

Care First (UK) Limited

# Offmore Farm Residential Home

## Inspection report

Offmore Farm Close  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service; Offmore Farm is a residential care home providing personal care to 28 people aged 65 and over with dementia and/or a physical disability. Offmore Farm accommodates 28 people in one adapted building which is set over three floors. At the time of the inspection 28 people live in the home. .

People's experience of using this service:

Potential risks to people had been identified and people were involved with decisions in how to reduce the risk of harm, however, staff were inconsistent with the support given to people, which was in line with healthcare professionals advice. People's medicines were not consistently administered or stored in a safe way. People continued to tell us they felt safe and well supported by staff. Staff understood safeguarding procedures, however we found that where staff had identified and recorded 'unexplained bruises' they had not escalated these concerns promptly to management team to take appropriate action in a timely way. There were enough staff on duty to keep people safe and meet their needs. Safe practice was carried out to reduce the risk of infection.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People were supported to have a healthy balanced diet and were given food they enjoyed. Staff worked with external healthcare professionals and mostly followed their guidance and advice about how to support people following best practice. Staff had recently received up to date training, however the provider did not have systems in place to test staff knowledge and understanding to gain assurances staff implemented this correctly.

Staff treated people as individuals and respected the choices they made. People's care was delivered in a timely way, and health care professional advice was sought when a person became unwell. People were supported and encouraged to maintain their hobbies and interests. The staff supported people who lived with dementia and engaged people in their individual interests and preferences. People had access to information about how to raise a complaint. Where complaints had been received, the provider had managed these in line with their policy.

The provider did not have established checks in place to gain assurances that the service was safe and effective. We found there were inconsistencies with the care provided, which placed people at potential risk of harm. The provider confirmed to us that an external auditor would be sourced to ensure the service was complying with the regulations and meeting the needs of the people who lived there. The manager had identified shortfalls and was working with the provider and the staff group to implement and embed new practices. The provider listened to people and relatives. Staff felt listened to and valued by the manager, they felt involved in making decisions about their new roles and responsibilities.

The last rating for this service was good (published 24 February 2017).

Why we inspected; This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

We have identified breaches in relation to safe care and treatment and gaining people's consent and the leadership and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up: We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always Well-Led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Offmore Farm Residential Home

## **Detailed findings**

### Background to this inspection

**The inspection:** We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

**Inspection team:** This inspection was carried out by one inspector.

**Service and service type:** Offmore Farm is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager left the service in June 2019, the provider had employed a new manager into the home, who would be applying to be the registered manager.

**Notice of inspection:** This was an unannounced inspection.

**What we did;**

**Before inspection:**

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed evidence we already held about the service. We also checked for feedback we received from members of the public and local authorities. We also checked records held by Companies House.

During inspection:

We spoke with four people who used the service and three relatives.

We spoke with the activities co-ordinator, a domestic staff member and a kitchen staff member, three care staff, two deputy managers, the manager and the provider. We looked at aspects of three people's care records and other records that related to people's care such as medication records, audits and other records about the management of the service.

After inspection:

We spoke with two external healthcare professionals. The provider sent us further information about the actions they had put in place or were implementing.

# Is the service safe?

## Our findings

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

At our last inspection, this key question was rated "Good". At this inspection, we found the provider had deteriorated to "Requires Improvement".

Requires Improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People were mostly receiving their medicines when they should. However, we found that where a person was required to have their medicine covertly they did not always receive their medicines when they should or in a safe way. For example, the provider had not sought pharmacy advice before altering the medicine, nor did the provider ensure staff had clear directions in how to covertly administer the medicine, we saw records which showed the person continued to refuse their medicine.
- The medicines fridge temperatures were monitored however when these were out of the 'safe' range, staff had not taken action to ensure the medicines were still safe and effective for use.

### Assessing risk, safety monitoring and management

- Staff were not consistent with how they managed peoples known risks which potentially put people at risk of harm. Risk assessments did not give clear guidance to staff to ensure these were managed safely. For example, there were no clear risk assessments for how staff administered covert medicine, how much fluid a person needed to keep them healthy, or how a person required their food to be prepared to prevent the risk of choking. When we checked the care plans to understand how staff should be supporting people in line with external healthcare professional's advice, the records did not give staff sufficient information. We showed the care records to the management team, who agreed that the records were not clear.

