

Mr & Mrs J Elliott

Park House Rest Home

Inspection report

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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

We carried out this inspection on the 15 December 2015. The inspection was unannounced which meant the staff and registered provider did not know we would be visiting.

Park House Rest Home is a family run home that provides care for older people. It is situated within a residential area of Stockton on Tees and is close to local amenities, including a local park and has good transport links into the town centre and the nearby town of Middlesbrough. There were 16 people living at the service at the time of our inspection.

The service had two registered managers in place and they have been registered with the Care Quality Commission since January 2014 and November 2015. 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. One of the registered managers also owned the service. Due to having two registered managers this meant that a registered manager is on duty every day.

People felt safe living at the home and their risks had been identified and assessed so that staff were well informed on how to look after them safely. The philosophy of the home supported people to take greater control in their lives and to make choices. Accidents and incidents were reported and dealt with satisfactorily. There were more than sufficient numbers of staff on duty to keep people safe and staff also had time to sit and chat with people. The service followed safe staff recruitment practices. People's medicines were managed safely and people's capacity to administer their own medicines was assessed. We saw up to date safety checks and certificates for items that had been serviced and checked such as fire equipment and electrical safety.

Staff were well trained in a range of topics and also received specific training to meet people's individual needs. They were supported and actively encouraged by management to take additional qualifications which supported their continual professional development. Staff 'champions' had been recruited who received additional training in a range of areas such as diabetes management and infection control; they provided support to other staff to ensure best practice was implemented. All staff underwent an induction period. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and associated legislation under the Deprivation of Liberty Safeguards (DoLS) and put this into practice. Staff received regular supervisions and annual appraisals.

People's nutrition and hydration needs were met and people enjoyed eating and drinking and maintained a healthy lifestyle. Comments about the food and the mealtime experience were very positive. The standard and quality of the food was high and people could have a drink or something to eat at any time of the day or night. People's day to day health needs were met and they had access to a range of professionals. In addition, a healthcare professional visited the home regularly.

People were looked after by kind and caring staff who knew them exceptionally well. People and their relatives were all extremely positive about the care that was delivered and the warm, friendly attitude of all staff. Staff were sensitive and empathic to people's needs and were prompt in providing assistance when needed. People were supported to express their views and be involved in all aspects of their care and their privacy and dignity was promoted.

People received care and support that was responsive to their needs. Care plans provided detailed information about people so staff knew exactly how they wished to be cared for in a personalised way. People were at the heart of the service and were cared for as individuals and actively encouraged to maintain their independence.

Activities were on offer for people to participate in if they wished. Outings were also organised outside of the home and people were encouraged to pursue their own interests and hobbies.

The service had not received any written complaints but they did log all minor 'grumbles' and these were resolved immediately.

The registered manager's had developed a robust quality assurance system and gathered information about the quality of their service from a variety of sources.

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 felt safe and staff knew what to do if they had concerns about abuse.

Risks to people's health, safety and wellbeing were assessed and action taken to reduce the risk.

Medicines were stored securely and administered safely.

There were more than sufficient numbers of staff to care for people's needs. The service followed safe recruitment practices when employing new staff.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to support people who used the service.

The registered manager and staff understood the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards [DoLS] and their responsibilities under them.

Staff obtained consent from people before providing support. People had access to a choice of nutritious food and drink and were supported to access health care when necessary.

Is the service caring?

Good ●

The service was caring.

People received individualised care from staff and the registered managers.

People were supported to maintain and improve their independence.

Wherever possible, people were involved in making decisions about their care. People were treated with dignity and respect by kind and caring staff who knew them well and staff put people first.

Is the service responsive?

The service was responsive.

Care plans provided detailed and comprehensive information to staff about people's care needs, their likes, dislikes and preferences. Staff understood the concept of person-centred care and put this into practice when looking after people.

Activities were on offer at the home and these were enjoyed by people. People were also encouraged to pursue their own hobbies or interests.

