

Mr J & Mrs M J Hanney

Park Farm House

Inspection report

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Date of inspection visit:
27 April 2018
30 April 2018

Date of publication:
07 June 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 27 and 30 April 2018 and was unannounced. The previous inspection was carried out on 14 March 2017 and there had been one breach of legal requirements at that time. We rated the service requires improvement overall. The registered manager had submitted an action plan to the Care Quality Commission so that we could monitor the improvements made. We found at this inspection significant improvements had been made.

Park Farm House is registered to provide accommodation for up to 10 people who require help with personal care. The service specialises in the care of older people living with dementia but does not provide nursing care. At the time of our visit there were seven people living at the service.

There was a registered manager in post. 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 of the Health and Social Care Act 2008.

People were protected from abuse because staff understood how to keep them safe, including understanding the processes they should follow if an allegation of abuse was made. All staff informed us concerns would be followed up if they were raised.

Staff knew how to minimise risks and provide people with safe care and treatment. Procedures and processes guided staff on how to ensure the safety of the people who used the service. These included checks on the environment and risk assessments, which identified how risks to people were minimised.

There were processes in place to ensure the premises and equipment were regularly checked and to manage the prevention and control of infection. The registered manager reviewed accidents and falls to ensure people had the right support to keep them safe.

Appropriate arrangements were in place to ensure people's medicines were obtained, stored and administered safely.

Recruitment checks on staff were carried out with sufficient numbers employed who had the knowledge and skills to meet people's needs.

Staff had effective support, supervision and training to develop the skills needed to care for people effectively. People told us they enjoyed the meals and we saw staff offered people hot and cold drinks throughout the day.

People's care was provided in line with the Mental Capacity Act and staff understood the importance of seeking appropriate consent for care and treatment.

People were encouraged to attend appointments with other health care professionals to maintain their health and well-being.

People received care that was personalised to them and met their individual needs and wishes. Staff respected people's privacy and dignity and interacted with people in a caring, compassionate and professional manner. They were knowledgeable about people's choices, views and preferences and acted on what they said. The atmosphere in the service was friendly and welcoming.

People were supported to maintain relationships with relatives and friends. Visitors were made to feel welcome. People were supported as individuals taking into consideration their culture and religious needs.

People had personalised care plans, which detailed how they wanted staff to meet their individual needs. A range of activities were provided by staff for people to participate in. People had access the provider's complaints procedure.

The registered manager had made improvements to the quality assurance processes with regular audits of the service undertaken.

There was an open culture at the service and the views of people, relatives and staff were gathered.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service was now well-led.

People spoke highly of the provider and management and reported they had consistently good care.

Systems were in place to gain feedback from people.

Audits were now being undertaken and enabled the service to identify and address areas for improvement within the service.

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.

This inspection took place on 27 and 30 April 2018 and was unannounced. The inspection was undertaken by one adult social care inspector.

Prior to our visit we asked for a Provider Information Return (PIR). The PIR provides us with key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. This included notifications we had received from the service. Services use notifications to tell us about important events relating to the regulated activities they provide.

We contacted five health and social care professionals as part of our inspection and invited them to provide feedback on their experiences when visiting the service. We received a response from one professional. Their feedback has been included in the main body of the report.

During our visit we met and spoke with the three people living at the service. We spent time observing care provided for other people who were unable to communicate verbally. We spent time with the provider and registered manager, deputy manager and three staff members. We looked at two people's care records, together with other records relating to their care and the running of the service. This included audits and quality assurance reports and employment records of two staff.

Is the service safe?

Our findings

Staff told us they had received training in how to recognise and report abuse. Staff had a clear understanding of what may constitute abuse and how to report it. Staff described how they would recognise potential signs of abuse through changes in people's behaviour such as becoming withdrawn or refusing to eat and physical signs such as bruising. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been brought to the registered manager's attention they had appropriately reported to the local authority safeguarding team.

Risk assessments were in place for aspects of people's lives where risks had been identified. These included those for people at an increased risk of falls, choking, malnutrition or skin integrity. These risk assessments were detailed and kept under review as people's needs changed such as when a person at risk of weight loss achieved a stable weight. This was to help ensure that people were supported to be as safe as practicable. Risks were reduced by various measures such as fortified and soft diets and regular monitoring of people's wellbeing.

