

Mrs Janet Pinington

Park View Residential Home

Inspection report

95 Regent Road
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Lancashire
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Tel: 01524415893

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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 Residential Home was inspected on the 02 October 2018 and the inspection was unannounced.

Park View Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Park View Residential Home provides accommodation for up to 11 older adults requiring help with personal care. It is in a residential area of Morecambe within easy reach of the promenade and local amenities, such as a public house, church, park and shops. Morecambe town centre is easily accessible and local bus and taxi services are nearby. On road parking to the side of the home is permitted. There are communal and dining areas on the ground floor. Bedrooms are located on the ground floor and the first floor, which is accessible by a stair lift for the less mobile. Bathrooms and toilets are available on both floors

At our last inspection in October 2017 the service was rated as 'Requires improvement'. We identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. We found people could not be assured that medicines were managed safely and people were not always protected against the risk and spread of infection. In addition, we found the audit processes in place had not identified the concerns we noted on inspection and some policies required updating. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. We took regulatory action and served requirement notices for these breach in regulation. We asked the registered provider to take action to make improvements to the areas we identified. The registered provider sent us an action plan which indicated improvements would be completed by January 2018.

At this inspection in October 2018, we found improvements had been made. Medicines were managed safely and people were protected from the risk and spread of infection. We found policies had been reviewed and audit systems at the home had identified if improvements were required.

At the time of the inspection visit there was a manager in place who was registered with the Care Quality Commission. 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 2008 and associated Regulations about how the service is run.

The registered manager sought verbal feedback from people who lived at the home and their relatives and surveys were periodically provided.

Recruitment checks were carried out to ensure suitable people were employed to work at the home and staff told us they were able to attend training and supervision to maintain and increase their skills and knowledge.

Care records contained information regarding risks and guidance for staff on how risks were to be managed. We found information in two care records required updating as further information was required regarding the needs of the people they related to. Prior to the inspection concluding we were informed this had been completed.

We found information was recorded regarding people's end of life wishes and people we spoke with told us they had been asked to share their wishes regarding this.

People told us they had access to healthcare professionals and their healthcare needs were met. Documentation we viewed showed people were supported to access further healthcare advice if this was appropriate. People and relatives told us they were happy with the care at support provided at Park View Residential Home.

People told us they could raise their views with staff and these were listened to. The registered manager told us they did not hold meetings with people who lived at the home as they sought feedback from people on a daily basis. This was confirmed by speaking with people who lived at the home. They told us they could raise their views with staff and these were listened to.

People told us they had a choice of meals to choose from and they enjoyed the meals provided. We observed the lunchtime meal. We saw people were given the meal of their choice and were offered more if they requested it. Staff were available to help people if they needed support.

Staff we spoke with knew the needs and wishes of people who lived at the home. Staff spoke fondly of the people they supported and said they cared about them and their wellbeing. We observed affectionate and caring interactions between people who lived at the home and staff. People told us they felt respected and valued.

Relatives told us they were consulted and involved in their family members care. People we spoke with confirmed they were involved in their care planning if they wished to be and staff treated them kindly and with respect.

Staff we spoke with were able to describe the help and support people required to maintain their safety and people who lived at the home told us they felt safe.

Staff told us they were committed to protecting people at the home from abuse and would raise any concerns with the registered provider or the Lancashire Safeguarding Authorities so people were protected.

There was a complaints procedure available at the home. People we spoke with told us they had no complaints, but they if they did these would be raised to the registered manager or staff.

People and relatives, we spoke with told us they were happy with the staffing arrangements at the home. We observed staff spending time with people and the atmosphere was relaxed and unhurried. Staff we spoke with told us they had the time to support people in a calm and unrushed way.

People told us there were a range of activities provided to take part in if they wished to do so. People told us they were asked if they wanted to take part in activities and if they declined, their wishes were respected.

The registered manager demonstrated their understanding of the Mental Capacity Act 2005. People told us they were enabled to make decisions and staff told us they would help people with decision making if this

was required. People are supported to have maximum choice and control in their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The registered manager told us they were committed to improving the service they provided and they wanted people to be happy and well cared for. They told us they believed team working was critical in providing an environment in which staff and people at the home could be comfortable and happy.

