



*Making Social Care  
Better for People*

# inspection report

**CARE HOME ADULTS 18-65**

**Manor Farm**

**Pittsdean Lane  
Abbotsley  
Cambridge  
Cambridgeshire  
PE19 6UW**

*Lead Inspector*  
Andy Green

*Unannounced Inspection*  
22nd April 2008      10:30

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

<b>Reader Information</b>	
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Adults 18-65*. They can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	Manor Farm
<b>Address</b>	Pittsdean Lane Abbotsley Cambridge Cambridgeshire PE19 6UW
<b>Telephone number</b>	01767 679900
<b>Fax number</b>	01767 679977
<b>Email address</b>	lbinge@brookdalecare.co.uk
<b>Provider Web address</b>	na
<b>Name of registered provider(s)/company (if applicable)</b>	Brookdale Healthcare Limited
<b>Name of registered manager (if applicable)</b>	Miss Laura Penelope Binge
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	10
<b>Category(ies) of registration, with number of places</b>	Learning disability (10)

# **SERVICE INFORMATION**

## **Conditions of registration:**

**Date of last inspection**                      2nd August 2007

## **Brief Description of the Service:**

Manor Farm is a large converted farmhouse situated in the village of Abbotsley, near to St Neots.

There are nine single bedrooms all with ensuite facilities and one self-contained flatlet adjacent to the main house. All rooms are equipped and furnished to a high standard. There is a dining room, lounge, conservatory, kitchen, laundry and a staff office.

There are attractive gardens to the rear of the premises and car parking space to the side and at the front of the building. The home also has access to a meadow and orchard areas.

The weekly fees range from £2116 to £3036

Residents and their relatives can have access to CSCI inspection reports on request.

# SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is **2 stars**. This means the people who use this service experience **good** quality outcomes.

CSCI undertook a key unannounced inspection on 22nd April 2008. We inspected a number of records including care plans, training records, health and safety records and staff files.

A tour of the building and grounds was also undertaken.

Three members of staff were also interviewed to gather their views regarding the service, training and support they received.

Comment cards were also received from residents and relatives.

## **What the service does well:**

Manor Farm continues to provide residents with a good quality service. There are individualised care and support plans which are updated and regularly reviewed. Care and health checks are also monitored regularly.

The home is well managed and staff continues to receive a well co-ordinated training package. The home continues to benefit from the support provided by the organisation's multi disciplinary team.

Residents continue to be involved in a wide range of activities and regularly access the local town for personal shopping. Residents' choice continues to be promoted in the home and they are able to personalise their bedrooms to meet their preferences and choose colour schemes and furnishings.

## **What has improved since the last inspection?**

Hallways have been redecorated and new flooring is being laid in communal areas and a number of bedrooms.

A manager has been appointed and he is completing an application to become registered with CSCI.

## **What they could do better:**

It is recommended that the care plan files be streamlined so that essential information can be accessed easily and older documents archived.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

# **DETAILS OF INSPECTOR FINDINGS**

## **CONTENTS**

Choice of Home (Standards 1-5)

Individual Needs and Choices (Standards 6-10)

Lifestyle (Standards 11-17)

Personal and Healthcare Support (Standards 18-21)

Concerns, Complaints and Protection (Standards 22-23)

Environment (Standards 24-30)

Staffing (Standards 31-36)

Conduct and Management of the Home (Standards 37 – 43)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

# Choice of Home

## **The intended outcomes for Standards 1 – 5 are:**

- 1.** Prospective service users have the information they need to make an informed choice about where to live.
- 2.** Prospective users' individual aspirations and needs are assessed.
- 3.** Prospective service users know that the home that they will choose will meet their needs and aspirations.
- 4.** Prospective service users have an opportunity to visit and to "test drive" the home.
- 5.** Each service user has an individual written contract or statement of terms and conditions with the home.

## **The Commission consider Standard 2 the key standard to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

2

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service. Assessments are undertaken to ensure that the home can meet prospective resident's needs.

