

Sanctuary Care Limited

Park View Residential Care Home

Inspection report

416 Sicey Avenue
Shiregreen
Sheffield
South Yorkshire
S5 0EN

Tel: 01142572910

Website: www.sanctuary-care.co.uk/care-homes-north/park-view-residential-care-home

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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

Park View Care Home is purpose built and registered to provide accommodation and personal care for up to 60 older people, some of whom are living with dementia. The home is located in a residential area with access to public services and amenities.

There was a manager at the service who was registered with CQC. 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.

Our last inspection at Park View took place on 9 February 2015. We found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to regulation 18; Staffing. The registered provider sent an action plan detailing how they were going to make improvements. At this inspection we checked improvements the registered provider had made. We found sufficient improvements had been made to meet the requirements of Regulation 18: Staffing, as staff had been provided with training, supervisions and appraisals at the frequency set out in the registered provider's policy. Whilst staff verbally confirmed they had been provided with supervision, we found some supervisions had not been formally recorded to fully evidence they had taken place.

This inspection took place on 8 March 2017 and was unannounced. This meant the people who lived at Park View and the staff who worked there did not know we were coming. On the day of our inspection there were 58 people living at Park View.

People living at Park View and their relatives spoken with were positive about their experience of living at or visiting Park View. They told us they, or their family member, felt safe and they liked the staff.

We found systems were in place to make sure people received their medicines safely so their health was looked after.

Staff recruitment procedures ensured people's safety was promoted.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the registered provider's policies and systems supported this practice.

People had access to a range of health care professionals to help maintain their health. A varied diet was provided, which took into account dietary needs and preferences so people's health was promoted and choices could be respected.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and they were involved in decisions about their care. People's privacy and dignity were

respected and promoted. Staff understood how to support people in a sensitive way.

A programme of activities was in place so people were provided with a range of leisure opportunities.

People said they could speak with staff if they had any worries or concerns and they would be listened to.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

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.

Staff were aware of their responsibilities in keeping people safe. Relatives told us they felt their family member was safe. People were content and happy to be with staff.

Medicines were stored securely. Appropriate arrangements were in place for the safe administration and disposal of medicines.

The staff recruitment procedures in operation promoted people's safety.

Staffing levels were adequate to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

Staff were provided with a regular programme of training, supervision and appraisal for development and support.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had an understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were assisted to maintain their health by being provided with a balanced diet and having access to a range of healthcare professionals.

Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People living at the home, or their relatives, said staff were very caring in their approach.

Is the service responsive?

Good ●

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date. Staff understood people's preferences and support needs.

People living at the home, or their relatives, were confident in reporting concerns to the registered manager and felt they would be listened to.

Is the service well-led?

Good ●

The service was well led.

There was an experienced registered manager in post who was well liked and respected by people.

There were quality assurance and audit processes in place to make sure the home was running safely.

The service had a full range of policies and procedures available for staff so they had access to important information.

Park View Residential Care Home

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 20 March 2017 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in caring for older people and people living with dementia.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications of safeguarding and other incidents we had received. Notifications are changes, events or incidents the registered provider is legally obliged to send us within required timescales.

We contacted Sheffield local authority and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received were reviewed and used to assist and inform our inspection.

During the visit we spoke with seven people who used the service and five of their relatives to obtain their views of the home. We were not able to fully communicate with some people living 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 spoke with the regional manager, the registered manager, the deputy manager, five care staff, an activities worker, the cook, a domestic assistant and the administrator. We also looked at nine care plans, three staff files and records associated with the running and monitoring of the service.

Is the service safe?

Our findings

People told us they felt safe living at Park View and commented, "I feel quite safe here," "Let me tell you, this is a good place. I feel very safe here," "I feel so secure here," "My family would not have me living anywhere that was not good for me" and "This is a home from home. I chose my own room because I thought it was safer." People we were not able to fully communicate with were happy in the company of staff and freely approached them. This showed people were relaxed in the company of staff.