There were processes in place to ensure the premises and equipment was checked to ensure it was safe. We saw regular checks were undertaken by external contractors for fire detection systems and equipment. Supplies such as gas appliances and water were checked and serviced regularly. The provider also conducted their own checks on water temperatures and fire detection systems to make sure the service was a safe environment for people to live in.

A fire safety risk assessment was in place and had been reviewed. Personal emergency evacuation plans (PEEP's) were in place for each person and these detailed the level of support the person would require in the event of a fire and the need to evacuate the building.

Staff used personal protection equipment (PPE) when delivering care and aprons and gloves were changed between care tasks or when handling food. Staff had training in infection control and cleaning schedules were in place for staff to follow. The kitchen had recently been rated five stars by the local authority's food safety department. Staff had been trained in the prevention and control of infection and food safety. These arrangements helped minimise the risks of cross infection within the service. We did notice an odour of urine whilst looking around the service. This was evident in one area of the building. The provider had recently changed the flooring in the down stairs reception area to help manage the odour. Plans were in place to replace the carpet with flooring if further carpet washing was not successful. The provider carried out monthly checks to ensure the premises remained clean and hygienic.

People were supported by sufficient numbers of staff to safely meet their needs. People, their relatives and staff confirmed that there were enough staff to safely meet people's needs. We observed how people's needs were met by sufficient staff who were skilled in the roles they performed. We found that at night time there was an on call system if additional staff were required. The registered manager told us that if there was a need to increase staffing then this was always acted upon. For example, supporting people to go to

appointments and outings. Staff confirmed that if required more staff were promptly provided.

People received care and support from staff that had undergone robust recruitment checks. Staff confirmed they were not permitted to commence employment until a satisfactory Disclosure and Barring Services (DBS) had been received by the service. A DBS is a criminal record check providers undertake to make safer recruitment decisions. We found personnel files contained a minimum of two references, proof of address, photographic identity, completed application forms, employment records and interview information.

People's medicines were stored and administered safely. Medicines were stored securely following current guidelines for the storage of medicines. There was a dedicated room for storing people's medicines. The room was clean and well organised. A fridge was available to store medicines, which required lower storage temperatures. Weekly checks were carried out of Medication Administration Records (MAR) to identify errors and gaps in recording. We found MAR charts had been appropriately completed and signed by staff.

Learning from incidents and accidents took place and appropriate changes were implemented. The registered manager had a system where they recorded the location, time and outcome of the accident in order to look for trends and patterns in accidents to ensure appropriate action was taken to reduce risks. One person had repeatedly fallen due to frailty and were referred to the falls clinic. The registered manager had also ordered a sensor mat for the person which could detect if the person had got out of bed.

Is the service effective?

Our findings

Staff said they felt supported by the provider/registered manager comments included, "I feel supported and the staff are all very close" and "We are supportive of each other. I really enjoy working here and the owners are supportive of training".

Staff we spoke with told us they received an induction when they commenced work at the service. One staff member was new to care and was due to start the care certificate as part of their induction. The care certificate is a set of minimum standards that can be covered as part of the induction training of new staff; primarily where they have had no previous training in care work. Staff told us their induction included opportunities to work alongside established colleagues. We observed one member of staff was shadowing experienced staff during our inspection. The induction included a range of training relevant to their role and the needs of people they supported.

Training was planned and was appropriate to staff roles and responsibilities. The registered manager ensured the staff undertook a range of training and monitored when updates were needed. We viewed the training records for the staff team which confirmed staff received training on a range of subjects. Training completed by staff included, food hygiene, fire safety, safeguarding, dementia awareness, manual handling, infection control, health and safety, medicines and MCA. There was evidence of regular team and individual meetings where the staff had opportunities to discuss their views. The staff confirmed that they were given opportunities to develop and learn new things.

One person and one relative told us they had no concerns about accessing health professionals. Records confirmed staff effectively worked alongside health professionals to ensure people received specialised healthcare when needed. For example, staff ensured they referred people for treatment in a timely way, such as the continence team, doctor, district nurse, and the speech and language team. These professionals had all provided support to people to maintain their health. Staff told us if a person needed to visit a health professional, for example at hospital, then a member of staff would support them to arrange this or accompany them.

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. Staff understood the importance of obtaining consent before assisting people with aspects of their care. Staff we spoke with told us they had received training in MCA and could identify where people gave consent with gestures or body language. One staff member said, "People may not be able to answer sometimes but you can wait and see if they respond. We would know when someone is consenting".

