

Mr J & Mrs M J Hanney

Park Farm House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 14 March 2017. Park Farm House is a residential care home for older people. It is registered to provide accommodation for up to 10 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 farmhouse. 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 away.

Some improvements were required to ensure the service was well led. This included formalising the checks on quality with records of those checks being maintained. The provider did not submit the Provider Information return on time which has meant the rating for well led will automatically be requires improvement under our process. The provider needs to document quality checks that were being completed in respect of maintaining and improving the quality of the service provided to people.

People were receiving care that was responsive and effective and tailored to their needs. Care plans were in place that clearly described how each person would like to be supported. People had been consulted about their care and support. The care plans provided staff with information to support the person effectively. Other health and social professionals were involved in the care of the people. Safe systems were in place to ensure that people received their medicines as prescribed. 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's rights were upheld, consent was always sought before any support was given. Where people lacked the mental capacity, family and health and social care professionals were involved. Improvements could be made to the recording in this area.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management and safe recruitment processes.

Staff were caring and supportive and demonstrated a good understanding of their roles in supporting people. Systems were in place to ensure open communication including team meetings, daily handovers between shift changes and one to one meetings. Staff had received training to enable them to meet people's needs. Further training had been organised during the inspection to increase staff's knowledge on

the Mental Capacity Act and Deprivation of Liberty Safeguards.

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 was safe.

People received safe care. The home provided a safe environment for people and risks to their health and safety were well managed by the staff.

People received their medicine safely and on time.

People could be assured where an allegation of abuse was raised the staff would do the right thing. Staff felt confident that any concerns raised by themselves or the people would be responded to appropriately in respect of an allegation of abuse.

People were supported by sufficient staff to keep them safe and meet their needs.

The home was clean and free from odour. Staff knew what they had to do to minimise the risks of cross infection.

Is the service effective?

Good ●

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.

People were being supported to have a healthy diet.

People were provided with suitable and homely environment.

Is the service caring?

Good ●

The service was caring.

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

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.

Is the service responsive?

Good ●

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.

People were supported to take part in activities in the home. 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?

Requires Improvement ●

The service needs to make some improvements. This was because the provider did not submit the Provider Information Return when we requested this. There was a lack of formal quality checks on the quality of the service.

Staff were clear about their roles and the aims and objectives of the service. People were supported in a personalised way. There was a clear management presence within the home.

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.

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 checked 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.

The last inspection was completed in March 2014 and there were no concerns. This inspection took place on 14 March 2017 and was unannounced. The inspection was carried out by one inspector.

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. The provider failed to submit this document.

We reviewed the 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 health and social care professionals to obtain their views on the service and how it was being managed. You can see what they told us in the main body of the report.

During the inspection we spent time speaking with people in the lounge, looked at two people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, two staff recruitment files and training information for all the staff team. We spoke with three members of staff, the deputy manager and the provider. We spoke with one relative during the inspection.

Is the service safe?

Our findings

People looked comfortable within their surroundings and with the staff that supported them. The provider told us it was important for people living with dementia to feel safe and secure as this helped reduce their anxieties. A relative told us they felt their mum was very safe and their previous worries had been alleviated now they were living at Park Farm House. They told us it was reassuring that their mum was living in a care home with 24 hour staffing. This had reduced many of the risks that had been experienced prior to them moving to Park Farm House.

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, developing a pressure wound and accessing areas of the home and the garden. Guidance was available to staff on how to support them safely. The deputy manager told us since the last inspection a ramp had been installed leading to the front of the property, which had assisted people to safely access the building. There were also handrails in this area. The garden was still work in progress. Areas that were not completed had been blocked by garden seating to ensure people's safety. This was because the circular path was uneven and posed a trip hazard. Staff said people would only access the garden when staff or relatives were present.

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. A relative told us they no longer worried about whether medicines were being taken on time now their mum was living in a care home.

Where people were at risk of falls, there were systems to ensure that other professionals were involved such as the GP and referrals to the falls clinic. Staff had a good knowledge of people and were able to recognise when they were unwell. This included identifying conditions that could cause an increase in falls, such as a urine or chest infection. It was evident the staff had reviewed any risk assessments in response to accidents and incidents. This included reviewing the environment and requesting a medicine review with the GP.

There were policies and procedures to guide staff on the appropriate approach to safeguarding and protecting people. Staff confirmed they had received safeguarding training. Staff were clear about what action they should take if they witnessed or suspected any abuse. They said they would report to the provider or the deputy manager. However, one member of staff was not clear on the role of the local authority and that they could report directly if they felt allegations of abuse were not responded to promptly. Staff were aware of the organisation's 'whistle blowing' policy and expressed confidence in reporting concerns and that appropriate action would be taken by the provider. A member of staff said the provider would not tolerate poor practice and would deal with it immediately. The provider and the deputy described how they would report and the actions they would take to safeguard people.