Relatives of people living at Park View told us they felt their family member was safe and commented, "We just knew mum was going to be safe here," "No matter what time of day it is, people put their head around [my family member's] door and say hello. This adds to their feeling of security" and "I can absolutely say this is a safe place."

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager and they felt confident the registered manager would listen to them, take them seriously and take appropriate action to help keep people safe.

We saw a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies and procedures were available to them. The staff training records checked verified staff had been provided with relevant safeguarding training.

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. The service managed money for some people. We saw the financial records were kept electronically. They showed all transactions and detailed any money paid into or out of their account. We checked the financial records against the receipts held for three people and found they were fully completed and corresponded to the electronic record. Staff spoken with could describe the actions to take when handling people's money so safe procedures were adhered to and to help protect people from financial abuse.

All of the staff asked said they would be happy for a relative or friend to live at the home and felt they would be safe.

We asked people about the help they got with their medicines and they told us they were happy with the support they received. Comments included, "I get my medicine just when I need it. I cannot take too many painkillers, but they [staff] take care of that" and "If my hip is hurting in the night I can have some extra tablets."

We checked to see if medicines were being safely administered, stored and disposed of. We found there was a medicine's policy in place for the safe storage, administration and disposal of medicines so staff had access to important information.

We checked a four people's MAR charts and found they had been fully completed. The medicines kept corresponded with the details on MAR charts. Medicines were stored securely. At the time of this inspection some people were prescribed Controlled Drugs (CD's) (medicines that require extra checks and special storage arrangements because of their potential for misuse). We found a CD register and appropriate storage was in place. CD administration had been signed for by two staff and the number of drugs held tallied with the record in the three CD records checked. This showed safe procedures had been adhered to.

We checked the care plans of four people who received their medicines covertly. Records showed these decisions had been made in the best interests of the person with the involvement of relevant health professionals and relatives.

Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff could describe these procedures and told us the registered manager also regularly observed staff administering medicines to check their competency. We saw the deputy manager had also undertaken regular audits of people's MAR's to look for gaps or errors and to make sure safe procedures had been followed. We saw records of monthly medicines audits which had been undertaken to make sure full and safe procedures had been adhered to. We found the pharmacist had audited the medicines systems in March 2017. The report from this visit showed no urgent concerns had been identified and advice had been acted upon. For example, an email was sent to all staff to advise them of the form to use to notify of any adverse drug reactions (ADR), as advised by the pharmacist. This showed people's safety was promoted.

We looked at staffing levels to check enough staff were provided to meet people's needs. We found two senior care staff and eight care staff were provided each day. Staff spoken with confirmed these numbers were maintained. We looked at the staffing rota for the two weeks prior to this inspection and found these identified staffing levels had been maintained. We observed staff were visible around the home and responded to people's needs as required.

We spoke with the registered manager about staffing levels. They told us they had a group of bank staff they used when extra staffing was required, for example if a person became very ill.

People living at the home, or their relatives spoken with said they thought there was enough staff to meet their loved ones needs. Comments included, "It always looks to me as though there are enough staff. Mum doesn't have to wait long for help with anything" and "I suppose every home could always do with more staff, but there are enough staff."

We asked staff about the levels of staff provided. All of the staff spoken with thought enough staff were available. Comments included, "We work well as a team. I think there are enough staff" and "At busy times we could always do with more staff, but we manage."

We looked at the procedures for recruiting staff. Each contained references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. The staff spoken with confirmed they had provided references, attended an interview and had a DBS check completed prior to employment. This showed

recruitment procedures in the home helped to keep people safe. We found one staff file detailed some previous employment with children. Whilst the file held references that included one from the most recent employer, there was no evidence the registered provider had assured themselves the employment was satisfactory. We discussed this with the registered manager who gave assurances this would be checked.