This is a breach of Regulation 12: Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider sent us information confirming that actions had been taken to ensure medicines were administered and stored safely, that healthcare professional advice had been sought and shared with staff, also that the care records were being written to make information clearer to the staff who supported people.
- Staff recorded information about incidents and accidents. We found that the deputy manager monitored these events to help prevent further occurrences.

### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they continued to be kept safe by the staff who supported them.
- Staff demonstrated an understanding of safeguarding procedures; however, we did see in some care records staff were recording unexplained bruising but had not escalated these concerns at the time they were found. We could see these records were reviewed monthly by the management team where

unexplained bruises were investigated with the findings being as a result of a fall for example.

- The management team took action and reported safeguarding issues where these were identified.

### Staffing

- People and relatives told us there were enough staff on duty to meet their needs in a timely way. Staff were visible in communal areas and supported people to stay safe should they wish to spend time in their own bedrooms.
- Staff told us there were sufficient numbers of staff on duty and that they had time to meet people's needs.
- The manager told us that they had recently reviewed the staffing levels and shift times to ensure these met people's individual support needs and the staff skill mix required to keep people safe.

### Preventing and controlling infection

- People and relatives told us staff kept the home clean and the home was well kept.
- The home was clean and smelt fresh. Staff understood the importance of infection control and we saw good practice within the home.
- Domestic staff had a rota they worked with to ensure each room was thoroughly cleaned regularly. They told us they had the equipment they needed to do their job well.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, this key question was rated "Good". At this inspection we found the rating deteriorated to "Requires Improvement".

Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Management staff had not always completed capacity assessments for people where they felt these were required. Where these had been completed, these were not done in line with the principles of the MCA. For example, where a person was receiving their medicines covertly, a capacity assessment had not been completed to determine if the person lacked capacity to refuse their medicines. Best interest records were not always recorded in line with the MCA legislation.
- We also found deprivation of their liberty applications had been made to the local authority, however, records to demonstrate that these were required, such as capacity assessments and involvement from people's families and advocates had not been considered first.
- The provider sent us further information after our visit to demonstrate that their staff were following the MCA principles, however this further showed that staff were not applying the MCA principles consistently.

This is a breach of Regulation 11: Consent, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience;

- Staff were not aware of best practice nor had they received specific training to support people who required a texture modified diets. Therefore, the provider could not be assured that staff were consistently providing a safe diet to people.

- The provider sent us information after our visit of their plans to put systems in place to support their staff group, through group supervisions and mini-workshops run by external trainers to ensure staff's knowledge and understanding were checked and where necessary provide the staff with further training.
- The manager told us they wanted to develop the staff group and provide them with responsibilities and ownership to different aspects of the service. One staff member told us they had been given the lead role of infection control, they had completed additional training and were keen to take on the role.
- Staff told us they had not always kept up to date with their training but had recently completed many different areas of training. A staff member said, "We've done a lot of online training recently". We could see from records that staff had completed the provider's core training throughout June and July 2019.
- People and visiting relatives told us staff were confident in their approach and had the knowledge and abilities to meet their needs.
- Most staff had worked at Offmore Farm for many years and had been involved in a programme sourced by the provider called, 'dementia matters.' We saw staff had fully embraced this approach and talked to us with passion about how this had helped them understand and support people who lived with dementia. We saw this had a very positive impact for the people who lived with dementia in the home.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People and where appropriate, their relatives, told us they were involved in the assessment of care from the beginning. Relatives told us they felt listened too when staff were learning about the person and their needs.
  - Staff told us that involving and listening to the person and their family meant they got to know the person better and determine whether they would be able to meet their needs.
- Supporting people to eat and drink enough to maintain a balanced diet
- People told us they were given a choice of meals to eat during the day and had access to fresh fruit and snacks if they wanted. People told us they enjoyed the food and the dining experience.
  - We spent time with people during their lunch time meal and saw this was a positive experience for people. Where people required assistance, this was done respectfully.