The registered manager spoke highly of the staff and praised them for the way they engaged with outside agencies and health professionals. Staff told us they felt supported by the registered manager and that the registered manager worked closely with them to achieve the best outcomes for people who lived at the home.

The registered manager told us they placed people at the centre of their care and supported professional relationships between staff and external health professionals. They explained that by working together, people would be assured the best quality of care. Relatives we spoke with told us they could speak with the registered manager if they wished to do so and they found the registered manager approachable.

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.

Medicines were managed safely and the risk and spread of infection was minimised.

People told us they felt safe and we saw assessments were carried out to identify and control risk. Staff knew the action to take if they suspected people were at risk of harm or abuse.

Recruitment checks were carried out prior to staff starting work at the home and people told us they were happy with the availability of staff at the home.

Is the service effective?

Good ●

The service was Effective.

People's nutritional needs were monitored and referrals were made to other health professionals if the need was identified.

Staff told us and we saw documentation which demonstrated staff received training to enable them to meet people's needs.

If restrictions were required to maintain people's safety, applications to the supervisory bodies were made as required.

Is the service caring?

Good ●

The service was 'Caring.'

The service was Caring.

People and relatives told us staff were caring and we saw people were treated in a caring and respectful way.

People and relatives told us they were involved in care planning.

Staff told us they had received training in equality and diversity and they respected people's right to live an individual life.

Is the service responsive?

Good ●

The service was Responsive.

The service was Responsive.

People and staff told us activities took place for people at the home to enjoy.

People received individualised care to enable them to be as independent as possible.

There was a complaints procedure in place. People and relatives we spoke with told us they had no complaints.

Is the service well-led?

Good ●

The service was Well-led.

A series of checks were carried out to identify where improvements were required.

Staff told us they were supported by the registered manager, and they understood their roles and responsibilities.

People and relatives told us they could approach the registered manager if they wished to do so.

Park View Residential 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.

The inspection visit took place on the 02 October 2018 and was unannounced. The inspection was carried out by one adult social care inspector. At the time of the inspection there were 11 people living at the home.

Before our inspection on 02 October 2018 we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who received support and information from members of the public. We also reviewed the Provider Information Return (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In addition, we contacted the local funding authority and asked them their views on the service provided. We used all information gained to help plan our inspection.

We spoke with five people who received support and five relatives. We also spoke with the registered manager, the assistant manager and three care staff. In addition, we spoke with the cook and two visiting health professionals.

We walked around the home to check it was a safe environment for people to live and observed the interactions between people who lived at the home and staff. This helped us understand the experiences of people who lived at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records of five people who lived at Park View Residential Home. We also viewed a sample of medicine and administration records. In addition, we viewed a training matrix and the recruitment records of the most recently recruited member of staff. We looked at records relating to the management of the service. . We viewed records of checks carried out by the registered manager, accident records and health and safety certification.

Is the service safe?

Our findings

At the last inspection carried out in October 2017 we found people could not be assured medicines were managed safely. At this inspection in October 2018, we found improvements had been made.

Medicines were managed safely. When medicines were administered we observed the staff member ensured medicines were not accessible to unauthorised people and were always secure. The staff member was patient and stayed with people to ensure they took their medicines. This helped ensure medicines were managed safely and taken by people as prescribed.

We looked at a sample of medicine and administration records (MAR.) We noted no gaps in the records we viewed and we counted some medicines to check they corresponded with MAR records. We found they did. This indicated people were given their medicines as prescribed.

We checked to see how the home managed medicines which were given to people 'as required.' We saw individual guidance was available and described the medicine the person could receive and how often. The guidance also instructed in the amount the person could have and the reasons for the medicine. This helped ensure medicines were given to people when they needed them.

We found medicines were stored safely, in locked cupboards and a trolley which was secured to the wall. Staff told us, and we saw documentation which showed training and practical assessments were completed to ensure staff were competent in medicines administration.

At the last inspection carried out in October 2017 we found people could not be assured they were protected from the risk and spread of infection. At this inspection in October 2018, we found improvements had been made.

People and relatives we spoke with raised no concerns with the cleanliness of the home and there was a housekeeper employed to help ensure the risk and spread of infection was minimised. We saw staff used personal protective equipment to ensure the risk and spread of infection was minimised and we noted bathrooms and bedrooms had appropriate handwashing and hand drying facilities.