We looked at three people's care plans in detail and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were individual to reflect the person's needs. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

Regular checks of the building were carried out to keep people safe and the home well maintained. We found a fire risk assessment had been undertaken and reviewed to identify and mitigate any risks in relation to fire. The registered manager was aware the fire risk assessment had last been reviewed on 29 February 2016 and required reviewing to make sure it was relevant and up to date.

We found policy and procedures were in place for infection control. Training records seen showed all staff were provided with training in infection control. We saw monthly infection control audits were undertaken which showed any issues were identified and acted upon. We found Park View was clean and free from malodours in all areas seen.

Is the service effective?

Our findings

We checked progress the registered provider had made following our inspection on 9 February 2015 when we found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to regulation 18; Staffing. The registered provider sent an action plan detailing how they were going to make improvements. At this inspection we found sufficient improvements had been made to meet the regulation.

At our last inspection we identified staff were not receiving supervision and appraisal for development and support and we issued a requirement notice in relation to this. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their roles.

We looked at the supervision matrix for all staff. This showed care staff had been provided with supervision and appraisal at the frequency identified in the registered providers policy of six every 12 months. The matrix recorded some staff, for example the registered manager, deputy manager, a cook and an activities worker had not been provided with supervisions at this frequency. We spoke with the registered manager who confirmed they were provided with supervisions from the regional manager. The regional manager confirmed this and agreed to send us copies of the registered manager's last three supervisions to evidence this. We spoke with the cook over the telephone who confirmed they had regular meetings with the registered manager for advice and support. The deputy manager also confirmed they had regular supervision meetings with the registered manager and commented, "I have learned such a lot since I have been here."

We discussed this with the registered manager and regional manager who gave assurances all supervisions would be recorded and logged on the matrix to further evidence they had taken place.

We checked the staff training matrix which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as moving and handling, first aid, medicines and safeguarding was provided. The matrix showed training in specific subjects to provide staff with further relevant skills were also undertaken, for example, training on dementia awareness and end of life care. This meant all staff had appropriate skills and knowledge to support people. All of the staff spoken with said the training provided was "Good." One staff told us, "You have opportunities to grow with this company."

One staff told us about the 'Question of the day' which had been introduced to support staff's learning. Senior staff would choose a question and log staff responses to check their understanding and identify any learning needs. Questions were asked on a regular ad-hoc basis. We checked the records of the 'Question of the day' and found they covered staffs understanding of the Mental Capacity Act, consent, capacity and best interests. This showed the service was effectively monitoring and improving staff's learning.

The registered manager informed us three staff were completing the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

People living at the home, or their relatives, said their [family member's] health was looked after and they were provided with the support they needed. All of the comments received were positive and included, "I have kept my own GP from when I was at home, that's good," "I walk out into the gardens every day. It's lovely," "They [staff] make all the arrangements for me to see the chiropodist and the dentist" and "I am seeing the optician next week. The staff have arranged it for me."

The care records showed people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs, psychiatrists, and dentists. People's weights were regularly monitored so any weight and health issues were identified quickly. We asked people living at the home and their relatives about support with healthcare.

We found a varied and nutritious diet was provided to support people's health and respect their preferences. Staff were aware of people's dietary needs and preferences so these could be respected. We saw people were regularly offered drinks and snacks and were encouraged to eat the fresh fruit available. We saw jugs of juice were available in the lounge areas for people to help themselves to. Staff told us and records seen verified food was always discussed at 'residents meetings' so people could share their opinion.

People were very happy with the catering arrangements. Comments included, "The food is first class," "You can have anything you like. You need to tell someone though," "The cooks know how we like our food cooking. Its good home cooking," "Nothing is too much trouble for the cooks" and "The food is superb. I often eat here with my family member."