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection one person's application had been

authorised by the local authority. Records showed six further application forms for people were awaiting assessment by the local authority or were awaiting a decision to be made. These were submitted as some people could not freely leave the service on their own, also because people required 24 hour supervision, treatment and support from staff. The DoLS provide a legal framework and allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so.

Since our last inspection work had been carried out on the garden.. This included the paths at the back of the service being levelled out with concrete. Some further work was required to finish this however the registered manager told us they planned to have the garden finished by the following week. A wooden gazebo had been built in the centre of the garden. The registered manager told us people and their relatives had already enjoyed sitting under the gazebo having a cream tea.

People were positive about the meals provided. Their comments included; "The food is nice" and "Yes we have lots of choice". A relative confirmed they felt the meals provided to her mum were of a high standard with plenty of choice. We observed the meals looked nice and portions were good. People had the assistance if they required this. We observed some people were given assistance at lunch time to eat. The staff were mindful to explain what the meal was to a person and if they had enjoyed their lunch. They encouraged people to have a drink with their meal of their choice.

People at risk of weight loss had their weight monitored and were supported to maintain their weight with meals fortified to add extra nutrition. Records confirmed people had access to regular drinks of their choosing such as, juice tea or coffee and where needed people's fluid intake was monitored if they were at risk of dehydration. Monitoring records for fluid intake were maintained for individual people. Where concerns were raised about people's weight loss, the staff were aware of the action to take, which included informing the doctor. One person was at risk of choking due to a medical condition which was being investigated. The service had found from observing one person that they were able to tolerate sweet foods rather than savoury. This had been communicated to professionals who were happy for the person to have sweets foods if they preferred.

Is the service caring?

Our findings

We received the following comments from one professional, "I found the staff at Park Farm house very welcoming, helpful and caring. The home had a very happy atmosphere to it when I visited".

The atmosphere of the service was calm and relaxed. Staff had a very good knowledge of the people they supported, including their life histories, the things they liked and didn't like and the people who were important to them. We observed people had choice around when they preferred to get up each morning and go to bed each evening. Some people preferred to have breakfast in their room whilst others preferred to have this in the dining area. The staff were person centred and respectful of people's wishes. For example, one person had enjoyed an afternoon nap throughout their life. The staff assisted the person to get into bed and then responded to the person's call bell when they wished to get up. The relative of the person told us this was very important to their mum.

People's friends and relatives were welcome to visit at any time and people were supported by staff to maintain relationships with friends and family outside of the service. We observed good interactions between staff and people's friends and relatives who were made to feel welcome. One relative visited their mum to wash and style their hair. We observed the staff offer them a drink together. Another person's friends had visited and they were made to feel welcome with drinks offered. The registered manager told us this was important to have time together socialising.

People were proactively supported and encouraged to express their views and staff said that they gave people information and explanations they needed about their care so that they could make informed decisions. Staff were seen to enable people to take control of their daily routines, make decisions and maintain their independence as much as possible. This was evident throughout the inspection when staff consistently asked people for their thoughts and wishes. We observed one person being encouraged to use the toilet and to go for a walk with staff. The staff asked the person to go with them for a walk to stretch their legs as they had been sat down for a while.

The service was filled with joy, fun and laughter as people and staff spent time together. We sat and observed lunch and spoke with people and staff. We observed staff interacted well with people and heard friendly banter between people and staff. People were confident and comfortable with the staff that supported them. Staff spent time listening to people and responding to their questions. We saw staff engaging with people and conversing as they went about their duties. We heard staff talking to people about the upcoming royal wedding and the plans the service had to celebrate this. Throughout our visit there was a good rapport between staff and people.

Is the service responsive?

Our findings

Throughout our inspection we observed people being cared for and supported in accordance with their individual wishes. The registered manager, deputy manager and staff were able to tell us about people's care needs and about the level of support people needed. They had detailed knowledge and a good understanding about people's preferred routines, behaviours and how best to support them. An example being staff were able to identify the triggers of people's behaviours that may sometimes challenge.

Handovers were held at the beginning of each shift to help ensure staff had adequate information about people's care and wellbeing. Handover sheets were prepared by staff to communicate information to each other. Staff confirmed handovers were undertaken by the staff team and valuable information was shared.