During the inspection we observed staff using infection control hand gel appropriately. We walked around the home and found it smelt clean and fresh, with no visible dust. Carpets and flooring in the home were clean and checks were carried out to ensure appropriate standards were maintained. The measures in place helped minimise the risk and spread of infection.

People who received support told us they felt safe living at Park View Residential Home. One person commented, "feel safe here. I don't worry about anything." Relatives we spoke with told us they had no concerns with safety at the home. One relative told us they had, "No anxieties" in relation to their family member's safety.

Care records we viewed identified risk and documented the support people required to maintain their safety. For example, we saw care records instructed staff in the help people required to mobilise. Risk assessments were also carried out to identify the risk of a person falling. There were instructions within the care records to guide staff on how risk could be minimised. We asked the registered manager if they carried out nutritional or skin integrity assessments. The registered manager told us people's care plans documented their dietary needs and preferences and people were weighed regularly to check their weight remained stable. They further explained daily checks were carried out of people's skin and if there were any concerns this would be passed to the district nurses for their consideration. We viewed documentation which confirmed monitoring of people's skin and weight took place so the risk of skin damage or weight changes could be identified. Care records were stored securely when not in use, so people's privacy was maintained.

We looked at the recruitment records of the most recently recruited staff member. We found a DBS (Disclosure and Barring) check had been carried out prior to the person starting work at the service. Appropriate references had been obtained, one of which was from the staff member's last employer and a documented employment history was obtained from the prospective employee. These checks helped ensure only suitable people were employed to work at the service.

We looked at how accidents and incidents were being managed at the home. Staff told us and we saw accident forms were completed. The registered manager told us these were reviewed by them to monitor for trends and patterns and lessons learned. We looked in one person's care records and saw they had fallen. The registered manager explained they had reviewed this accident and had requested a medicine review as they were concerned the medicine prescribed for the person may have been having an impact on the person's risk of falls. The care record we viewed showed the person's medicine had been reviewed and changes made. We noted the person had not fallen since this. This showed accidents were reviewed and action taken when possible, to minimise risk of reoccurrence.

Staff told us they were committed to protecting people from abuse. One staff member said if they were concerned that people were at risk from harm or abuse they would take action. They said, "I'd report to [registered manager], or safeguarding authorities and CQC. I'm here to protect our residents." Staff also said they would report any safeguarding concerns to the Lancashire safeguarding authorities if this was required. Staff explained what they would report to ensure people were safe. For example, staff told us they would report unexplained bruising or neglect to ensure people were protected. Staff told us the number for the safeguarding authorities was available in the office. This meant concerns could be reported to allow further investigations to be carried out, if required.

People who lived at the home told us they were happy with the staffing provision at the home. We were told, "They come right away if I need them." A further person told us they felt there were enough staff. They said, "I don't wait." One person told us there had been an occasion when they had to wait. We passed this to the registered manager for their consideration. Staff spoken with told us they had sufficient time to spend with people and they did not have to rush them. We asked relatives their views on the staffing arrangements at the home. Relatives told us they felt there were busy times at the home, but staff were available to support people as needed. We saw people were supported by staff when they needed help. During the inspection we timed a call bell and saw this was answered promptly. Our observations and the feedback we received indicated sufficient staff were available if people needed help.

We walked around the home to check it was a safe environment for people to live in. We found the home was warm and windows were restricted to prevent the risk of falls from height.

We noted the latest food hygiene rating from the Food Standards Agency (FSA) was displayed. The home had been awarded a five-star rating following their last inspection by the FSA. This graded the home as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

A legionella risk assessment had been completed and water temperatures were monitored to ensure people were not at risk from scalds. We viewed a range of health and safety certification. We found equipment was checked for its suitability and safety. We noted the last electrical certificate and Fire alarm service had actions and recommendations recorded. The registered provider told us the checks had been carried out and the work was being completed to ensure improvements were made as advised. We found a fire risk assessment had just been completed and the registered manager described the action being taken to address the recommendations made. Staff we spoke with were knowledgeable of the support people required to evacuate the building if this was required.

Is the service effective?

Our findings

People who lived at the home told us they were happy with the care provided. One person commented, "I think my care is good." A further person said their care was, "All I'd expect. Very good." All relatives we spoke with told us they were happy with the care and support their family members received. One relative described the care as, "Fantastic." A further relative described the care as, "Excellent."