The provider followed safe recruitment practices. We looked at the recruitment files for two newly appointed members of staff and found appropriate pre-employment checks had been completed. All members of staff had at least two satisfactory references and had completed 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.

Sufficient staff were supporting people. This was confirmed in the staff rotas. Staff told us any shortfalls were covered by the team and the provider. Staff told us it was important that people were supported by familiar staff and agency staff was never used.

There was an established team of 14 staff working at Park House Farm, which included the providers. There were always two staff working throughout the day and night. The registered provider told us staffing had been increased at night when the home had increased occupancy from eight to ten people. Staff told us there was enough staff and they could always contact either the provider or the deputy manager for support and advice. The deputy manager told us they regularly worked alongside the staff especially during busy times such as meal times. 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.

There were arrangements in place to deal with foreseeable emergencies. Each person had a fire evacuation plan in place, which linked with the overall plan for the whole home. There were also business continuity plans in place for flooding and utility failure. Fire risk assessments had been completed. Fire equipment was checked at regular intervals and staff had completed training and fire drills.

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 training on infection control, which had included watching a DVD. There was a policy in place to guide them. A member of staff had the role of infection control lead and told us how they were providing further instruction for staff including observing their practice. They told us they had completed a quality infection control check in the home when they first started. In response, they had ordered new bins that were pedal operated. It was noted this was not the case in the staff toilet. Assurances were given this would be addressed. There were no records of the infection control check they said they had completed.

Is the service effective?

Our findings

Not everyone was able to tell us fully about what it was like to live at Park Farm House due to their dementia. Three people told us they liked living there and the staff were kind. A relative told us they were very happy with the care and support that had been shown to their mother. They told us the staff were really good at supporting with all aspects of care and especially health. The staff had been prompt to pick up on signs of ill health and promptly liaised with the GP. They told us, "As a family we know we made the right decision with Park Farm House and we were lucky there was a vacancy at the time".

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. The application procedures for this in care homes are 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 were being met. No one was subject to a 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.

The deputy manager described to us how they supported people with making complex decisions where they lacked capacity. For example when a person's medication was changed from tablet form to liquid. It was evident this was discussed with the person's GP, family and other professionals. We have signposted the provider to explore how best interest decisions could be better recorded rather than within daily records which may get lost over time.

Staff understood the importance of involving people in making decisions about their day to day care such as choosing how to spend their time, choosing what to wear and what to eat. They understood the importance of gaining consent before care was delivered. Where care was refused, they described how they would support the person at a later time to suit them or they would ask another member to try. Staff were not confident in describing the legislation that protects people where they lack capacity but knew they would seek advice from the provider, the deputy manager and other professionals. The deputy manager recognised this was an area the service needed to improve and promptly sourced training from South Gloucestershire councils training department for four staff in May 2017. We sign posted the deputy manager to Skills for Care who also provided resources for staff on the MCA.

District nurses visited the home to provide support with any nursing care needs such as wound care management. The deputy manager told us there had been one person who had a pressure wound which they had prior to being admitted to the home. They said this had now completely healed. Where people were at risk of developing pressure wounds a care plan was in place describing how the person should be supported. This included any specialist equipment such as pressure cushions or an air mattress that should be in place to minimise any risks. There were also body maps to record any wounds and information about how staff should support the person with positional changes. District nurses maintained their own records of the treatment and healing process. Visiting professionals confirmed the staff promptly sought pressure relieving equipment promptly when required and had introduced positional changes for the person.

Other health and social care professionals were involved in supporting people. They included dietitians, physiotherapists, occupational and speech and language therapists and the mental health team. Their advice had been included in the plan of care and acted upon. Staff and the deputy manager told us people were supported to see a dentist, optician and a chiropodist. Where people had been seen by a visiting health care professional staff had recorded any treatment or follow up required. A relative had commended the home on their ability to support with health care needs especially when a person was living with dementia and may not always express pain. They told us they had been very quick to notice a recent urine infection and were prompt in getting it treated.

A visiting health care professional told us, "Our experience of Park Farm is that they have an awareness of identifying significant changes in someone's presentation. A recent referral to our team showed the staff had noticed deterioration both cognitively and physically. Staff proactively contacted the GP and the care home liaison". This showed the staff worked with other professionals in meeting the care and support needs of people.

Since the last inspection the conservatory had been made into a further dining area enabling everyone to sit together to accommodate an extra two people. We observed people at lunchtime. The atmosphere was relaxed. People were able to choose where they wanted to eat whether that was in the conservatory or the lounge. One person told us their meal was lovely and there was always plenty to eat and drink. Another person smiled when we asked if they had enjoyed the lunchtime meal.