### **EVIDENCE:**

There have been no changes to the assessment process since the last inspection. The home continues to follow a robust process in conjunction with the organisations multi-disciplinary team, to ensure that the home can meet the needs of prospective residents.

## **Individual Needs and Choices**

### **The intended outcomes for Standards 6 – 10 are:**

- 6.** Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
- 7.** Service users make decisions about their lives with assistance as needed.
- 8.** Service users are consulted on, and participate in, all aspects of life in the home.
- 9.** Service users are supported to take risks as part of an independent lifestyle.
- 10.** Service users know that information about them is handled appropriately, and that their confidences are kept.

### **The Commission considers Standards 6, 7 and 9 the key standards to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

6,7,9

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service.

Detailed care plans are kept to ensure that each resident receives appropriate care and support.

### **EVIDENCE:**

Three residents care plans were inspected and they contained detailed information and guidelines. The home continues to use person centred care planning, which includes a pictorial version. This process fully involves the resident in a creative way ensuring that personal preferences are recorded along with clear guidelines for staff regarding appropriate delivery of care and support.

Examples included weekly activity programmes, health care, communication and guidance regarding health and safety issues. Resident's individual food preferences and dietary needs are also recorded in care plans.

A new section has been added to the care plans, since the last inspection, which details individual mental health needs/requirements.

There was evidence that regular monthly reviews are undertaken by key workers in conjunction with members of the multi disciplinary team. A review meeting was taking place, which included the manager, speech & language therapist, psychologist, the resident's care manager and the residents' relative. Although the resident was invited to attend he had chosen not to be involved on this occasion.

Each key worker also continues to meet regularly with residents to discuss day-to-day issues including domestic/daily living skills, activities and personal care needs where appropriate. This was clearly evidenced through observations of staff/resident interactions seen during the day.

The risk assessment procedure continues to ensure that residents are protected from harm both within the home and when accessing the community. There was evidence indicating that risk assessments are regularly reviewed and updated in consultation with the individual residents.

It was noted that although the resident's files contain detailed information they are becoming quite large. It is recommended that the care plan files be streamlined so that essential information can be accessed easily and older documents kept in archived files.

# Lifestyle

## **The intended outcomes for Standards 11 - 17 are:**

- 11.** Service users have opportunities for personal development.
- 12.** Service users are able to take part in age, peer and culturally appropriate activities.
- 13.** Service users are part of the local community.
- 14.** Service users engage in appropriate leisure activities.
- 15.** Service users have appropriate personal, family and sexual relationships.
- 16.** Service users' rights are respected and responsibilities recognised in their daily lives.
- 17.** Service users are offered a healthy diet and enjoy their meals and mealtimes.

## **The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

12,13,15,16,17

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to the home.

The staff provide appropriate support to ensure that residents have access to appropriate activities both in the house and the community.

### **EVIDENCE:**

Residents have access to a wide range of activities both in the home and community. Examples include sessions at local colleges to improve daily living skills, arts and crafts, sports activities, yoga and gardening. Residents also have access to day services provided at the organisations resource centre at Milton Park.

Since the last inspection a new contact has been made with The Stables which is a local Christian resource centre providing arts and crafts, pottery, gardening and cookery sessions. A new contact has been made with a massage therapist who is visiting on a weekly basis.

Day trips and holidays are regularly organised throughout the year the year to local towns and resorts. Regular shopping trips are also organised along with visits to the local village pub.

A holiday is currently being organised for a group of residents to Centre Parcs. Relatives and families are regularly involved in weekend breaks.

The manager stated that there had been some problems with availability of drivers in the home but he stated that it would now be a contractual obligation for all new staff to be able to drive the homes' vehicles.

Residents continue to be encouraged to personalise their bedrooms and they are able to spend time on their own if they wish to. Residents have access to communal facilities including a computer, music playing facilities, television, DVD and video equipment in the lounge.

