

Mr J & Mrs M J Hanney

Park Farm House

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place over two days on the 11 and 16 December 2014. Park Farm House is a residential care home for older people. It is registered to provide accommodation for up to 8 people who require help with personal care. The home specialises in the care of older people living with dementia but does not provide nursing care.

The registered manager for Park Farm House is the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Park Farm House is a family run business. The providers live in an annex attached to the main farm building. Staff spoke positively about the team and the provider.

The home is set in a rural area on the outskirts of Bristol. There are no direct public transport links to this home. The nearest village is a mile from the Farm.

Summary of findings

People were at risk in the event of a fire. This was because suitable checks were not being completed on the fire equipment and not all staff had taken part in a fire evacuation (drill).

People were not fully protected against unsuitable staff working with them. This was because there was a lack of recruitment information to demonstrate how the provider had come to the conclusion to employ the staff.

People were receiving care that was effective and responsive in meeting their support needs. Staff were knowledgeable about the people they were supporting and they were caring in their approach. The philosophy of the service was 'Park Farm House was the person's home and they came first'. The provider told us it was really important that people felt safe and regarded Park Farm House as their home.

People were involved in day to day decisions. Other health and social care professionals were involved in their

care. There was a warm and relaxed atmosphere on both days that we inspected the home. Staff were engaged with people spending time sitting with them and chatting.

There was sufficient staff supporting the people, with additional staff available at night in the event of an emergency. Everyone living at Park Farm House had a diagnosis of dementia. Staff had received appropriate training to support people including dementia awareness. Staff told us it was important that they gave people time. Staff said they never felt they had to rush personal care or the support they gave to people.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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?

Some aspects of the service were not safe. This was because the provider had not ensured that checks had been completed on the fire equipment or ensured staff had participated in regular fire evacuations (drills).

People were not protected against unsuitable staff working with them. This was because there was a lack of documentation demonstrating the decision process to employ new staff.

Staff were knowledgeable about the risks to people and knew how to keep them safe. Sufficient staff were available to support people.

Requires Improvement



Is the service effective?

The service was effective. People were supported by staff that had received suitable training and were supported in their roles.

People received the care set out in their care plan and people received the support they needed. People were registered with a GP and other health professionals. Care was reviewed to ensure that it was appropriate and suitable for the individual.

People were involved in day to day decisions and their rights were protected. Staff had an awareness of the Deprivation of Liberty Safeguards. Applications had been made for people.

People were being supported to have a healthy diet.

Good



Is the service caring?

The staff were caring. Staff were attentive to people's needs. Positive interactions between people who used the service and staff were observed.

Staff spoke with people in a respectful manner and were knowledgeable about the people they were supporting.

People's daily routines had been recorded and care and support had been provided in accordance with people's wishes. This meant people were treated as individuals and their preferences were recognised.

Good



Is the service responsive?

The service was responsive. Care plans described how people should be supported describing their personal routine, likes and dislikes. When we spoke with staff they confirmed how people were being supported in accordance to the plans of care.

Good



Summary of findings

People were supported to take part in activities in the home. There were plans for trips to be organised now there was a minibus available. People were able to keep in contact with friends and family. There were no restrictions on family visiting.

There were systems for people or their relatives to raise concerns.

Is the service well-led?

The service was well led. People benefited from a service that was well led.

Staff were clear about their roles and the aims and objectives of the service. People were supported in a personalised way.

Staff described a cohesive team with the providers and the deputy manager working alongside them. Staff told us they felt supported both by the management of the service and their colleagues.

The provider and the deputy manager were aware where improvements could be made to the service. This included formalising some of the checks that were completed in respect of quality and documentation.

Good



Park Farm House

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 11 and 16 December 2014 and was unannounced. This inspection was completed by one inspector. We last inspected the service on 2 October 2013. There were no concerns.

Before the inspection, we asked the provider to complete 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 planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events which the service is required to send us by law.

We contacted three healthcare professionals to obtain their views on the service and how it was being managed. Feedback we received was positive about the care and support that people received.

We spoke with two people, a relative, four care workers, the registered manager and the provider. Not everyone was able to verbally share with us their experiences of life at the home. 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 looked at three people's care records and records relating to the running of the home and staff recruitment and training.

Is the service safe?

