care professionals when they were needed to.

Good



Is the service caring?

The service is caring

People were involved in all aspects of how their care was provided. People living at the home and relatives thought the staff were caring and treated them with dignity and respect. People were enabled to maintain important relationships.

Good



Is the service responsive?

The service is responsive

People who lived at the home and relatives felt listened to. They were able to raise any concerns or comments with staff, the management team and these would be resolved satisfactorily. People were supported to make everyday choices and engage in past times they enjoyed.

Good



Is the service well-led?

The service is well-led

People were able to approach the registered manager at any time. People benefitted from the registered manager and staff's approach of focussing on them as individuals. People and their families benefitted from a management team that was focussed on ensuring people received quality care.

Good



Offmore Farm Residential 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 7 October 2015 and was unannounced. The inspection team consisted of one inspector.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury. Before the inspection,

the provider completed a Provider Information Return (PIR). 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.

We spoke with eight people who lived at the home, and six relatives. We looked at how staff supported people throughout the day. As part of our observations 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 talk with us.

We spoke with the registered manager, deputy manager and eight staff. We also spoke to an independent advocate, a community occupational therapist, a community matron and a support worker from the mental health team. We also spoke with the local pharmacist that supports the home to provide medicines. We looked at three records about people's care and three staff files. We also looked at staff rosters, complaint files, minutes of meetings with staff, and people who lived at the home. We looked at quality checks on aspects of the service which the registered manager and provider completed.

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said, "I am never alone, there is always somebody there." Another person said, "I feel safe, there is always help if I need it." Some people we spoke with were not able to tell us if they felt safe. We saw through people's communication with staff and relatives that people were confident and secure. For example we saw people had appeared relaxed and smiled a lot when staff communicated with them.

Relatives we spoke with said they felt their family member was safe. One relative told us, "There is always enough staff and everywhere is really clean." Another said, "[Family member] is always seems happy, it's a weight off our mind, if they didn't like it they wouldn't be here." A further relative told us, "They (staff) are always here when we need them, and they communicate really well with us so we know what's going on with [family member]."

Staff we spoke with were able to tell us how they would ensure people were safe and protected from abuse. They said they would report any concerns to the registered manager and take further action if needed. They could describe what action they would take and were aware that incidents of potential abuse or neglect needed to be reported to the local authority. Staff said they spent time talking with people to get to know them, and they would be aware if a person was in distress or were worried in any way. Procedures were in place to support staff to appropriately report any concerns about people's safety.

Staff said they were able to contribute to the safe care of people by sharing information with their colleagues at handovers. We saw they discussed each person's health and wellbeing at handover. They raised any issues observed which may have required a risk assessment review or follow up on people's physical health needs. For example, we saw a concern raised about a person and the member of staff reviewed their risk assessment to ensure the risk had been assessed and the plan reduced the risk for that person. Staff said immediate concerns would be discussed with the shift lead and they would take action straight away. People had their needs assessed and risks identified. Staff told us about how they followed plans to

reduce these identified risks. For example we saw staff ensuring people used their mobility aids when walking. Staff knew who used which piece of equipment and who needed any extra support.

People and their relatives told us there were always enough staff on duty to meet people's needs. We saw and staff told us there were enough staff on duty to meet the needs of people living at the home. One staff member told us, "It is important to spend time with people, and we always make sure we have that time." We saw people and staff chatting and sitting together in groups. For example, we saw a member of staff talking to one person, prompting them with their knowledge of the person to discuss their past history. We saw through the person's facial expressions, the person enjoyed the discussion. One person told us how they felt about the staff, "We have lots of laughs, we talk together, and it's lovely here." The registered manager told us staffing levels were determined by the level of support needed by people and could be fluctuated to ensure there were enough staff available to meet people's needs. This was assessed as people arrived at the home and then monitored to ensure there were the correct numbers of appropriately skilled staff to meet the needs of the people living at the home.

Newly recruited staff we spoke with said they did not work alone until they had completed the main part of their induction training. They had read all the care plans for people and spent time being introduced to people and shadowed experienced staff. This was to ensure people had time to get to know them and for them to know about the needs of people living at the home. The staff told us the appropriate pre-employment checks had been completed. The registered manager said these checks helped make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

We looked at how people were supported when they needed help to take their medicines. One person said, "I don't have to worry about my tablets." Relatives told us they were confident their family members received the support they needed. All medicines checked showed people received their medicines as prescribed by their doctor. We saw staff supported people to take their medicines; they explained what they were taking and sought consent before they administered them. Staff were trained and assessed to be able to administer medicines

Is the service safe?

and were aware of what to look for as possible side effects of the medicines people were prescribed. Staff told us and we saw suitable storage of medicines. There were suitable disposal arrangements for medicines in place. We spoke with the pharmacist that supported the home to provide medicines for people. They told us that staff at the home followed the necessary procedures and they had no concerns about how the medicines were managed.