Complaints or minor grumbles were listened to and dealt with immediately.

Good ●

Is the service well-led?

The service was well led.

People were at the heart of the service the registered managers were role models and led by example. The vision and values of the home were understood by staff and embedded in the way staff delivered care.

The registered managers monitored the quality of the service provided to ensure standards were maintained.

People, their relatives and staff were extremely positive about the way the home was managed.

Good ●

Park House Rest 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 registered 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 the 15 December 2015 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed the information we held about the home. We looked at notifications that had been submitted by the home. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. This information was reviewed and used to assist with our inspection.

The provider was not asked 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 plan to make.

During the visit we spoke with eight people who used the service, four relatives, the owner of the home who is also the registered manager and the second registered manager, six care staff and the cook. We also spoke with a visiting social worker. We undertook general observations and reviewed relevant records. These included three people's care records, four staff files, audits and other relevant information such as policies and procedures.

Is the service safe?

Our findings

People felt safe and were protected from abuse and harm. People confirmed they felt safe with comments such as, "I feel safe in here." and "Oh I know I am safe and well looked after." Relatives we spoke with said, "My mum is very safe here." And another relative said, "My mum is definitely safe and she feels safe."

Staff knew how to recognise the signs of potential abuse and were knowledgeable about safeguarding of adults at risk. They were able to identify the correct safeguarding and whistleblowing procedures and how to refer any concerns on to the local authority safeguarding team. One staff member said, "I would report any possible abuse straight away, I make sure the residents are looked after and safe." Records confirmed that all staff had received training in safeguarding.

Risks to people and the service were managed to protect people and ensure that their freedom was supported and respected. Each person's care plan had a risk assessment that was personalised to them. Risk assessments were completed by the registered manager or staff and included the person concerned. The assessments outlined the identified risks and there was information and guidance to staff on how to mitigate the risk. The registered manager also said that they have taken positive risks with people who used the service so they could enjoy a 'fuller life and be happy.' Examples of the positive risks included one person who had a Deprivations of Liberty Safeguarding in place but who loved to go for a walk in the nearby park. The person was risk assessed and visits the park on a daily basis. In another example, a person wanted to go to the nearby shops. Due to poor orientation staff accompanied them on their first three occasions to make sure they were fine and would be able to find their way back. They now go out three or four times a week on their own. This meant that the service had procedures to keep people safe whilst also promoting their independence.

The service had an up to date business continuity plan. This meant if an emergency was to happen the service was prepared. There were plans in place if an emergency, such as a fire, happened. The provider and staff were clear about what action to take and people living in the home also knew how to get to a safe place. We saw evidence of Personal Emergency Evacuation Plans [PEEP] for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. One staff member said, "We do a full evacuation fire drill every month, at different times of the day, we check everyone is able to get out."

We saw that the service was clean and tidy and there was plenty of personal protection equipment [PPE] available. One person who used the service said, "I cannot fault this place, it is clean and it is lovely." We saw safety checks and certificates that were all within the last twelve months for items that had been serviced and checked such as fire equipment and water temperature checks. Audits took place monthly and covered areas such as medicine, housekeeping and personal allowances. This meant that processes were in place to keep the premises clean and safe.

Accidents and incidents were monitored each month to see if any trends were identified. At the time of our inspection there had only been three accidents and incidents this year, therefore too few to identify any trends. Each accident and incident was fully assessed with an action plan and a risk assessment put in place when required.

This meant that risks to people were reduced.

There were sufficient numbers of staff to care for people's needs. On the day of inspection there were six care staff members and the two registered managers, plus kitchen staff and domestics to care for 16 people. Staff we spoke with said, "There is always a lot of staff on but it means we get time to be with people, sit and chat or do their nails." A relative said, "The girls are second to none, they always have time to sit and talk to you." A visiting healthcare professional said, "Staff are always around you never have to look for them." The registered provider said, "We have a very low turnover of staff allowing us to give the residents continuity and stability in the care they receive. We also have extremely high staffing levels which allows us to deliver the highest possible person centred care. This allows us to give all the extras that we deliver in a non-conveyor belt style care."