Documentation showed people received professional health advice when this was required. For example, we saw people were referred to doctors, dieticians, specialist nurses and district nurses if this was required. Staff we spoke with were knowledgeable of the individual needs of the people they supported. For example, staff could explain the support a person needed in relation to their dietary needs. This demonstrated staff were aware of professional advice. During the inspection we spoke with two visiting health professionals. They told us they had no concerns with the service the home provided.

We asked the registered manager what documentation was provided to support effective decision making by other health professionals if people needed to attend a hospital in an emergency. We were told copies of essential information such as medicine records and information sheet with contact details of other health professionals and person-centred information was provided. This helped ensure health professionals had access to relevant information to inform their decision making.

We asked the registered manager how they obtained and implemented information on best practice guidance and legislation. They told us they were registered with professional websites to receive best practice information and guidance. The registered manager told us they found this helpful and they were currently exploring the latest guidance on influenza vaccinations so staff were protected from this viral infection. This demonstrated the registered manager sought to gain and implement best practice information.

The registered manager told us they used technology if this was appropriate. For example, alert mats were used to minimise the risk of falls. This is a mat that sounds an audible alarm if people stand on it, allowing staff to respond and support people with their mobility. We saw pressure mats were in use in the home and we tested one by standing on it. We found staff attended immediately. This demonstrated the registered provider considered the usefulness of technology when considering the service provided.

Staff told us they received training to enable them to update and maintain their skills. They also told us they received supervisions with the registered manager to enable them to discuss their performance, any concerns and any training needs. Staff told us they had completed both e-learning and practical training and they were reminded of the need to attend training activities. We discussed the training with the registered manager who told us staff had received training in key areas such as safeguarding, fire safety, the Mental Capacity Act 2005, moving and handling and first aid. This was refreshed regularly. We viewed a staff training matrix and saw this recorded the training people had attended. We also viewed the supervision records of two staff and saw the registered manager discussed their training needs with them. This demonstrated staff received supervision and training to maintain and develop their skills.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at how the home gained people's consent to care and treatment in line with the MCA. Relatives and people who lived at the home told us they were involved in decision making and discussions about their care. One person said, "I'm the one who decides my care needs, that's how I would expect it to be." Records we viewed confirmed people were consulted.

We saw consent was sought before care and support was given. For example, we saw people were asked to consent to their medicines being administered, before support was given with mobility and with personal care. This demonstrated people were consulted, consent was sought prior to care and support being provided and people's wishes were respected.

People told us they were offered choices of meals and they were happy with the meals provided. One person said the cook was 'good.' They commented, "I can always ask for something else but I'm not a fuss pot, I like it all." A further person told us they liked the meals and the home would provide them with an alternative if they wanted it. On the day of the inspection we saw the person requested a sandwich and this was given to them. This showed people could eat meals which met their preferences and nutritional needs. We observed the lunchtime meal and saw people were able to eat where they chose. Meals were provided to people in their private rooms if this was their wish. If people required support to eat we saw staff were available to help them. We observed a staff member discreetly encouraging a person to eat their meal. This demonstrated people were supported to eat foods they chose, where they wanted and were given support if this was required.

We saw evidence people's nutritional needs were monitored. People were weighed to identify if they required further health professional advice to meet their nutritional needs. Staff told us they would support people to gain further professional advice if this was required. In one care record we saw a referral had been made to a dietician and the care plan contained their advice. This demonstrated people's nutritional needs were considered and referrals made as appropriate.

We walked around the home and saw people's rooms were personalised with their own possessions. We saw the rooms were tidy and warm and people had call bells in their rooms to enable them to summon help if this was required.

Is the service caring?

Our findings

People who lived at the home told us staff were caring. Comments we received included, "I really like it here, the people here are so nice and you couldn't get nicer staff." A further person said, "I've built trusted relationships with staff. They're trusted supporters." Relatives voiced no concerns regarding the approach of staff. One relative described the caring interactions he had observed from staff. They told us, "You can see they care. It's not a nine to five job to them." A further relative said, "Staff are marvellous, wonderful to [my family member.]"

We saw staff were caring. We saw people were asked how they were, if they needed anything and people responded to staff by smiling and chatting. We observed staff used touch appropriately. For example, we saw one person became upset during the inspection. A staff member sat with them and held their hand, offering comfort and reassurance. This resulted in the person becoming less upset and relaxing.