Staff told us they knew people well and would be aware if anyone was in pain or discomfort by their facial expression and their body language, if the person was unable to tell them verbally. There was clear guidance in people's care records if they were prescribed any medicines on an 'as and when required' basis from their GP. Staff told us the guidance supported them to know when to administer these medicines for each person as an individual.

Is the service effective?

Our findings

People told us staff knew how to meet their needs. One person said, “All the staff are well trained, they know what they are doing.” Relatives we spoke with said staff knew how to care for their family member. One relative said, “They know [family member] really well.” We saw people were supported by staff that had training and experience in caring for older people living with dementia. The staff we spoke with were able to tell us how they learned to support each person as an individual and used the training they received to help them achieve this. For example, a member of staff told us how the dementia training they had received helped them understand how the people they supported were feeling and how they could help people to feel happier. Staff told us their working practices were assessed to ensure people’s safety and provide effective care. Staff said they were supported to achieve their job related qualifications and they valued this opportunity.

Staff we spoke with said the registered manager always ensured their mandatory training was up to date. This was to ensure they had the skills to effectively support people who lived at the home. They explained how they could request additional training to further their skills and the registered manager would support them. The registered manager said training was provided when possible at the home. Staff told us this gave them the opportunity to attend training easily, and there was usually good attendance. One member of staff said, “I feel my manager will always listen to me if I find any new training that might be useful.” The registered manager told us they would always support staff to attend training they felt was useful to support people living at the home.

Staff explained they understood the importance of ensuring people agreed to the support they provided. All staff had an understanding of how important it was for people to give their consent. They said they would pass on any concerns about people’s ability to make decisions to the registered manager. We looked at how the registered manager protected people who did not have capacity to give their consent. We saw the registered manager had completed this assessment of people’s capacity when it was needed. For example, we saw one person occasionally did not want to take their medicines. The registered

manager assessed this person’s capacity to make this specific decision, and had involved their family and the person’s GP to ensure that decisions were made in the person’s best interest.

We also looked at the Deprivation of Liberty Safeguards (DoLS) which aims to make sure people are looked after in a way that does not inappropriately restrict their freedom. Staff we spoke with understood about the legal requirements for restricting people’s freedom and ensuring people had as few restrictions as possible. The registered manager had submitted DoLS applications and was waiting for further confirmation from the local authority. They understood the process and were aware of how to access any further support.

People said they had choice about the food they ate. One person said, “If I don’t like the food then they (staff) will find me something else to eat.” Another said, “The food is always good, and plenty of it.” We saw staff asked people what they would like to eat shortly before the meal; they took time to explain the choices and describe the meals available. We saw staff offering discreet support when it was needed, and promoting people’s independence as much as possible without the person feeling rushed. We spent time with kitchen staff and they showed us how people’s nutritional requirements were met. They were aware which people had special dietary needs and how they needed to meet them.

Staff we spoke with said people were monitored regularly to ensure they were maintaining a healthy diet with both food and drink. Staff knew who needed extra support. For example we saw one person needed to be encouraged to drink enough fluids. Staff were aware and we saw them regularly prompting the person to have a drink.

People told us they had access to their GP, who visited weekly, and their dentist and optician visited them at the home when needed. One person told us staff always contacted the GP quickly if they were needed. Relatives we spoke with said their family members received support with their health care when they needed it. One relative said, “If there is anything wrong they will tell us every time.” Another told us, “They will always call if [family member] isn’t well.” Staff we spoke with told us the importance they placed on monitoring the health of each person. They said how they used observations and discussion with their

Is the service effective?

peers and senior team to communicate and record any concerns about people's wellbeing. The community matron said that staff would call them if they needed support with anyone living at the home.

We spoke with a community occupational therapist and they said that the registered manager sought advice from them when they needed to. Their experience was that the registered manager knew the people that lived at the home well and was always mindful of their wellbeing.

Is the service caring?

Our findings

People told us staff were caring and kind. One person said, “The staff are really exceptional.” Another person told us, “We all get on really well, people care, we are all good friends. I enjoy life here, it’s just like a big home.” A further person said, “It’s just like home in a good way, everyone is lovely.” We saw consistently caring interactions between staff and people living at the home

Relatives told us they were happy with their family members care. One relative said, “The staff don’t do it for a job, they do it because they want to, you can really see it.” Another relative said about the staff at the home, “They are patient with everyone.”

