

Claremont Care Services Limited

# Offington Park Care Home

## Inspection report

145 Offington Drive  
Worthing  
West Sussex  
BN14 9PU

Tel: 01903260202

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Offington Park Care Home is situated in Offington, Worthing, West Sussex. It is a residential 'care home' for up to 24 older people, some of whom are living with dementia. At the time of the inspection there were 17 people living at the home.

### People's experience of using this service and what we found

People told us they were happy at the home and with the care they received from staff. One person said, "I am very happy here, this is my home and I like it. I find all the staff to be good, they are very good in my view. They look after me very well. I like to be independent and they support that."

People told us they felt safe living at the home, and relatives said they felt their loved ones were safely cared for. Risks to people's health and wellbeing were assessed and mitigated by staff who knew them well. People were protected from the risk of abuse.

People were supported by enough, qualified staff who had received training specific to the needs of the people they cared for. Staff ensured that people were protected from infection throughout the COVID-19 pandemic. Training and guidance had been provided to enable staff to do this. One relative said, "The most important skill is being caring and patient and they all have that, that's for sure."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they were involved in their care and staff and management sought their views and opinions. The provider and manager continuously looked to improve the service to achieve better outcomes for people. People, staff and relatives spoke highly of the manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 25 September 2020).

### Why we inspected

This was a planned inspection based on the previous rating. We completed a focused inspection to look at whether the provider had made improvements to the areas highlighted in their previous inspections. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Offington Park Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Offington Park Care 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by two Inspectors.

#### Service and service type

Offington Park Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager that was not currently registered with the Care Quality Commission. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the manager and provider 24 hours' notice of the inspection to enable CQC and the manager to consider any infection prevention and control protocols due to the COVID-19 pandemic. We also established if people had COVID-19 or associated symptoms.

#### What we did before the 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. Prior to the site visit, we requested information about staff meetings and meetings with residents. We reviewed information we received through statutory notifications and enquiries. This is information we receive from the provider, social care professionals and the public about the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service, and six members of staff including the provider, manager, two care workers, the chef and a domestic assistant. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two care workers and two relatives. We contacted three professionals who have a working relationship with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Improvements had been made since the last inspection in ensuring there was sufficient stocks of medicines. The provider had introduced a new electronic system which kept an automatic count of stock levels as each one was administered. This meant staff knew when to order new medicines. We observed one staff member double check medicine levels during the inspection. The system also alerted staff to medicines that were required in between regular medicine rounds. This provided people with person centred support and ensured that appropriate gaps were maintained between doses.
- People needed support with medicines. There were safe systems in place to ensure that medicines were administered safely.
- Staff had received training in administration of medicines and had regular checks to ensure they remained competent. The provider had policies and procedures regarding the handling and administration of medicines.
- Medicines were stored and disposed of safely. Medication Administration Records (MAR) showed people received their medicines as prescribed and these records were completed accurately.
- Staff were positive about the improvements detailed above that the provider had made since the last inspection on how medicines were managed. Staff told us that the new medicine system was clearer and safer.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes were effective in safeguarding people from abuse.
- Staff were aware of their responsibilities under safeguarding, were able to describe how they would recognise signs of abuse and knew how to report any concerns that they had about people's safety.
- Records showed that the provider had consistently made the local authority aware of safeguarding incidents in line with their safeguarding policies to ensure people were protected from potential abuse.
- Lessons had been learnt when incidents or accidents had occurred. Incidents were regularly reviewed to make any appropriate changes. For example, the provider had identified an increase in falls at the home and were able to identify trends and patterns of falls that led to improved responses by staff and targeted training to improve staff support.

### Assessing risk, safety monitoring and management

- Risks to people were assessed and managed well for people's safety. For example, systems for the care and support of people with diabetes were safe and effective. Guidance on monitoring blood sugar levels was clear and guided staff on what actions to take to mitigate risk and respond to a deterioration in people's health.

- People required support to manage other risks such as mobility, behavioural support, continence and nutrition. For example, one person had risks associated with their mobility and needed support to move around. There was detailed guidance for staff in how to support people in the way they preferred and to keep them safe. One person needed support with the use of a hoist. A manual handling assessment described how to safely move them. One person said, "I use the aerial hoist because I might fall. I feel very safe in the hoist actually. Someone is always supporting you."
- Risks associated with the safety of the environment were identified and managed. Regular checks and auditing had been completed to identify what maintenance work was needed. Personal Emergency Evacuation Plans (PEEP) were in place to and provided details about people's individual support needs and how these should be met in an emergency.

### Staffing and recruitment

- There were enough staff in place to ensure people remained safe and met their needs. People who required additional staff to mobilise or to eat at mealtimes were supported safely and patiently. One staff member said, "During Covid it has been difficult at times, but we always have enough people scheduled on shift."
- People told us there were enough staff to support them when they needed it. One person said, "I can call if I need help and they come quickly. I rarely use the button though." One relative said, "I couldn't complain about the staffing. When I've been there, they are always very helpful, and mum thinks they're great."
- Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. One person said, "They are very conscious about Covid and wearing masks and gloves. Everywhere gets cleaned daily, very thorough."
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# 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 as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Capacity assessments had been completed where it was felt that people might lack capacity to make a specific decision. Where the person was assessed as not having capacity, best interest decisions had been taken. Improvements in the assessment and recording process of people's capacity had been made since we last inspected this key question. For example, where a person's liberty had been restricted by the use of bed rail, an MCA was conducted.
- DoLS had been applied for as needed, and authorisations from the local authority were documented.
- Staff demonstrated a good understanding of people's capacity and consent. One staff member said, "You never assume someone lacks capacity and adhere to the five principles (to support the decision-making process). We support them through making decisions and in needed, make decisions together in their best interest."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed before they came to live at Offington Park and had been regularly reviewed to reflect any changes in support. Staff delivered care in line with standards and good practice.
- The provider had ensured that protected characteristics, such as people's religion, race, disability and sexual orientation were explored and recorded appropriately. This information was reflected and recorded in their care plans before care was provided.
- People's needs were assessed using evidence-based guidance to achieve good outcomes. For example, people who were at risk of malnutrition had risk assessments in place. The provider had implemented the Malnutrition Universal Screening Tool (MUST). The MUST tool enables provides to monitor people's risk of

malnutrition.