The registered manager followed safe recruitment processes to help ensure staff were suitable to work with people living in the service. We saw they had obtained references from previous employers and a Disclosure and Barring Service (DBS) checks were completed before they started work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults.

We checked the management of medicines and saw people received their medicines at the time they needed them. Medicines were ordered, stored, dispensed and disposed of safely. Medication Administration Record (MAR) charts showed that people received their medicines as prescribed and staff had signed the MAR to confirm this. Staff received training in the administration of medicines and this was updated on a regular basis. Medicines requiring refrigeration were stored in a locked fridge dedicated for that purpose and records were kept of room and fridge temperatures to ensure medicines were safely kept. Medicines with a short shelf life once opened had the date of opening noted to ensure they remained safe and effective to use. We observed a lunchtime medicine round. Staff confirmed the person wanted to take their medicine and explained what the medicine was for and stayed with the person until they had taken their medicine.

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. Comments included, "Staff are very good, any problems I have they look after me." and "We are very well looked after." A relative we spoke with said, "The staff are very professional, they understand my mum's condition very well."

All staff underwent a formal induction period. Staff shadowed experienced staff for three weeks or until such time as they were confident to work alone. The registered manager said that all new staff would be required to complete the Care Certificate. This is a nationally recognised set of standards that health and social care workers adhere to in their daily working life. Mandatory training had been completed by existing staff in moving and handling, health and safety, infection prevention and control, safeguarding, medicines, food hygiene, first aid, equality and diversity, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). All staff were required to complete essential training, including staff who were not directly providing care to people, this included dementia awareness and end of life. 14 staff out of 21 employed were National Vocational Qualification Level three trained or training towards Level 3. Some staff had received specific and additional training to enable them to become 'champions' in particular areas. Champions provided additional support, advice and guidance to other care staff. There were champions in dementia, dignity, activities and nutrition. The registered provider said, "The home is responsive to the changes of national guidance by updating the training of its staff regularly." This meant the service ensured that staff had the training they needed to support people effectively.

Staff were formally supervised and appraised and confirmed to us that they were happy with the supervision and appraisal process. Records confirmed this. Staff had to prepare for their yearly appraisal and state 'which part of the job did they think they performed best' and 'which part of the job did they perform less well' as well as stating 'what could be done to improve performance.' We asked staff what their thoughts were on the supervision and appraisal system. One member of staff said, "Supervisions and appraisals are useful if you want to discuss anything, such as I wanted to change my hours." Another staff member said, "I find them very useful."

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 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. We saw the service acted within the code of practice for MCA and DoL's in making sure that the human rights of people who may lack mental capacity to take particular decisions were protected. The registered manager told us they had been working with relevant authorities to apply for DoLS for people who lacked capacity. This ensured they received the care and treatment they needed and

there was no less restrictive way of achieving this. At the time of our inspection there was no one living at the service subject to a DoLS. Staff had received training in MCA and DoLS and demonstrated a clear understanding with comments such as "DoLS is when a person does not have capacity to make decisions." and "We involve the multi disciplinary team so it is in the persons best interests."

The registered provider sought written consent of people in areas such as taking photographs and administering medication. Staff explained how they always obtained consent and receive a verbal answer. One staff member said, "If they said no that is their choice and we would have to do what they want." People who used the service were very complimentary about the food. Comments included, "The food is lovely and you get plenty of choice, they always ask you what you want." Another person said "The food is smashing." The cook came round and asked everyone personally what they would like for lunch, the choice was beef casserole or fish with parsley mash, carrots and broccoli, followed by a pudding. The cook said, "If they want something else they can have it, anything they want."