Our findings

We looked at two staff files to check whether the appropriate checks had been carried out before they worked with people living in the home. The files contained very little information showing how the provider had come to the decision to employ the member of staff and they were suitable to work in care. There was no application form detailing the staff member's employment history, self-declaration of any convictions and education. There were no interview notes or a health declaration. Two references had been sought for both staff.

Both new members of staff had undergone a check with the Disclosure and Barring Service (DBS) which was formerly known as a Criminal Records Bureau (CRB) check. This ensured that the provider was aware of any criminal offences which might pose a risk to people who used the service. The lack of employment checks could put people at risk of unsuitable staff supporting them.

This is a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 requirements relating to workers.

Routine checks had not been completed by the provider on the fire equipment at the appropriate intervals. There was no evidence that these had been checked since August 2014. This put people at risk as the provider could not be assured the fire system was working. We have shared this information with Avon Fire Brigade who complete fire safety checks on care homes.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 safety and suitability of premises.

Fire drills had not been completed with all staff. Four staff out of thirteen had completed a fire drill in the last twelve months. This meant that people were at risk in the event of a fire as staff had not taking part in a fire drill to practice the safe evacuation of people.

This is a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 supporting workers.

Staff were knowledgeable about the people they were supporting including any areas of risk. Care plans included

information about risks and what actions the staff should take to minimise these. For example, where people were at risk of falls, choking or accessing the garden, guidance was available to staff on how to support them safely.

The arrangements for managing medicines on people's behalf were safe. Medicines were stored securely. There were clear records of medicines entering the home, being given to people and returned to the pharmacy when required. These records showed people were getting their medicines when they needed them. Care records included information about how people liked to take their medication and what support they needed. Staff had been trained in the safe handling, administration and disposal of medicines.

People were supported by sufficient staff. There was two staff on duty during the day and one member of staff at night for seven people. There was one vacancy at the time of the inspection. The provider lived on site and was contactable in the event of an emergency or additional staff support was required. Staff were responsible for all aspects of running the home, including daily cleaning, catering and laundry as well as providing personal care and activities for people. The provider told us a cleaner was employed one day a week to deep clean two rooms a week.

The home was clean and free from odour. Staff were seen wearing protective clothing including disposal aprons and gloves. Staff told us there were aprons for specific tasks and these were colour coded, for example, clear for personal care and blue for food preparation. Staff told us they had received instructions from the provider on infection control including watching a DVD. There was a policy in place to guide them. South Gloucestershire Environmental Health had visited the service in August 2014 and awarded the home five stars. This is the highest award that can be achieved.

Staff told us they had completed training in safeguarding adults. Staff confirmed they would report concerns to the management and these would be responded to promptly. Staff told us they had been given the contact details of other agencies where they could raise concerns if they felt the provider had not responded to these appropriately. This was available on the staff notice board. The records we

Is the service safe?

hold about this service showed that there had been no safeguarding alerts since the last inspection. However; the provider described how they would report and what action they would take to safeguard people.

Is the service effective?

Our findings

People were unable to tell us fully about what it was like to live at Park Farm House due to their dementia. One person told us they liked living there and the staff were kind. A relative told us they were very satisfied with the care and support that was given to their relative. They told us all the staff were friendly and kind, and it was just like home.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005 (MCA). This provides a legal framework for acting on behalf of adults who lack capacity to make their own decisions. Staff understood how the MCA 2005 protected people using the service and supported them to make their own decisions. Staff told us people were involved in day to day decisions for example when to get up, go to bed and what to wear. Where decisions were more complex then relatives and other health professionals would be involved. The provider told us where people's care needs changed for example, they required nursing care then the family would be involved and a request would be made to the placing authority to review the care of the person. There were no MCA assessments for people. The deputy manager told us they were liaising with the local authority in respect of suitable documentation including the recording of best interest meetings.

No one was subject to a Deprivation of Liberty Safeguard (DoLS) authorisation at the time of our inspection. The deputy manager showed us documentation to confirm they had submitted applications in respect of (DoLS) for each person. DoLS provides a lawful way to deprive someone of their liberty, provided it is in their best interest or is necessary to keep them from harm. This was because people could not leave the home without staff support and needed constant supervision to keep them safe.