People's needs had been assessed to see what care and support they needed. The relevant information was included within people's records and kept up to date. This enabled staff to deliver personalised care. The assessment considered all aspects of a person's life, including their strengths, hobbies, social needs, dietary preferences, health and personal care needs and risk assessments. Records confirmed the local authority carried out their own annual reviews of people's care, which included the person, staff, family and other representatives such as advocates to represent people's interests. Staff told us the information and guidance given in the care records enabled them to safely and consistently deliver care and support in the way people wanted. Care records had been reviewed regularly and changes made when required by staff.

One professional who had visited a person at the service told us, "The care appeared person centred and the lady's care needs were being well met".

People were supported in promoting their independence and community involvement. People were registered with the local community transport service so they could access local services. People and staff had recently supported a local community event called the 'revel'. They had also taken part in a local scarecrow hunt. People were taken out by staff for meals and drinks at a local pub.

People were offered a range of activities which were based on their choices and interests. One person enjoyed watching dance shows and had been a professional dancer in the past. The service supported the person to perform with staff in front of her family and friends. One relative had organised for a singer from a national TV show to visit the service and sing to people. The registered manager told us how much people had enjoyed watching her. Most in-house activities were carried out in the afternoon with people such as nail painting, arts and crafts, keep fit, singing and dancing and reminisce activities. The service had plans in place for a garden party in the gazebo to celebrate the upcoming royal wedding. Friends and families were supportive of the service and attended events organised by the service. We observed one person had gone out with their relative for a coffee and shopping. Another person had gone out to lunch with their friends.

The service had an effective complaints process in place which gave people information on how to raise any concerns they might have about the service. Relatives we spoke with told us that they did not have any complaints. The registered manager told us people were encouraged to complain if they were unhappy.

There had been no formal complaints about the service.

People were given support when making decisions about their preferences for end of life care. Arrangements were in place to ensure people, those who mattered to them and appropriate professionals contributed to their plan of care. The registered manager told us this ensured the staff were aware of people's wishes so they had their dignity, comfort and respect at the end of their life. The deputy manager told us they had a good relationship with the local GP surgery and the district nurses. They were able to offer people end of life care if this was needed with the support from professionals.

Is the service well-led?

Our findings

At our last inspection on 14 March 2017 we found the provider did not return the Provider Information Return (PIR) by the completed date. The PIR is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make. We also found that there was a lack of formal systems for monitoring how well the service was working. At this inspection we found a great improvement had been made. The provider had submitted the PIR by the specified timescale which had been clearly written. The provider had introduced a system of formal audits which were being undertaken. This included audits in relation to infection control and the environmental. The last infection audit was undertaken on 24 April 2018. This had identified that liquid soap dispensers were required in the communal toilets. An action plan was put into place to address this. Other audits were also completed monthly such as medicines, and health and safety checks.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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 2008 and associated Regulations about how the service is run.

The provider was also the registered manager and had continued to ensure the service was managed in the best interests of people. The registered manager had an open and inclusive way of managing the service. People confirmed they knew the deputy manager and registered manager well and we observed good interactions. People said they found them approachable. Both the registered manager and deputy manager encouraged open communication and supported staff to question practice and bring any problems to their attention. The registered manager had been managing the service for many years during which time they had focussed on developing a culture, which promoted independence and person centred care.

Staff said they felt supported in their roles by the registered manager and the deputy manager. One member of staff told us, "We have lovely managers and they are very supportive. We are a very close staff team and are more like family". Another staff member told us "I have worked at a much bigger care home in the past. I prefer working here as it is homely and the managers are very good". Relatives spoke positively about the registered manager, who was a visible presence around the service. One relative we spoke with told us, "I think it is very well managed here. I know my mum is very well looked after. I just knew this was the right home".

People using the service and relatives participated in an annual Customer Satisfaction Survey. The results were collated and analysed and shared with all staff, residents and relatives. There was an 'open door' policy, which meant that people using the service, their relatives, professionals visiting the service and members of staff were welcome to speak with the registered manager at any time. People and their relatives had opportunities to provide feedback about their views of the care provided.

Both the registered manager and the provider were very clear about their responsibilities in regard to submitting statutory notifications to the CQC. Statutory notifications inform the CQC of important incidents

and accidents at the service and form an important part of our ongoing monitoring of services. Records showed they had informed us of reportable events which had occurred at the service.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.