We saw people's privacy was respected and people were supported to develop friendships. We observed people could spend time in each other's private rooms if they wished and people we spoke with confirmed this. One person told us how they had developed a friendship with another person who lived at the home. They told us they valued chatting together and, 'putting the world to rights.' They told us staff did not disturb their private conversations.

During the inspection we saw staff took care to knock on doors and wait for a response before entering people's private bedrooms. We found if people were supported with personal care, bathroom doors were closed to maintain their privacy and dignity. People told us they felt respected. One person said, "Staff knock and wait for me to answer before they come in."

During the inspection we saw one person was offered time in a private area as they became anxious. The person declined and staff sat close to them, so they could not be seen by other people in the room. The staff spoke soothingly and quietly and the person became less worried. The feedback we received and the observations we carried out showed people's privacy and dignity was protected.

We observed respectful interactions between staff and people who lived at the home. We saw one person was complimented on their clothing, they thanked the staff member and smiled in response. We saw staff spoke considerately to people who lived at the home. For example, staff addressed people by their chosen name and treated them as equal contributors to conversations taking place. We saw one staff member hugged a person and the person hugged them back and thanked them for helping them. This demonstrated staff had a caring approach and treated people with respect.

Staff spoke affectionately of people who lived at Park View Residential Home. One staff member told us, "I can't switch off sometimes, I worry about people." A further staff member told us, "The residents mean everything to me." From the conversations we observed, it was clear there were positive relationships between people who lived at the home and staff. Staff asked about the wellbeing of people's family members and friends and people responded to these. We observed staff sitting chatting with people about

everyday things that interested people at the home. For example, we heard one staff member talking with a person about when their family member was next visiting and how they were. A further staff member helped a person recall happy memories. This demonstrated staff had knowledge of people and their backgrounds and used these to develop relationships.

People told us they were offered the opportunity to be involved in their care planning. One person told us they had been supported to regain their independence. They described the steps the home had taken to support them. They told us, "I've come so far, and it's with their help."

Documentation we viewed showed people were consulted and relatives we spoke with confirmed they were involved in their family members care. One relative commented, "I'm one hundred percent involved in care planning." A further relative told us, "I talk to them about [my family members] care." This showed relatives were involved in care planning.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager told us details were made available to people if this was required. This ensured people's interests would be represented and they could access appropriate support outside of Park View Residential Home if needed.

Staff we spoke with told us they had received training in equality and diversity and had a good understanding of protecting and respecting people's human rights. Staff told us they valued each person as an individual and would report any concerns of discrimination to the registered manager so people's rights could be upheld. One staff member said, "We support people to live their lives." We saw care records documented people's chosen faith and the registered manager told us if people had faith or cultural needs, support for them could be accessed to maintain their beliefs and faiths.

Is the service responsive?

Our findings

People told us they received good care. One person described their care as, "Very good." A further person said their care was, "Superb." Relatives we spoke with told us they were happy with the service provided. One relative told us they considered the care to be, "Excellent." A further relative said, "It's really good care." Relatives we spoke with told us they were informed of any changes in relation to their family member and if they spoke with staff, staff were knowledgeable of their family member's needs. This demonstrated people were supported by staff who were aware of and responded to people's changing needs.

We found people were given the opportunity to discuss their end of life wishes. People we spoke with confirmed they had been asked if they wanted to discuss their end of life care. Care records contained information regarding people's end of life wishes if they had chosen to share this. This helped ensure people's wishes at the end of their life were respected and upheld.

We found people were supported by staff who were responsive to their needs. One person told us they had been provided with equipment to help maintain their independence and described how their abilities had improved since they moved into the home. They told us, "I've come so far with their help." This demonstrated care was provided which was responsive to individual needs.

Relatives we spoke with confirmed they were involved in discussions regarding their family members care and people we spoke with confirmed they were as involved as they wished to be. Care records we viewed showed people's needs were individually assessed and plans were developed to meet those needs. For example, records we viewed guided staff on how to be responsive to people's mobility or nutritional needs. In two of the records we viewed we noted further information was required to enable staff to give responsive care if the individuals became unwell. Prior to the inspection concluding, we were informed this had been rectified.