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

- People told us they saw their doctor if needed or at a weekly round. People said they were supported to attend health appointments, opticians and dental appointments, so they would remain well.
- People told us staff promptly helped them to see their GPs if they were unwell.
- An external healthcare professional told us that staff were good at identifying if people required support from a nurse and followed their guidance around pressure area care and continence care.

# Is the service caring?

## Our findings

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

At the last inspection, this key question was rated "Good". At this inspection we found the rating remained "Good".

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

Ensuring people are well treated and supported; respecting equality and diversity;

- People were complimentary about the service they received. One person said, "I love it here." Relatives we spoke with felt confident in the care and support offered to their family member. One relative said, "I know that [person's name] is happy here." While a further relative told us, "The staff have been wonderful, their all so caring."
- People had the choice in where they wished to spend their time, there was a quiet lounge where we found the atmosphere in the home to be calm and relaxed. There was a further communal area where the atmosphere was lively, people told us they liked the different options of where they chose to spend their time. From listening to conversations between all staff and people it was clear that staff knew people well and what was important to them.

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

- People and where appropriate their relatives, told us they felt comfortable discussing aspects of care with staff and gave examples of changes following conversations.
- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence as much as possible.

Respecting and promoting people's privacy, dignity and independence;

- People told us they were treated in a dignified and respectful way and we saw staff were always respectful towards them.
- Relatives told us their family member were treated well by staff and their privacy was maintained.
- Staff told us they respected the person's privacy by ensuring information about their care and support was only shared with their consent.
- We saw all staff supported people in a dignified way, and respected and promoted their privacy.
- People's confidential information was securely stored, to promote their privacy.

# Is the service responsive?

## Our findings

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

At the last inspection, this key question was rated "Good". At this inspection we found the rating remained "Good".

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and where appropriate their relatives, continued to be involved in the planning of their care from the beginning and their care and support needs continued to be met. We saw staff respected people's wishes, such as when they would like their breakfast, to how they wished to spend their day.
- Staff knew people well and recognised when they were 'not themselves' so that action could be taken.
- While we had found inconsistencies in how staff supported people with some aspects of their care, we did find that in other areas people's care needs were regularly reviewed and any changes were identified through assessments and monitoring, such as skin integrity, continence care and reducing the risk of falls.
- An external healthcare professional told us how they felt staff were timely in contacting them if they had any concerns about the person's well-being.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were supported to maintain their hobbies and interests and enjoyed the activities within the home. Relatives told us they were happy with how staff met their family members individual needs. One relative told us they, "Would never have thought [person's name] would have been able to join in, but I have seen them smiling and laughing". They continued to say, "They [staff] are definitely doing something right."
- Staff recognised people's individual interests, and we saw people were supported to maintain these. Staff told us that the training they had for dementia care had helped to improve how they supported people with dementia. For example, one person enjoyed helping to keep their home clean, and we saw staff had encouraged the person to be involved with cleaning tasks, such as dusting and washing dishes. We saw how staff had taken into consideration people's past employment and equipped people with typewriters, so they could write letters. There was a vibrant atmosphere in the home, we saw people dancing with each other and staff to music, involved in quizzes and group games that we saw people enjoyed. Where some people preferred a quieter day, they had a quiet lounge where we saw people watching television or reading books and newspapers. Staff had taken time to understand people's wishes and had supported people with meeting these. For example, taking a person back to their previous place of work so they could reminisce. We saw these occasions had a positive impact on people's well-being.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication and information needs had been assessed. A range of communication tools and aids were used to support effective communication with individuals and ensure they had information in a way they could understand.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint.
- People and the relative told us they knew how to raise a complaint if they needed to but were very happy with the service provided.
- Where the provider had received complaints, these had been investigated and responded to in line with the providers complaints policy.

End of life care and support

- There was no person receiving end of life care at the time of our visit. Staff spoke of how they had supported people to have a comfortable and dignified death and worked with external healthcare professionals to ensure they had the right support in place.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection, this key question was rated "Good". At this inspection, we found they had deteriorated to "Requires Improvement".