People said that they could have cooked food for breakfast if they wanted it. Menus were on display around the home and on each dining table, printed clearly in an easy to read layout. If people did not prefer the main choices on offer an alternative was always offered. We observed part of the breakfast and mid-day meal on the first floor from a discrete distance as mealtimes were protected so that people could take time to enjoy their food and not be disturbed by visitors. If people had visitors at mealtimes they spent time with them in another area. Staff told us, "The meal times are a protected time for the residents. It offers so much more privacy and dignity for people who need a lot of help" and "If loved ones still want to help with meals such as feeding, we will make sure they have a private place to have their meal together." The dining tables were neatly set out and looked welcoming. Tables were laid with table cloths, cutlery, condiments and glasses. The care staff took the lead on serving the meals and the staff were seen to be very calm and patient when delivering meals. The food was very well presented and there was a wide range of choices for people.

We spoke with the cook who was knowledgeable about people's individual needs and likes and dislikes. They made a point of meeting with people living at the home regularly in order to identify their dietary requirements and preferences. Where possible they tried to cater for individuals' specific preferences. They told us, "All our food is homemade on the premises" and "We recently had our food safety inspection and we got 5 stars again."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals 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.

Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

There were clear records kept of DoLS authorisations and the care plans seen showed evidence of capacity assessments and decisions being made in the person's best interests. For example, four people were receiving medicine covertly. There was clear evidence in people's care records of capacity assessments and best interest meetings evidencing consultation with family members and health professionals so the decision made was in the person's best interest. The plans contained appropriate medicines care plans which were reviewed on a monthly basis to make sure they remained relevant and up to date.

People who were able told us staff involved them in making choices and decisions about their care. We found care was provided to people with their consent. We looked at three people's care plans. They held people's signatures where people had been able to sign, to evidence they had been consulted and had agreed to their plan. This showed important information had been shared with people and their advocates and they had been able to make an informed decision.

We found the home was designed and adapted to meet the needs of people using the service. Accommodation was provided over two floors, each with two units. A passenger lift was available and all areas of the home were accessible. People were free to wander throughout the home and clear signage and pictures helped to identify the different areas. The home had an enclosed garden and a covered atrium that people could enjoy.

Is the service caring?

Our findings

People who used the service and their relatives all made positive comments about the home. People told us they were happy and well cared for by staff that knew them well. They said staff, including the registered manager, were good at listening to them and meeting their needs. Their comments included, "The carers are so kind," "Staff are kind and I am so happy here," "They [staff] always knock on my door before calling out their names and coming in," "They really care here" and "Everyone is so nice. You cannot fault them."

Relatives said they were always welcomed in a caring and friendly manner. They commented, "I know staff get busy, but they make time for everyone," "They [staff] make all our family welcome," "The atmosphere and warmth and care are outstanding," "The staff support me as well as my mum," "We are so impressed with the kind and cheerful way they [staff] care for people," "Mum is surrounded by lovely people" and "They [staff] make our dad so happy."

Staff told us they enjoyed working at the home and said the staff worked well together as a team.

During our inspection we spent time observing interactions between staff and people living at the home. Staff had built positive relationships with people and they demonstrated care in the way they communicated with and supported people. We saw in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people when they entered a communal room. Staff shared conversation with people and were attentive and mindful of people's well-being. People were always addressed by their names and care staff knew them well. People were relaxed in the company of staff. This showed people were treated respectfully.

We saw staff discussed people's choices with them and obtained people's consent so they agreed to what was being asked. For example, staff asked people's permission for us to enter their rooms. We saw people were able to choose where they spent their time, for example, in their bedroom or the communal areas. People were able to bring personal items with them and we saw people had personalised their bedrooms according to their individual choice. People were invited to attend 'residents' meetings, where any concerns could be raised, and suggestions were welcomed about how to improve the service. This also showed people were treated respectfully.

We did not see or hear staff discussing any personal information openly or compromising privacy. Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information needed to be passed on about people was passed on discreetly, at staff handovers or put in each individual's care notes. This helped to ensure only people who had a need to know were aware of people's personal information.