Staff told us they offered people who lived at the home the opportunity of being involved in activities and people we spoke with confirmed this. One person told us, "The music man comes in, we have activities and I go to yoga." A further person told us they liked to go shopping and this was supported by staff who went with them. Staff confirmed they helped people take part in activities they enjoyed and we observed this during the inspection. For example, we saw one person being asked if they wanted to help with some household tasks and a further person was asked if they wanted to do a craft activity. This demonstrated people were supported to take part in activities that were meaningful to them.

We saw people's care records contained person centred information on people's individual communication needs. For example, we saw recorded that one person required hearing aids. During the inspection we saw the person was wearing these and chatting to another person who lived at the home. Staff told us they would consider the needs of the person and obtain what support they required. For example, by using pictures or large print to support understanding. This showed people's individual needs were considered.

Park View Residential Home had a complaints procedure which was available to people who lived at the

home. We reviewed the complaints procedure and saw it contained information on how a complaint could be made. All the people we spoke with told us they had no complaints but they would raise these with staff or the registered manager if they had. One person shared they had previously raised a concern with the registered manager and this had been addressed. They told us they were satisfied with the outcome.

Relatives we spoke with told us they had no complaints regarding the care and support provided to their family members and they were confident any concerns would be investigated. Staff we spoke with told us they supported people to make complaints. They explained people's rights to complain were respected and any complaints would be passed to the registered manager enable any investigations to take place. This demonstrated there was a complaints procedure, of which staff were knowledgeable, to enable complaints to be heard.

Is the service well-led?

Our findings

At the last inspection carried out in October 2017 we found audits carried out had not identified improvements were required and some policies required updating. At this inspection in October 2018, we found improvements had been made.

There was a registered manager employed at Park View Residential Home. 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 2008 and associated Regulations about how the service is run.

We reviewed the audits carried out by the registered manager. We found medicine audits were completed to check medicines were managed safely. Infection control audits, fire safety checks, care records accident audits were also being completed. Staff told us the registered manager updated them if improvements were identified and saw evidence actions were carried out. For example, a fire check had identified a door was not shutting as quickly as it should. During the inspection we saw this had been rectified. We also noted the infection control audit had identified a room required the carpet shampooing. The registered manager informed us this had been carried out. This demonstrated checks were completed and actions carried out to drive improvements.

We reviewed a sample of policies. These showed the registered manager had updated these and they contained information to guide staff and people who lived at the home. For example, the complaints policy contained up to date contact details of external organisations for people to raise concerns with if they wished to do so.

The registered manager sought to gain people's views. They spoke with relatives, health professionals and people regularly to gain their views on the service provided. Relatives and people we spoke with confirmed the registered manager sought verbal feedback from them. The registered manager also explained surveys were periodically provided and this was not done on a scheduled basis, for example, annually. We viewed two of the surveys sent in 2018 and saw no concerns had been raised.

People told us they found the registered manager to be approachable and relatives echoed this. They told us they would have no hesitation in bringing concerns or holding discussions to the attention of the registered manager. Relatives we spoke with told us they were happy with the way the home was run and voiced no concerns. People we spoke with told us they considered the home to be well run. One person told us, "It's well organised without being regimented." A further person said, "It gives the impression it's easy going, but it's well organised."

Staff we spoke with could explain their roles and responsibilities and spoke positively of the support they received. One staff member commented, "[Registered manager] is really good. She listens." Another staff member the registered manager gave, "Good support. Staff told us they received leadership from the registered manager. For example, we were told staff meetings took place so staff could discuss any areas

they wished. In addition, the registered manager held one to one conversations with staff to check if staff needed any guidance or direction.

Staff told us they considered morale to be good and that the home had improved since the last inspection. They told us they were proud to work at Park View Residential Home and worked as a team to ensure people were supported. One staff member commented, "We can achieve anything as a team." During the inspection we saw staff worked closely together to support people who lived at the home. We noted staff spoke discreetly about people's wishes and needs and ensured these were met by ensuring they were clear about the next steps they had to take. This demonstrated there was a culture of teamwork where staff and the management team worked together to ensure the home was well run.

We discussed partnership working with the registered manager. They explained they worked with other agencies to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GP's, district nurses, specialist nurses and dietitians. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care to receive the appropriate level of support.

The home had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.