

Mr J & Mrs M J Hanney

Park Farm House

Inspection report

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Ratings

Is the service safe?

Requires Improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 11 and 16 December 2014. At which there were three breaches of legal requirements found. People were at risk in the event of a fire, as checks had not been completed on the fire equipment. The second breach was staff had not received fire training or participated in a fire drill. The third breach in legal requirement was staff recruitment was not robust to show how the registered provider had come to the decision to employ a member of staff.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook a focused inspection on the 30 March 2015 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Park Farm House' on our website at www.cqc.org.uk.

Park Farm House is a residential care home for older people. It is registered to provide accommodation for up to eight 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. There were eight people living in the home at the time of this inspection.

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.

One of the provider owners is the registered manager. 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.

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

At our focused inspection on the 30 March 2015, we found that the provider had followed their plan which they had told us would be completed by the 13 February 2015 and legal requirements had been met.

People were safer because the provider regularly checked the fire equipment and ensured staff had received appropriate training and guidance including participating in a fire drill.

Safe recruitment processes were now in place to ensure people were supported by suitable staff.

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?

We found that action had been taken to improve the service to ensure people were safe.

People were now safe in the event of a fire, as staff had received fire training and participated in a fire drill. Clear instructions were available to staff on what actions they should take in the event of a fire.

Systems were now in place to ensure staff had been through a robust recruitment process. This meant people were being protected from unsuitable staff working in the home.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Requires Improvement



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 was 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.

We undertook a focused inspection of Park Farm House on 30 March 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection 17 and 18

December 2014 had been made. We inspected the service against one of the five questions we ask about services: is the service safe. This is because the service was not meeting legal requirements in relation to that question.

The inspection was undertaken by one inspector and was unannounced.

Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements.

During the inspection we spoke with 2 members of staff and the registered manager. We also observed people living in the home and spoke to one person. We looked at fire records, fire policies and procedures and recruitment information for three members of newly appointed staff.

Is the service safe?

Our findings

At our comprehensive inspection of Park Farm House we found some aspects of the service were not safe. We found there were three breaches in regulations.

The first breach was the lack of records demonstrating a thorough recruitment process had been completed for new staff. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 requirements relating to workers.

At our focused inspection 30 March 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 21 described above.

We looked at the recruitment files for three members of staff and found appropriate pre-employment checks had been completed. The provider had introduced an application form for staff to complete before their interview. The application form detailed the staff member's employment history, self-declaration of any convictions and education. There was also a health declaration for the applicant and copies of the interview notes. All members of staff had at least two satisfactory references and had received a Disclosure and Barring (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services.

The second breach was routine checks had not been completed by the provider on the fire equipment at the appropriate intervals. This could put people at risk as the provider could not be assured the fire system was working. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 safety and suitability of premises.

At our focused inspection 30 March 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 15 described above.

The provider told us shortly after the inspection they had been visited by the local fire brigade who made a number of recommendations to ensure people were safe. The provider showed us what action they were taken to address these areas. This included replacing some emergency

lights, replacing a fire door in the kitchen, reviewing fire exit routes and completing a fire risk assessment. The provider told us everything had been completed except the installation of the emergency lights. This was because the earliest the electrical contractor could complete the work was the 2 April 2015. This was confirmed in the home's diary. The fire brigade will be completing a follow up visit to ensure their requirements have been met as evidenced in a letter to the provider.

The provider told us they had used an external consultant to complete the fire risk assessment. This was completed on the 29 December 2014 shortly after our inspection. From this report the provider has completed a number of actions including reviewing the fire policy and personal evacuation protocols for people living in Park Farm and replacing an extinguisher and fire door. The personal evacuation protocols had been in place since 30 December 2014 and had been reviewed monthly. Staff were aware of the procedures to follow in the event of a fire and the changes made to the policies and procedures.

The provider had introduced a new fire record to demonstrate weekly and monthly checks were being completed on the fire equipment including emergency lighting and the fire detection system. This had been completed at the appropriate frequency since our inspection in December 2014.

The third breach was that most of the staff had not participated in a fire drill at the appropriate intervals. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 supporting workers.

At our focused inspection 30 March 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 23 described above.

All staff had participated in at least two fire drills since December 2014. Staff confirmed they had taken part in fire drill. One member of staff told us "It was quite scary as we did not know it was a drill, it was a useful exercise". Staff confirmed they had received fire training in January 2015 where they discussed the fire policy and what to do in the event of a fire. Staff had signed the fire evacuation policy and the personal evacuation procedures. They were aware where these were located in the event of an emergency.