Staff told us the topics of privacy and dignity were discussed at training events and they were able to describe how they promoted people's dignity. Staff told us they treated people how they would want to be treated. We saw staff interacting respectfully with people and all support with personal care took place in private. This showed people's privacy and dignity was promoted and respected.

The care plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. This showed important information was available so staff could act on this and provide support in the way people wished. The staff asked said they would be happy for a relative or friend to live at the home and felt they would be safe.

Staff spoken with said they had been provided with training on end of life care training so they had the skills and knowledge to care for people when this support was needed.

Is the service responsive?

Our findings

People living at Park View, or their relatives said staff responded to their [family member's] needs and knew them well. They told us they [or their family member] chose where and how to spend their time and how they wanted their care and support to be provided. People also told us they could talk to staff if they had any concerns or complaints. Their comments included, "You can go to the deputy manager about anything. She will sort it out," "Communication is excellent. They [staff] contact either me or my sister so we know if anything changes in [family member's] care needs," "They [staff] always call me if needed. They communicate well," "The response to safety matters is first class. They repair things straight away when you report it," "The staff are so approachable. We could discuss anything with them" and "We have never had anything to complain about, but make no mistake, we would."

All of the people spoken with, or their relatives, said they were happy with the activities provided and they [or their family member] were free to choose to join in or not, depending on their preference. Comments included, "We do some lovely art work and crafts," "I have been on two trips. The tea dance last week and Bridlington last year," "We do lots of things. I love going to the Café. My family join me there," "My mum is really encouraged to join in the leisure activities," "The reminiscence programme is excellent. The groups are not too big. They even work one to one if it is what people need," "The St Patricks Day party was amazing. Everyone was singing and dancing to the Irish music," "There are so many wonderful activities. We love using the cafe" and "We have booked onto the Mother's Day restaurant dinner. The St Valentines dinner was fab."

We spoke with the registered manager and staff about activities in the home. Two activity workers were employed to ensure there was a range of meaningful activities on offer every day. We spoke with the activities co-ordinator. They showed they were highly committed to the activities being enjoyable and beneficial. They displayed a full understanding of the physical and psychological benefits of activities on people's wellbeing. People told us and records showed a range of activities were provided. Records showed recent activities included trips to local pubs for meals and St Patricks Day had been celebrated with a party including entertainment and dancing. On the day of the visit people were enjoying hairdressing with some having a manicure. Throughout the day the staff were seen actively sitting with people and chatting. The home had a café where people could meet with each other and their relatives to enjoy coffee and cakes.

We were not able to fully communicate with some people living 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 spent 30 minutes observing care and interactions in the first floor dining area. People appeared content and staff interacted and spoke with them in a patient and caring manner.

Throughout our inspection we saw staff support people's choices. We heard staff asking people their choices and preferences, for example, asking people what they would like to drink, where they wanted to spend time and what they wanted to do.

Before accepting a placement for someone the registered manager carried out an assessment of the person's needs so they could be sure they could provide appropriate support. This assessment formed the basis of the initial care plan.

We looked at nine care plans in total. Three in detail and six to check specific information had been recorded so important information was available to staff and to evidence the plans were personalised and specific to that person. For example, we observed one person was wearing odd shoes. Staff explained the person had a habit of choosing different shoes to wear. Their care plan detailed this preference. We also saw a notice in the staff room reminding staff about a person's hearing aids. We checked the person's care plan and found it contained clear and detailed information about the support the person needed in relation to their hearing. In addition, we checked four people's care plans to make sure they contained relevant detail in relation to covert medicines.

The three care plans checked in detail were well set out and easy to read. They contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and showed people had regular contact with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs.

One person's file held information in one section which was limited and would benefit from further detail so staff were fully informed. We discussed this with the registered manager who updated the care plan during our inspection. This showed a responsive approach.