Staff support: induction, training, skills and experience

- Staff completed induction and received training in order to undertake their role.
- Staff had completed training in areas such as moving and handling, catheter care, safeguarding, diabetes and falls awareness.
- Staff told us their training reflected the needs of the people they supported. One care worker said, "Through Covid it was difficult, but we went to a new online training which is very good. We have in house training. When we get new residents if there's anything specific in terms of health then training is arranged for this."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough. People were given choices of what they wished to eat and were provided alternatives if they requested this. We observed lunch being provided. People choose whether to eat with others in the dining area or in their rooms and staff supported them with this.
- People and their family members were very complimentary about the quality of food provided. One person said, "The food is excellent. It's very well cooked and colourful. We have a lot of options and its great in its quality. One family member said, "My mum says they've changed their chef recently and she can't say enough about the food. She recently had duck, and on occasions they've bought fish and chips. The variety and quality seem really good."
- People views were sought about what dishes they liked, and the chef had introduced these into the menu options.
- People's nutrition and hydration needs had been assessed and care plans completed to guide staff how to support with these. When people were assessed as requiring specialist support, appropriate referrals had been completed to speech and language therapists (SaLT) for assessment.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received appropriate support to maintain good health. They were supported to attend regular health appointments, including any specialist appointments. People also saw their optician, dentist and chiropodist regularly. One staff member said, "If someone deteriorates, we would call the GP straight away, and depending on what stage they're at make an appropriate referral."
- Staff continued to work effectively with other agencies and in partnership with professionals to meet people's needs. Records showed that appropriate and timely referrals were made to specialists such as speech and language therapists (SaLT) and falls prevention team.

Adapting service, design, decoration to meet people's needs

- The service was homely and had been adapted and designed to meet people's needs. For example, people with mobility needs had appropriate flooring and grab rails to support them.
- The premises included a lift for people to access different levels of the service safely and ensure those who needed mobility support were able to move freely.
- Rooms and communal areas were spacious and well decorated. There were quiet areas around the home for people to relax as well as a garden for people to use.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider, manager and staff had continued to improve care and support practices to ensure good outcomes for people. People, staff and relatives spoke highly of the management of the service and stated that, despite the challenges brought by the Covid-19 pandemic, the care provided to their loved ones was good. One person said, "I do like it here very much, the staff are all kind and caring people. They know what they are doing, very helpful."
- People told us that the manager was proactive with their support and liked to get to know them well. One person said, "The manager, she's very good. She takes part in a lot of things, like doing personal care and serving meals."
- Staff were clear about their roles and responsibilities. Staff told us that they communicated well together, and that the management ensured they had the information they needed to provide person centred support. One staff member said, "They always update the care plans with any changes. We communicate well with each other and relay any changes to the manager to update the care plans." Another said, "Handover information is good and care plans are clear for staff, if anything changes, we get told about it straight away."
- The provider and manager were open and transparent and had promoted a culture at the service where people and staff could provide their views and become involved. One staff member told us, "The communication is very good, the manager is on the ball and we can go to her with any problems."
- The provider had worked proactively with CQC since the last inspection to implement improvements at the home. The service had experienced managerial changes and the provider had worked hard to ensure that continuity of care remained in place. The manager had established themselves at the service and had quickly built relationships with people and staff to maintain this continuity.
- The manager and provider had continued to develop monitoring systems to improve oversight of the service. Regular audits had been completed around the support people received for their diabetes, wound care management, medicines, falls management and nutrition.
- The provider continuously sought to continuously learn and improve care. Additional moving and handling hoist training had been completed where staff experienced being hoisted while blindfolded. The training was to emphasise with staff the importance of communication and reassurance with people, so that they were fully aware at each stage how they were being supported. One relative said, "I think the staff do a magnificent job. Its sometimes under real difficult circumstances. They aren't flustered at all; they are very helpful."

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

- The manager and provider were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- Relatives told us they were happy with their loved one's support and that communication from the staff team was good. One relative said of the manager, "She's very proactive and direct, very caring towards mum. She has always put my mind at rest." Another relative said, "(The manager) likes to be with the residents and dealings with any issues on the shop floor. If there was a problem, I think she would contact me."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People told us, and records showed, that their views were sought and were involved in developments in the service. The manager had recently completed surveys seeking people's opinion on activities and food in order to drive improvements. One person said, "Staff listen to me, I can do what I choose really" while another said, "Yes they ask me for my opinion about things. I've just filled out a survey yesterday about entertainment and other things."
- People had been involved in safeguarding training with staff. Records showed the involvement of people in quizzes and discussions that aimed at empowering them and improve their own knowledge of safeguarding and abuse.
- Staff told us that they liked working at the home and that they were focussed on providing good care. One staff member said, "I think people are happy here, they get good care and attention. I would be happy for a member of my family to live here. It's a safe place, the staff are good they know people well."
- Staff had developed positive working relationships with a range of health and social care professionals. The provider had worked with the local authority, CQC and health professionals such as speech and language therapists (SaLT) to drive improvements in people's support.