Menus were planned with the people living in the home. People were offered a choice in the morning and their preferences were accommodated. The main meal of the day was served at lunchtime. Staff told us all the food was freshly prepared and they were aware of what people liked and disliked. A member of staff 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. The deputy manager said that any requests would be accommodated. They said one person had recently requested some pineapple and a coconut. Staff promptly went to the shops to source this for the person on the day of the request.

Drinks were available on request throughout the day in addition to the morning and afternoon tea and coffee. 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 biscuits with a cup of tea with an explanation that it was not long until lunchtime.

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 the majority of the 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. The deputy manager told us they would include the care certificate for any staff new to care but this had not been appropriate as the staff recently employed had already completed either a diploma or an NVQ in care. They were planning to introduce a competency checklist to ensure staff had the knowledge and skills in line with the care certificate.

Staff were positive about the training and supervision they received. They told us they received supervision where they met with the deputy manager every two 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. The registered provider and the manager were completing further training on the mental health act and deprivation of liberty safeguards the day after the inspection. They said the information would be cascaded to the staff team.

Park Farm House provides accommodation to people living 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 provider lived in an annex attached to the farmhouse. Since the last inspection, the provider had submitted an application to increase the numbers of beds from eight to ten. This was agreed. The home was fully occupied at the time of the inspection. Staff told us to accommodate the increase in people the conservatory had been divided into a comfortable seating area and the other half as a dining room. Additional heating had been placed in the conservatory to ensure it was sufficient temperature for people. The deputy manager made us aware that there was an issue with one of the radiators in one of the bedrooms. They told us that this was being investigated and in the interim the person had been supplied with portable heaters.

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. Five 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. All other bedrooms were situated on the ground floor. Since the last inspection, a bathroom had been adapted and modernised, which included a walk in shower.

The provider told us the philosophy of the service was that 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

People who could not speak with us directly about their experiences were comfortable and relaxed with the staff who were supporting them. Three people told us they were happy with the home, with one person saying, "It is lovely here; everyone is very kind". A relative told us, "My mother is happy, the care is excellent and all the staff are friendly. We are really pleased with the care my mother receives, she has settled in really well". They told us they liked Park Farm House because it was small, rural and homely.

Visiting health and social care professionals told us the service was caring. Comments included, "Staff appear caring. This is evident in the language they use to describe people and the interactions we witness" and "I have always found the people in the home to be well cared for. When we visit, the staff always appear attentive to their needs and treat them with respect".

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 talking about things they were interested in, for example family members, the weather, activities and music.

Two of the ladies were dancing to some war time songs, they both appeared relaxed in their surroundings. Another lady was singing along to the music. Everyone was alert. There were activities that people could engage in independently such as reading the newspaper, crosswords and word searches. In the afternoon one lady was playing table skittles, a member of staff promptly joined in and encouraged another lady to join in.

Staff spoke respectfully to people using their preferred names. Staff ensured they were at eye level with the person and had their attention before speaking. Staff were relaxed and unhurried in communicating with people. Staff ensured that people had time to answer.

Staff described people in a positive way and 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. Some people had memory boxes containing photographs and important items to aid communication. There was a memory board in the lounge area, which included information about the date, weather, meals and activities that were taking place that day.

Care records included information about people's personal routines including their preferences in relation to getting up, how they liked to spend their day and when they wanted to go to bed. Daily records confirmed that where people could not communicate their choice, this was done in accordance with their care plan. Staff described to us how people were supported in an individual way promoting choice on when they wanted support and assistance. One person liked to spend time in their bedroom after lunch, another person did not like to get up until after 10 am, it was evident people's wishes were respected. People looked well cared for. People's hair looked clean and groomed. Staff told us personal care was never rushed, as this was a good opportunity to spend time with people. A hairdresser visited the home once a

fortnight.

A relative confirmed they could visit whenever they wanted and they were made to feel welcome. Most of the people had regular contact from their relatives. There were no restrictions on visiting. Toys were available for visiting grandchildren in the corner of the dining room. People could receive visitors in private if they wished. There was a small sitting room as you entered the building which staff said people could use if they wanted privacy. Staff told us about how the local brownies had visited Park Farm House at Christmas where they sang and entertained people and their relatives.

The provider told us that presently no one had expressed an interest in going to church regularly. However, if this changed people would be supported in this area. They told us in the past a priest regularly visited one person.

When people were at the end stages of life, staff had supported people in an individualised way involving the family. This included seeking advice from other professionals including district nurses, palliative care specialists and the person's GP to ensure appropriate equipment was in place. This included any pain relief to ensure the person was comfortable and pain free. 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 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 it was important that the person fitted in well with the other people. This was because it was a small home and the provider wanted to promote that homely feeling. 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. A relative told us they were happy with how the staff had supported their mother to settle into the home.