Residents are encouraged take an active part in the weekly planning, shopping and preparation of meals. Individual preferences and choices are taken into account as much as possible. The home has regular input from a nutritionist to ensure dietary needs are being met.

## **Personal and Healthcare Support**

### **The intended outcomes for Standards 18 - 21 are:**

- 18.** Service users receive personal support in the way they prefer and require.
- 19.** Service users' physical and emotional health needs are met.
- 20.** Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
- 21.** The ageing, illness and death of a service user are handled with respect and as the individual would wish.

### **The Commission considers Standards 18, 19, and 20 the key standards to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

18,19,20

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service.

Personal care is provided appropriately in the home to ensure that the residents assessed needs are appropriately met.

### **EVIDENCE:**

Residents receive personal care and support to meet their needs. Input from a wide range of healthcare professionals continues to be available and visits/appointments with healthcare professionals are recorded in care plans and daily notes. The home continues to have a helpful contact with a local GP surgery who are now managing blood tests for residents receiving Clozaril.

Residents are given assistance with laundry and cleaning their bedroom where required. Residents spoken to during the inspection were positive about the support they received in the home.

Members of the organisation's multi disciplinary team are in regular contact with the home, eg, psychologists, psychiatrist and the speech and language therapist to providing regular clinical support.

The records of medication administered were inspected and they were accurate.

## **Concerns, Complaints and Protection**

**The intended outcomes for Standards 22 – 23 are:**

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

**The Commission considers Standards 22, and 23 the key standards to be inspected.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

22,23

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to the home. The home has a satisfactory complaints process to ensure that residents have their complaints or concerns listened to and acted upon properly.

### **EVIDENCE:**

The home ensures that all concerns are fully investigated and dealt with appropriately. The home ensures that residents are protected from any potential abuse and issues are dealt with in line with local authority policies.

There have been two complaints since the last inspection. One was received from a relative and evidence was seen showing that there had been an appropriate response to the concerns raised. The other complaint is being dealt with via Safeguarding Adults procedures.

Care staff receive appropriate training to ensure they are aware of adult protection procedures and a training sessions are organised throughout the year. Staff spoken to confirmed this to be the case.

## Environment

### **The intended outcomes for Standards 24 – 30 are:**

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

### **The Commission considers Standards 24, and 30 the key standards to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

24,28,30

Quality in this outcome area is adequate. This judgement has been made using available evidence including a visit to this service.

The environment of the home provides residents with a safe, comfortable, clean place to live.

### **EVIDENCE:**

The home provides residents with a comfortable and well-maintained place in which to live. The home was clean and appropriately furnished. The kitchen is suitably equipped and there are washing machines and a tumble dryer for residents' use.

Residents are encouraged to personalise their rooms with furnishings and equipment as long as they meet health and safety requirements eg, televisions, music systems, computers and games consoles.

The gardens to the rear are well maintained and landscaped with a variety of planting in evidence. One of the residents is a keen gardener and he assists the maintenance person with mowing the lawns at the front and rear of the home.

The hallways have been redecorated and residents were involved with the choice of colours. The flooring in the hallways, lounge and three bedrooms were in the process of being replaced. The manager stated that new settees have been ordered for the lounge and new dining furniture is also on order.

## Staffing

**The intended outcomes for Standards 31 – 36 are:**

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

**The Commission considers Standards 32, 34 and 35 the key standards to be inspected.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

32,34,35,36

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to the home. The home's recruitment and care to the residents they support.

### **EVIDENCE:**

Three staff files were inspected and they contained relevant recruitment information, including two references, application form and satisfactory POVA/CRB checks. The organisations personnel department continues to process all recruitment to ensure consistency. There have not been any changes to the recruitment procedure since the last inspection of the home.

There has been a recent recruitment drive to fill vacant posts and it is anticipated that new staff will commence employment soon following successful recruitment checks. On the day of inspection there were sufficient numbers of staff to meet the assessed needs of residents.