Lunchtime was a very happy experience. Tables were set beautifully with flowers and napkins, people sang Christmas carols and were laughing and talking. Throughout the meal people were saying how nice the food was. Comments included, "Oh this is lovely." and "Yummy." Staff were very attentive, supportive and smiling with people, offering plenty of drinks or asking people if they wanted more. Where needed people had adaptive cutlery and plate guards. The registered manager explained that they have just ordered different coloured plates to support people living with dementia who may be experiencing visual disturbances. The dining room had picture menus on display showing what was for lunch that day. People also had a choice of where they ate their meals, the majority were in the dining room but a couple preferred to eat in their own room or in the lounge.

The cook was aware of people's dietary needs and preferences, such as whether they were on a pureed food diet. We asked how they are kept informed of this and we were told. "Staff always keep me up to date but I also go and sit with each person, chat to them and find out myself." Where people needed a pureed diet the cook explained how everything is pureed separately and presented attractively on the plate.

The cook explained that they do 'trial Thursdays,' they said, "On a Thursday the menu goes out of the window and we try something new such as beef curry, spaghetti bolognese or beef in beer, we always do an alternative as well. If they [people who used the service] like something we add it to the menu, if they want to. We did egg and chips one Thursday and everyone loved it so that is now on the menu. I change the menu three or four times a year with the people included, it's their menu not mine, we did have liver but they decided they did not like it anymore so we got rid of it off the menu." The cook also said, "I have no budget so I never have to cut corners or choose cheaper cuts." The registered manager confirmed this, saying, "There are no food budget restrictions imposed on the cook." The kitchen was open 24 hours a day, therefore staff had access if people wanted a snack.

People were offered drinks throughout the day and all enjoyed stollen cake in the afternoon. On special occasions the cook prepared buffets and cakes. The day before inspection they had held a Christmas buffet and were planning a full Christmas dinner for Christmas day. One relative we spoke with said, "They always include me in the food if I am here." The visiting healthcare professional said, "I am always offered tea and cake."

People at risk of poor nutrition were regularly assessed and monitored using the Malnutrition Universal Screening Tool (MUST), a tool designed specifically to assess people's risk of malnourishment using a combination of their height, weight and body mass index, to identify this.

Health monitoring was in place such as monthly weight, pulse and blood pressure recording, and action was taken if this was necessary. The registered manager said "We like to keep an eye on their pulse, blood pressure as it shows us if anything is brewing such as their temperature is up and it could ring alarm bells. It is also good feedback information for the GP."

People were supported to appointments with external healthcare professionals such as the GP and optician, evidence of visits were documented in their care files. One GP had stated in a questionnaire, "They [staff] are doing an excellent job, I have no concerns only praise about them."

The premises had a very homely feel and was clean and tidy. One staff member said, "The owner had really enhanced this place recently making massive changes such as the Jacuzzi bath." The registered provider said, "We have added the downstairs wet room with walk-in shower and a Jacuzzi bath. This was in response to the changing needs of our residents. The Jacuzzi bath was added to enhance the overall experience at Park House."

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. Throughout the inspection, we observed how staff talked with people and only saw caring, patient, thoughtful interactions. For example, staff showed patience when walking with people, explaining each step and what was happening. Without exception, everyone we spoke with said how impressed and happy they were with the staff at the home. People said, "Everything is wonderful, staff are wonderful it is perfect here." Another said, "They [staff] will do things at the drop of a hat." And another person said, "They are really good girls, they are always checking on me, asking if I am okay." And another person said, "They are all lovely every one of them." And "We are very well looked after."

Relatives we spoke with said, "It is fantastic here, I would not want my relative anywhere else, it is nice and relaxed and always feels homely and I am always welcome. They are interested in my relative as a person, like family, she is very happy here." And, "My mum was in hospital and they put a vase of flowers in her room for when she returned." Another relative we spoke with said, "We chose this home due to good reports and because it is small, they [staff] are lovely with her, they have made her feel part of them and feels she has known them all her life. They have made what could have been an upsetting experience very easy, it is a home from home, she settled in straight away and it is now normality, I cannot praise them enough" And another relative said, "They [staff] will do anything at anytime, my relative can have anything they want when they want."