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.

In addition to the care plan, people had a booklet, which was called "My life". This included life histories, information about their family, interests and hobbies, likes and dislikes. Staff were knowledgeable about people and their interests. One person had been a professional dancer. The staff told us about how they had put on a show for the people living at Park Farm House and their relatives. The person was actively involved and had taught staff the dance routine. Staff said this had been an emotional experience but in a positive way for the person and their family.

Visiting healthcare professionals told us the staff were responsive to people's changing needs. This included reviewing medicines alongside the GP and monitoring a person's well-being for any signs of infection such as a urinary tract infection, which may affect someone's mental state. They told us referrals were prompt and appropriate. They confirmed the staff were knowledgeable about the people they were supported and followed their advice and recommendations. They also told us they had not met with any resistance when suggesting psychosocial interventions as first-line treatments as opposed to medications.

A healthcare professional told us the staff and the provider recognised that transition into full time care could be a period of traumatic adjustment. The deputy manager told us they often had to support family during this period. They also told us it was important for the person to have their own personal effects such as photographs and ornaments so they could make their bedroom feel like it was theirs. The provider recognised that on occasions family could find visiting difficult and preferred to spend time in a small group which aided communication with their loved one.

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. People were observed helping laying the table and being involved

in household chores. Staff told us one person particular liked to be involved in the dusting.

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.

Staff told us hourly checks were completed at night 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 staff were available to support them.

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. On the day of the inspection, people were involved in a sing along, decorating Easter biscuits and table skittles. Some people went out with their family on a regular basis. A member of staff told us they had the role of organising and planning the activities with people and they were going to plan some trips out. They told us last year some of the people living at Park Farm House had been to an event in the village called the Scarecrow Challenge.

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. There had not been any complaints since the last inspection. A relative confirmed if they had any concerns they would speak to the registered provider or staff. Surveys confirmed relatives knew how to complain if they had any concerns. Where suggestions had been made for example additional storage this had been listened too and rectified.

Is the service well-led?

Our findings

The provider did not return the Provider Information Return (PIR). We requested this information in January 2017 with a completion date of the 3 February 2017. 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. The provider submitted a list of professionals that have contact with the service but not the PIR. Because this was not submitted within the timescales the rating for well-led can only be requires improvement. The provider told us they were having broadband problems in January 2017.

There was a lack of formal systems for monitoring how well the home was working. There were no infection control and environmental audits. The deputy manager told us they completed regular visual checks and a maintenance person was employed four days a week to complete any repairs. It was evident this was being completed as the deputy manager had identified a number of areas that required attention along with the infection control lead. The deputy manager told us they had recently introduced a medicines audit and would be implementing other formal checks to monitor the quality of the service.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

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 lived in an annex attached to the main house and was available most days and nights if required.

The provider was supported by a deputy manager who was supernumerary. This meant they were in addition to the care staff and not counted in the staffing levels. However, it was evident at busy times they would assist the care staff when required. There was also a further member of staff employed to assist with office administration tasks.

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 each person". One member of staff told us, "It is not about the money, it is about treating people how you would like to be treated. I really like working here, it is so homely". Staff confirmed they would recommend the service to others or place a relative in Park Farm House. One member of staff told us they would move in if they needed care and support.

Staff told us they felt supported in their roles and team meetings took place every six months or more

frequently if required. The deputy manager told us the frequency was appropriate as they were only a small team and there was good communication in place. They told us in addition to team meetings daily handovers were taking place. This ensured staff were kept up to date about any changes to the service or people's needs. One member of staff described the team as everyone working together whether they worked nights or days. They told us there was no working divide between night and day staff and it was all about supporting the people living at Park Farm House.

A visiting health care professional told us, "We believe the proprietor and the deputy manager are approachable and we feel comfortable about expressing our concerns or discussing issues as they arise. We believe we have a good working relationship with the staff and management at the home". They told us there was empathy and compassion when discussing people and an element of expressing a need to make a real difference to the people's quality of life.

People's views were sought on an informal basis through discussions and observations. Since the last inspection, surveys had been sent to people and their relatives. Feedback was positive and where suggestions had been made these had been actioned. For example, one person's family requested a larger bedroom, when one had become vacant this person was supported to swap bedrooms. Comments included "Excellent, staff spend time sitting with mum talking to her about the football", "The staff very much listen", "Nothing is too much trouble" and "All of the staff are kind and considerate".

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.

This section is primarily information for the provider

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the legislation was not being met: The registered provider's systems for monitoring the service were not robust. There was a lack of records being maintained of the quality checks. Regulation 17 (1) (2) (a) (b) (d)(e) (f)</p>