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider did not have established systems and processes in place that operated effectively to enable them to assess, monitor and improve the quality and the safety of the service. The provider confirmed they had previously relied on the registered manager to complete these checks. We found areas of inconsistency around safety and staffs training.
- The provider did not have established systems and procedures in place for staff to escalate concerns, such as unexplained bruising so these could be investigated in a timely way.
- The provider did not have procedures in place for staff to follow to ensure the medicines kept in the fridge were still safe and effective for use when staff had identified the medicines fridge temperatures went outside of safe range.
- The provider did not have established and embedded systems in place to review risk, to ensure this was communicated and managed in a consistent way to reduce the risk of potential harm to people.
- The provider did not have effective systems in place to ensure the principles of the Mental Capacity Act were being applied consistently by their staff group.
- The provider did not have established systems in place to test staff's knowledge to ensure they had fully understood the training they had completed. Without embedded systems in place to test staff's knowledge and understanding and with no clear processes in place for staff to follow, the provider could not be assured staff were effectively trained and supported to deliver safe, effective and consistent care.

This is a breach of Regulation 17: Good Governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not submitted a notification to the CQC in relation to a person being deprived of their liberty. It is the providers responsibility to ensure statutory notifications are submitted.

This is a breach of Regulation 18 of the Registration Regulations 2009.

- The provider wrote to us following our visit and confirmed that more robust monitoring systems would be put in place. While the provider had now recognised the importance of having systems and processes in place, not having these previously in place had had a negative impact on the consistency of people's care

and the support and development of the providers staff group.

- The registered manager left the service in June 2019. The provider had employed an interim manager who told us they would be looking to register with the CQC.
- The manager had identified shortfalls which they had shared with the provider which they were addressing. For example, people's care plans and risk assessments required a complete review, as documentation was not 'users friendly'. The manager and staff confirmed that plans to begin the complete review of people's care documents would be done once staff had had the training and support.
- The manager had identified other areas for improvement in the service, such as updating staff with their training, better communication systems to improve consistency of care following health care professional visits, and better information sharing between staff's shifts. While these had been identified as areas for improving and in line with our findings, there had not been sufficient time for these to either come into effect or embedded and established.
- We found the provider was responsive to shortfalls identified on inspection and had ensured actions were taken promptly to address this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong ; Working in partnership with others

- People and relatives told us they had not got to know the new manager well yet, but felt the provider was approachable, held meetings with relatives and listened to any questions they had.
- Staff held regular events for people, where relatives, friends and people from the community were invited to be a part of. From what people and staff told us, we saw this had a positive effect on the people who lived there. Relatives told us it was a good opportunity to meet other relatives and the staff group in a social situation.
- People felt the service was well run, by a management team who cared. People and relatives had confidence in the service provided, with a relative saying, "I am very lucky to be able to have [person's name] in this home. I visited lots of places and was really taken with this home."
- The provider listened to people, relatives and staff. Where staff and relatives had asked for paving to lead from the house to the garden the provider had acted promptly. Relatives confirmed they found the provider approachable and listened to their views and suggestions.
- Staff told us they found the new manager approachable and responsive to any questions they had. Staff understood the manager was introducing changes, such as shift times and giving them more accountability and responsibilities and were involved with the changes being proposed.
- Relatives we spoke with shared examples of how the provider had been open and transparent when things had gone wrong. They confirmed that where an incident had happened, lessons had been learnt and the incident had not happened again. Relatives confirmed they felt re-assured by this.
- Staff confirmed they had regular meetings to discuss any changes and felt they were kept up to date with matters in the home. All staff we spoke with were happy with the way the service was run. They expressed to us how proud they were to work at Offmore Farm and the positive outcomes they achieved for people.
- Healthcare professionals told us that the staff team were open and responsive to their guidance.
- There was a good culture and approach to teamwork within the home. Staff told us they worked well together in a joined-up approach. Staff told us the home did not feel like a work environment, and that they were "one big family".

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Staff did not consistently apply the principles of the MCA
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Staff did not consistently provide safe care and treatment in line with healthcare professionals advice.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have systems and processes in place to assess, monitor and improve the safety and quality of the service provision.