We noticed that all staff continually engaged with people in a friendly and understanding manner. For example, we saw that a member of staff knelt down beside a person before talking to them about what they wanted to do next. The staff member offered several choices that were linked to their knowledge of the person; the conversation was a shared and enjoyable experience. We saw staff reached out to people when they passed them, either by a friendly word, or by a reassuring gesture for example a gentle touch of the hand.

Staff were patient and caring, treating each person as an individual and maintaining their dignity. For example we saw a member of staff supported one person to eat. The member of staff did this gently, asking, “Would you like some more?” They waited for a response before continuing with supporting the person to eat. The person’s body language showed they felt very comfortable with the member of staff, and we saw a lot of reassuring eye contact between them.

We saw staff respond to the needs of each person as they arose with effective knowledge of that person and in a caring way. We heard staff calling people by their preferred names. Staff said they took time while supporting people to dress to ensure they gave them a choice in what they

wanted to wear. People told us they were supported with their choices in how they looked. We saw that people’s rooms were personalised and people had a choice of different rooms to spend time in.

People and their relatives told us they were treated with dignity and respect. Staff said ensuring people maintained their dignity was very important to them. We saw one member of staff support a person who was distressed. The staff member reassured the person and supported them to another quieter room. Where we saw the person relaxed and was more at ease by their body language and facial expressions.

Relatives told us they were welcome to visit at any time. One relative told us, “I can come any time I want, which is great.” They told us they felt involved and included in the care for their family member and felt welcome to visit the home at any time. This helped people who lived at the home to maintain important relationships.

Staff we spoke with said they were ‘key workers’ for people who lived at the home. Each staff member was a key worker for a small group of people. They said as ‘key workers’, they looked after people’s personal needs and liaised with their families to keep them up to date and pass on appropriate information. They said they acted as an advocate for each person building a trusting relationship so they would know if they were not happy or unwell. Relatives told us they were always kept up to date by staff, and felt they were aware of what was happening to their family member.

Some people who could not easily express their wishes did not have family or friends to support them make decisions about their care. Staff at the home had links to local advocacy services to support people if they required this. We spoke with the advocate and they told us they visited people at the home to ensure the people had an independent voice. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

People told us they were involved in all aspects of their care planning. One person said, “We can say what we want.” Another person told us, “Staff really know me and will only help with what I need.” Relatives said they were included in their family members care and involved in their reviews. We saw in care records that staff recorded as much information as possible about each person living at the home, their interests, history and preferences. This involved people and their families from the start to the present. People told us they stayed for a short time before they decided to live at the home. This gave them a chance to experience the home and meet the staff before deciding to live there. The registered manager told us and we saw that a full assessment was completed before people arrived at the home to ensure they could meet people’s needs. Staff told us they continually added to this information so they knew as much as possible about the person and their history.

We saw staff were familiar with people’s likes and dislikes. For example, we saw a member of staff knew the favourite song for one person and they sung it together. We saw staff knew how to engage people. For example, we heard a staff member at lunchtime ask one person how they were getting on with their word search, and asked another how they were getting on with the meal. One relative told us about an adaptation staff had arranged for their family member that enabled them to watch the television when they wanted to. The relative said, “They (staff) think of everything, they care 24 hours a day.”

One person told us, “I can get up and go to bed when I want.” People said they could choose to spend their day in their room, the shared areas, or go out. People told us they could get up and go to bed when they liked. We saw people were still arriving for breakfast later in the morning on the day of our inspection. People and staff told us this was quite usual as it was up to the person to decide when they wanted to get up. People said, “I am really happy here, it’s a home from home. I can do things when I want to.” One relative told us, “[Family member] always calls here home.”

We saw people chose whether they wanted to engage in organised social events or not. People told us these included arts and craft work, for example making Christmas cards, or visits to a local public house or shops. One person said, “There is always a lot going on, a really nice group of

people and staff.” A community matron told us that when she visited people were always busy doing something. Relatives told us their family member had interesting things to do. We saw people were involved in daily routines, such as laying tables for meals and washing up. People involved in these routines told us they were happy to be doing them and they were involved regularly. One person said, “There is nowhere better than here.”

We saw there was one member of staff that was dedicated to providing activities for people who lived at the home. They worked with each individual to find out the activities they enjoyed to stimulate their memories and promote their abilities. We saw and staff told us they were involved in activities and past times too. For example, we saw several members of staff joining in a sing along with people living at the home. We saw from people’s faces that they were enjoying the experience and there was a lot of laughter and chatting between people and staff.