People had access to other health care professionals. A chiropodist and a dentist visited the home on a regular basis or when required. Information about health care appointments was documented in daily records. This could make it difficult to review people's health care needs and may benefit from being recorded separately so this information could be more accessible.

The provider told us they had a good relationship with the surgery and people had regular health checks completed. Staff described to us how they monitored people's general

well-being and changes and any slight concerns about ill health were discussed with the person's GP. We spoke with the district nursing team who confirmed they visited regularly to support people with health screening checks, flu vaccinations and any wound dressings. They told us referrals were always appropriate and staff were knowledgeable about the people they were supporting. After the inspection, we spoke with a GP. They confirmed they had a positive working relationship with the provider and staff. They contacted them appropriately and the staff were 'very caring' and knowledgeable about the people they were supporting.

We observed people at lunchtime and saw that people enjoyed the food. The meal was relaxed and not rushed. One person told us, 'The food is lovely, there is always plenty'. People were supported sensitively for example, one person was struggling to cut their food, staff promptly and quietly asked if they could assist. Menus were planned with the people living in the home. People were offered a choice in the morning and their preferences were accommodated.

Staff told us all the food was freshly prepared and they were aware of what people liked and disliked. The provider told us they prided themselves on ensuring there was plenty to eat and that it was all home cooked. There was no one at the time of our inspection that was at risk of malnutrition. People were offered an alternative if they did not like what was on offer.

Drinks were available on request but morning and afternoon teas and coffees were offered to people. Fresh fruit was offered to people after their meal and on request. One person told the staff they were hungry and they were offered some grapes as it was close to lunch time and another had an orange.

Staff were positive about the training and supervision they received. One member of staff told us, "we have regular training and I am happy with the level of training I receive". They told us they received supervision where they meet with the deputy every couple of months to discuss their role and any training required.

Certificates were kept of the training completed. Staff had completed training in first aid, moving and handling, safeguarding adults, fire, food hygiene and dementia and stroke awareness. A member of staff told us "the provider is very good if there is any new equipment we receive training before we use it".

Is the service effective?

Staff completed an induction which included getting to know the people, policies and procedures and the expectations of the provider. In addition the staff completed training to enable them to do their job effectively and safely. The provider told us all staff had completed training in dementia awareness with South Gloucestershire Council and the majority of the staff had a National Vocational Award (NVQ). The NVQ has now been replaced by the Diploma in Health and Social Care.

Park Farm House provides accommodation to people with dementia. The home is situated in a rural area in South Glos. It is an old building which has been extended over the years. The providers live in an annex attached to the farm house. At the time of the inspection the roof of the original building was being replaced and an additional bedroom was being added. The provider told us they would submit an application to increase the numbers of beds from eight to ten once the work had been completed.

Each person had a single room with ensuite facilities. People had been supported to personalise their bedrooms

with pictures and their own furniture if they wanted. People had been consulted on the décor of their bedrooms. One person particularly liked blue so this was incorporated into the colour scheme. Three of the bedrooms were situated on the first floor and reached by a set of steep stairs. Handrails had been placed on both sides of the stairs. The provider told us only people who were mobile used this area. The door leading to the stair well which accessed the bedrooms was locked. Staff and the provider told us if a person requested access to their bedroom, staff would unlock the door and support them to safely manage the stairs to their bedroom. On our second visit we observed a person requesting to go to their bedroom and staff offered the appropriate support. All other bedrooms were situated on the ground floor.

The provider told us the philosophy of the service was Park Farm House was the individual's home where they could feel safe. The provider told us they tried to make Park Farm House as homely as possible rather than clinical so people could feel safe.

Is the service caring?

Our findings

The atmosphere was relaxed and there was genuine warmth between the staff and the people living at Park Farm House. We saw staff spending time with people chatting about things they were interested in, for example they talked to one person about their previous work history and another about their relatives.

People who could not speak with us directly about their experiences were comfortable and relaxed with the staff who were supporting them. Two people told us they were happy with the home, with one person saying “it is very nice here; they (the staff) are very kind”. A relative told us, “it’s like a home from home, my mother is happy here, the care is excellent, the staff are all friendly. We are really pleased with the care my mother receives, cannot fault it”.