Staff training in the home remains well co-ordinated. A detailed programme is co-ordinated by the organisation's training department to ensure that all mandatory and client specific issues are delivered. Refreshers/updates are organised as part of an ongoing process throughout the year.

Three staff spoken to confirmed that they had received a variety of training including; autistic spectrum awareness, medication administration, moving & handling, infection control fire safety, challenging behaviour, first aid, risk assessment, POVA, PACT and communication. Members of the multi disciplinary team also provide input regarding clinical issues on an ongoing basis.

The frequency of supervision sessions has improved and the manager is aware that this is an area for further development to ensure that the staff's performance and development needs are monitored. He stated that the senior staff in the home would be undertaking supervision training so that they can be responsible for the supervision of support workers.

# Conduct and Management of the Home

## The intended outcomes for Standards 37 – 43 are:

37. Service users benefit from a well run home.
38. Service users benefit from the ethos, leadership and management approach of the home.
39. Service users are confident their views underpin all self-monitoring, review and development by the home.
40. Service users' rights and best interests are safeguarded by the home's policies and procedures.
41. Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
42. The health, safety and welfare of service users are promoted and protected.
43. Service users benefit from competent and accountable management of the service.

## The Commission considers Standards 37, 39, and 42 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

37,39,42

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to the home. The home is well managed and the manager provides supportive leadership and guidance to staff to ensure that residents receive high quality care.

### EVIDENCE:

Since the last inspection the registered manager has moved to another home owned by Brookdale. A new manager has been appointed who was previously a team leader in the home. He is in the process of completing an application to register with CSCI. The manager has relevant skills and experience and he also receives ongoing training throughout the year.

Staff confirmed that the manager has a positive approach and communicates a clear sense of leadership. Staff spoken to confirmed that they felt well supported by the management in the home and the organisation. They were also positive regarding the positive and holistic approach given to the residents support and care.

Regular health and safety audits continue to be made. Records of fire safety checks were inspected and they are recorded accurately.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion  
 "N/A" in the standard met box denotes standard not applicable

<b>CHOICE OF HOME</b>	
<i>Standard No</i>	<i>Score</i>
<b>1</b>	X
<b>2</b>	3
<b>3</b>	X
<b>4</b>	X
<b>5</b>	X

<b>INDIVIDUAL NEEDS AND CHOICES</b>	
<i>Standard No</i>	<i>Score</i>
<b>6</b>	3
<b>7</b>	3
<b>8</b>	3
<b>9</b>	3
<b>10</b>	X

<b>LIFESTYLES</b>	
<i>Standard No</i>	<i>Score</i>
<b>11</b>	X
<b>12</b>	4
<b>13</b>	3
<b>14</b>	X
<b>15</b>	3
<b>16</b>	3
<b>17</b>	3

<b>PERSONAL AND HEALTHCARE SUPPORT</b>	
<i>Standard No</i>	<i>Score</i>
<b>18</b>	3
<b>19</b>	3
<b>20</b>	3
<b>21</b>	X

<b>CONCERNS AND COMPLAINTS</b>	
<i>Standard No</i>	<i>Score</i>
<b>22</b>	3
<b>23</b>	3

<b>ENVIRONMENT</b>	
<i>Standard No</i>	<i>Score</i>
<b>24</b>	3
<b>25</b>	X
<b>26</b>	X
<b>27</b>	X
<b>28</b>	X
<b>29</b>	X
<b>30</b>	3

<b>STAFFING</b>	
<i>Standard No</i>	<i>Score</i>
<b>31</b>	X
<b>32</b>	3
<b>33</b>	X
<b>34</b>	3
<b>35</b>	3
<b>36</b>	3

<b>CONDUCT AND MANAGEMENT OF THE HOME</b>	
<i>Standard No</i>	<i>Score</i>
<b>37</b>	3
<b>38</b>	X
<b>39</b>	3
<b>40</b>	X
<b>41</b>	X
<b>42</b>	3
<b>43</b>	X

Are there any outstanding requirements from the last inspection?

No

**STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

**RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations

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