People told us about the links with the local places of worship and primary school and how important they were to them. We saw that the registered manager had forged links with the community. For example this involved children from a local school and people who lived at the home. People told us about their involvement and how much they enjoyed working with the children.

We saw and staff told us they considered how best to communicate with people living at the home. Staff spent time with people so they could understand what was being said or asked of them. We saw staff using different phrases, clear hand gestures and simple words to help people understand. Staff took the time to ensure people were supported to meet their needs.

People said they would speak to staff about any concerns. One person said, “If I was upset I would talk it over with them (staff) and they would help.” Another person told us, “I have no complaints about staff, or anything.” One person said there were regular meetings with staff to get ideas and hear people’s views, “I am asked what I think and I am always listened to.” Relatives told us they were happy to raise any concerns with either the registered manager or staff. One relative said, “The manager always listens, and all the staff are approachable.” A relative told us about how they had raised an issue and it had been resolved quickly and satisfactorily. The support worker from the mental health team told us that staff were always open for new suggestions and willing to learn. We saw there were

Is the service responsive?

complaints procedures available in accessible formats for people and their relatives. People and their relatives said they felt listened to and were happy to discuss any concerns with any of the staff team at the home.

The registered manager told us they talked to each person individually and had regular meetings which kept people up to date with activities and developments going on at the

home. The registered manager regularly used questionnaires to gain feedback from people, relatives and staff. The feedback was then used to monitor improvements in the quality of care. For example, one comment from the questionnaires was that it was good that staff were not in uniform, this helped give feedback to support the decision for staff not to wear uniforms.

Is the service well-led?

Our findings

People we spoke with knew the registered manager and we saw people enjoyed talking to her. One person said, "Its tip top, tell everyone there is nowhere better than this." Relatives told us they were comfortable with the registered manager and staff at the home. One relative said, "We can come at any time and the atmosphere is always lovely and vibrant."

The registered manager knew all of the people who lived at the home well. They were able to tell us about each individual and what their needs were. We spoke with the deputy manager and they were also very knowledgeable about the people and the staff team they supported. The registered manager told us how important they felt it was to focus on every person and getting the right care for each person as an individual. The registered manager told us, "People need to feel like this is their home and they are free to do as they wish." We saw that this was the culture that was shown through all levels of the staff at the home. This was from what people shared with us and what the staff told us. For example, having a flexible activities plan, people were able to choose what they wanted to do and when they wanted to do it.

Staff told us the registered manager, and senior team were always available when they needed to speak to them. The registered manager said staff could speak directly to them at any time when they were on duty or out of hours on the phone. Staff told us they would raise any concerns with the registered manager or the deputy manager. They said they felt listened to and if they had an idea they could share it with the registered manager and she would listen and try out their idea. For example, the cook told us about trying out a different way of serving the breakfast menu. The registered manager had supported the idea; the cook had implemented it and had positive feedback from people living at the home. People told us that they enjoyed their breakfast more the new way.

Staff told us there were regular staff meetings. They said the registered manager passed on information to the staff team about changes in the running of the home. Staff told us they were asked their opinions and these were accepted. They were asked about any concerns and they were able to voice these and guidance was given as to how to address these effectively. Staff told us that extra guidance was shared at the meetings too, to support their

learning. Staff we spoke with said they felt these meetings were useful and they felt supported. They were aware of the whistle blowing policy and said they would be confident to use it if they needed to

All the staff we spoke with said they had regular one to one time with the registered manager. They said this was very helpful in their development and they could share concerns or ideas and they would be listened to. Staff told us they were completing vocational training and this was supported by the registered manager and the provider. The registered manager had good links with the community teams. For example, the community matron described end of life training they had provided to support staff at the home.

The staff we spoke with said they did feel their work was valued by the provider and the registered manager. One member of staff we spoke with said, "We work as a team. Rarely do we have changes in staff." The registered manager said they had a system to reward staff, "The employee of the month." Staff nominated one person every month and they received a present funded by the provider to reward them. Staff said they felt appreciated by the registered manager and the provider. The registered manager told us that they had few changes in staffing and had no vacancies at the time of our inspection.

The registered manager and management team completed regular audits to monitor how care was provided. For example the registered manager had an overview of accidents and incidents to ensure that trends were spotted and investigated. The registered manager had tried three different ways to involve friends and family in supporting the home, however these had not always been well supported. The registered manager was consulting with friends and family for further ideas to encourage them to be more involved with the home.

The provider regularly visited and monitored how care was provided and how people's safety was protected. For example, the provider looked at how the home could be improved for people living there. We saw the provider looked at an overview of all aspects of care provision, what was going well and what need improving. We saw that the area's identified for improvement had been acted on and were subject to on going monitoring.