Staff spoke respectfully to people using their preferred names. Staff ensured they were at eye level with people and had their attention before speaking. Staff were relaxed and unhurried in communicating with people. People were offered choices including whether to have their hair done by the visiting hairdresser, what to watch on television and what to drink. Staff ensured that people had time to answer.

Staff described people in a positive way and showed they knew their life histories. Staff told us this was important to ensure people were engaged in meaningful conversations. Families had been asked to provide information about what their relative’s interests were and any important life events to aid the memory of their relative.

A relative confirmed they could visit whenever they wanted and was made to feel welcome. Most of the people had regular contact from their relatives. The provider told us where family members lived overseas or further afield some kept in contact by telephone.

Staff were observed giving people encouragement when assisting them. For example, one person was being supported to move from one area of the home to another. The member of staff was heard giving gentle encouragement on their mobility. They were also engaged in a conversation about what was going to happen next.

The provider told us when a new person moves to the home it was very important they fitted in with the other people. They wanted people to feel comfortable with the people they lived with to establish a safe and family atmosphere.

People looked well cared for. Personal care was carried out behind closed doors. Staff were attentive to people’s needs such as noticing when someone’s clothes had gone askew or changed if there was a spillage. Some people had been offered a blanket to keep them warm.

We contacted a visiting health professional after the inspection by telephone. They were complimentary about the care and support people were given. They described staff as being attentive, caring and knowledgeable about the people they were supporting. When people were at the end stages of life, staff had supported people in an individualised way involving the family and other professionals ensuring the appropriate equipment was in place. People had been consulted about who they wanted to be contacted in the event of their death and any specific arrangements including any living wills or whether they wanted to be resuscitated. These wishes were recorded in the plan of care.

Is the service responsive?

Our findings

People had activities available to them. Staff told us activities were organised in the afternoons and at the weekend. Board games and other activities were available to people. Entertainers visited the home monthly which most people enjoyed. One person did not particularly enjoy the noise so they were supported to sit in a quieter area of the home. The provider told us trips had been infrequent, but should improve with the newly purchased minibus enabling people to go to the local garden centre, pub and places of interest. Some people went out with their family on a regular basis. Staff told us they were looking forward to planning more trips out especially for those people who did not go out with family.

People had been assessed before they started to live in the home. This enabled the staff to plan with the person how they wanted to be supported, enabling them to respond to their care needs. Care plans had been developed detailing how the staff should support people. The person, their relatives and health and social care professionals where relevant had been involved in providing information to inform the assessment. The provider told us they met with each person prior to them moving to the home. This enabled them to get to know the person to ensure they could meet their care needs. The provider told us it was important that the person fitted in well with the other people. A trial period was offered to new people. This was reviewed at the end of the month to ensure all parties were happy with the care and support provided.

Care plans contained information to guide staff on how the person wanted to be supported. These had been kept under review. Staff reviewed the care plans monthly or as people's needs changed. Annual reviews were organised with the placing authorities (the council responsible for funding the care) and relatives. Handovers took place at the start and end of each shift where information about people's welfare was discussed. Staff told us this was important as it was an opportunity to discuss any changes to people's care needs. They told us this ensured a consistent approach and enabled them to respond to people's changing care needs.

We contacted a social care professional after the inspection. They told us they had recently reviewed a person to ensure the placement was suitable. They made some recommendations which included seeking advice

from a health professional on meeting the person's needs as a result of Parkinson's disease then updating their care plan. The deputy manager confirmed they had made a referral and was reviewing the care documentation to reflect the advice of the social care professional.

The provider said it was really important that each person was seen as an individual. Staff described people in an individual way showing a good understanding of each person's personalities and support needs. Staff told us they were able to spend quality time with people and it did not matter how long personal care took so long as it was to a good standard based on the wishes of the person.

People were encouraged to be independent. Care plans included information to encourage people to maintain skills such as washing, dressing and eating. Staff told us, this was important to ensure people maintained some control over their lives. An example was given where a specialist drinking aid had been purchased for a person to prevent spillage from their cup. Staff said it was important for this person to continue to drink out of an ordinary mug rather than a beaker.

There was a call bell system in the home. The provider told us most of the people were unable to use it due to their dementia. Night staff completed hourly checks to ensure people were safe and did not require assistance. When people were unwell the frequency of the checks were increased. The majority of the people spent their time in the lounge area during the day and a member of staff was available to support them.