The care plans seen had been signed by the person, where possible, or their relative to evidence their involvement and agreement.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported. This meant people were supported by staff that knew them.

There was a clear complaints procedure in place. A copy of the complaints procedure was included in the Service User Guide which had been provided to each person living at the home. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw the complaints procedure was on display at the home so people had access to this important information to promote their rights and choices. We saw a system was in place to respond to complaints. A complaints record was available to record action taken in response to a complaint and the outcome of the complaint.

All of the people spoken with said they could speak to staff if they had any worries and staff would listen to them.

Is the service well-led?

Our findings

The manager was registered with CQC. The registered manager was visible and fully accessible on the day of our inspection. Throughout our inspection we saw the registered manager greet people by name and they obviously knew them well. We saw people living at the home; their relatives and staff freely approached the registered manager to speak with them.

People living at Park View, their relatives and staff at the home spoke positively about the registered manager and deputy manager. People told us they knew the registered manager and deputy manager and found them approachable. People said they had confidence in the registered manager and deputy manager and they were encouraged to voice their opinion. People commented, "I go to all the meetings, the deputy is easy to discuss things with," "We have asked for different activities like baking and making bread. They made sure it happened," "We can discuss anything at the meetings," "The staff are always asking us if we want anything to change," "I have no problems with the management of this place," "The home is run very well," "Some of the staff have been here years. That's a good thing," "[The registered and deputy manager] are an asset to this home and company," "The current manager is the best they have had and we have been here since the home opened," "Mum absolutely loves the staff," "I have no complaints. It is excellent how things are run here," "I have every confidence in the manager and her team" and "The atmosphere here is great, so calm. This is good for mum."

Staff told us both the registered manager and deputy manager had an 'open door' and they could talk to them at any time. They told us the registered manager was always approachable and keen on staff working together. Their comments included, "I am happy here," "I think we really make a difference to people's lives," "I feel I am listened to and really appreciated," "The managers support us" and "We are encouraged to voice our opinions and concerns."

We saw an inclusive culture in the home. All staff said they were part of a good team and could contribute and felt listened to. They told us they enjoyed their jobs. All of the staff asked said they would be happy for a friend or family member to live at the home.

We asked staff what the best things were about working at Park View. Their comments included, "The friendliness, knowing people and seeing how well looked after they are," "It's a really good team. Everyone works alongside each other. I look forward to work and seeing the residents" and "The residents."

We asked staff if they thought there were any areas that needed improvement. Their comments included, "Nothing," "Not sure," "Not anything, possibly more hours for activities. I would like activities for everyone every day" and "I have a lot of respect for [the registered manager.] Standards have improved."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found a quality assurance policy was in place and saw audits were undertaken as part of the

quality assurance process. We found quality assurance procedures were in place to cover all aspects of the running of the home. Records showed the registered manager undertook regular audits to make sure full procedures were followed. Those seen included care plan, medication, health and safety and infection control audits. We saw environment checks and health and safety checks were regularly undertaken to audit the environment to make sure it was safe.

We saw records of accidents and incidents were maintained and these were analysed to identify any ongoing risks or patterns so people's well-being and safety could be promoted.

We found questionnaires had been sent to people living at the home and their relatives to formally obtain and act on their views. The results of questionnaires were audited and a report compiled from these so people had access to this information. We saw the results of the last survey were on display in the reception area which meant people had access to this information. The registered manager told us if any concerns were reported from people's surveys these would be dealt with on an individual basis where appropriate. Where people had identified any improvements needed, an action plan would be developed to act on this.

Records showed staff meetings took place to share information relating to the management of the home. All of the staff spoken with felt communication was good in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know. We saw records of a '10 at 10' meeting that took place for ten minutes every day to share important information with all available staff. The records showed these meetings covered any appointments for the day, people's health and other related information. One staff told us, "There might not be ten staff at each '10 at 10' meeting, but they happen every day. They are really good."

The home had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.