Staff told us they monitored people throughout the day to ensure people were happy with their care and support. They told us where a person refuses personal care this was respected. However, they told us they would double check later; if again this was refused then this would be shared with staff on the later shift. This would enable them to encourage and offer again. Staff told us some people needed time to understand what was being offered and it was important they were patient and gave them this time.

There was a complaints policy and procedure. The policy outlined how people could make a complaint with a timescale of when people could expect their complaint to be addressed. We looked at the complaints log and where there had been complaints since our last inspection; we found people had been listened to. The records included the nature of the complaint, the investigation and the

Is the service responsive?

outcome. We found complaints had been responded to within the agreed timescales. Some of the concerns that had been recorded related to maintenance and communication between staff, rather than being actual concerns or complaints, for example, a person needed new

slippers or a light bulb needed changing. The provider said they would ensure this was rectified and the log only used for recording complaints. A relative told us they had not had any reason to complain but would know how to if necessary.

Is the service well-led?

Our findings

Park Farm House was a family run care home. Staff spoke positively about the team and the provider. They described the provider as being approachable and committed to providing a caring and homely service. Staff described a team that was open with effective communication systems in place. Staff told us they could always contact the provider or the deputy manager for advice and support. When the provider was not available an on call rota was in place to support the staff in the event of an emergency. Staff said the provider worked alongside them on a daily basis and assisted in providing care and support to the people in the home.

The provider was passionate about supporting people with dementia in an 'ordinary' homely setting with the emphasis on people being individuals. The staff shared the same sentiments telling us, "the people come first, it is their home and it is important we spend quality time with them".

Staff told us they felt supported in their roles and team meetings took place every six months or more frequently if required. The staff told us the frequency was appropriate as they were only a small team and communication between them was "excellent". One member of staff told us, "I have worked here for about four years, it is the best place I've worked, the people really do get a good service and I would not work anywhere else". Another member of staff told us, "I have worked here for thirteen years; it is lovely, I am very happy here". All staff members described a team where they could raise concerns or make suggestions and these would be acted upon.

Staff were aware of the whistle blowing policy and professionals they could speak with outside of Park Farm House if they were concerned. A member of staff described the team as cohesive with all members worked to the same high expectations. They also told us the provider would not accept anything less and would respond to any concerns about staff performance promptly.

The provider was aware what needed to improve and told us documentation was an area that they were focusing on. The deputy manager told us they were introducing some new care planning documentation which captured more information about the person and how their dementia may impact on them. They told us from January 2015 two new staff were commencing in post. This would enable them more time to complete some of the administrative tasks. They told us they were going to review the policies and procedures and develop some auditing tools.

The provider told us there was a lack of formal systems for monitoring how well the home was working. There were no infection control and environmental audits. They told us they completed regular visual checks and a maintenance person was employed four days a week to complete any repairs. The provider told us they were aware this needed to be more formalised. We found no concerns in respect of infection control, however these audits would demonstrate regular monitoring of this area.

The deputy manager completed supervision with staff every three months. Supervisions are a formal system to discuss staff performance, their role and training. In addition a skill competency checklist had been completed for each member of staff. Care was reviewed monthly and plans updated as people's needs had changed.

People's views were sought on an informal basis through discussions and observations. The deputy manager told us, they had recently just sent out a survey to family and friends of people to seek their views on the quality of the service being provided.

Notifications were being sent to the Commission in accordance with the legislation which meant that we could monitor how the registered manager was responding to accidents, incidents, deaths and any allegation of abuse. We were receiving these promptly and they included action the provider had taken to ensure people were safe.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers</p> <p>How the regulation was not being met: People who use services were not protected against the risks of employing staff that were not suitable, as not all the records were in place to demonstrate a thorough recruitment process had been completed. Regulation 21(a) (i) (ii) (iii) and (b)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>How the regulation was not being met: The provider had not ensured people were protected against the risks associated with fire as checks had not been carried out on the fire equipment. Regulation 15 (1) (i).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff</p> <p>How the regulation was not being met: The provider had not ensured staff were suitably trained in fire evacuation (fire drills) Regulation 23 (1) (a) (b).</p>