The visiting healthcare professional said, "The staff help make this a very homely atmosphere, the staff are happy, smiling and always kind." Staff we spoke with said, "This is a home from home, I personally would not work anywhere else it is a lovely home, we know all the families and they can speak to any one of us." And another said "We know all of them [people who used the service] and their families really well, they also know ours." Throughout the day we often heard people who used the service asking staff how their family members were.

People's privacy and dignity were respected and promoted. Staff were friendly and caring. We asked staff how they supported people to maintain their dignity and privacy. Staff we spoke with said, "I always get permission if I do things, I think what would I do for myself and I do it for them." And "I close curtains, keep them covered, the dignity they receive by all staff cannot be praised enough, we are always discreet."

We asked staff how they promote peoples independence. One member of staff said, "I promote independence by encouraging them [people who used the service] to do as much as they can for themselves." Another staff member said, "I encourage them to be independent such as offer a flannel so they can wash their own face, I offer encouragement by praising them such as 'you have done really well today'." One person who used the service said, "They always get me up and say, water is in the sink. You have to be as independent as you can be and staff encourage it." A relative we spoke with said, "They enable my relative to take control but they are there for her, they provide a safety net."

We saw that all people who used the service had access to an advocate if needed and information was available. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. At the time of inspection no one living at the service had felt the need to use an advocate. The registered manager was aware of the process and action to take should an advocate be needed.

We saw care plans covered end of life wishes and preferences. We saw the service's end of life policy which also covered how staff may feel and the support that can be provided.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. We looked at care plans for three people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual care plan and in partnership with them. Individual choices and decisions were documented in the care plans and they were reviewed monthly or more frequently if needed.

The care plans we looked at were person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. Care plans were legible, up to date and personalised. They contained detailed information about people's care needs, for example, in the management of risks associated with people's dietary needs and the risk of falling. The care plans contained detailed information about people's personal histories, likes and dislikes and the delivery of care and procedures, such as the assessment of people's mental capacity. People's choices and preferences were also documented. The daily records showed that these were taken into account when people received care, for example, in their choices of food and drink. There was good communication in the management of people's care between the provider and external professionals such as GPs and community nurses. We spoke with a visiting health professional on the day of our visit, who said, "Staff quickly identified [the person's] needs really quickly, they have support the person to access the community, which they did not do before, they are now happy, content and thriving." The registered provider said, "Park House is built around person centred care and the residents are of the utmost importance. This is their home. We promote this through the residents and that they are happy and content."

We asked staff what they understood by the term 'person-centred care'. One staff member told us, "Person centred care is putting them at the core, it does not matter what their race, religion or gender is, it is about them."

We asked relatives if they had been involved in the care planning process. Relatives we spoke with said, "I helped update the care plan, it is right for her needs." Another relative said, "I personally added bits to the care plan with the staff and my relative. I just added bits that were relevant to her."

Activities took place each day and as and when people wanted to do things. Staff had time to spend with people, and to engage in activities with them. On the day of inspection they all went into the dining room and made salt dough Christmas tree ornaments. We sat with the people for some time during the activity and they all were having great fun and proudly showed off what they had made. We asked people who used the service if there were plenty of activities for them. People said, "Oh there is always something going on, we play bingo and quots." Another person said, "We play bingo, I love bingo, I won four prizes last time, you win toiletries and things."

The service also booked external entertainers to come into the home. The day before the inspection there was a Christmas party buffet and a solo guitarist came in on the morning and a school choir came and sang on the afternoon. People who used the service said, "We had a beautiful Christmas party." Another said,

"The school choir were lovely, one of them kept smiling and waving at me." The service also organised days out. During the summer they organised a trip to Seaton Carew to eat fish and chips. For the people who did not want to go out, the registered manager ordered fish and chips from the local shop, so these people did not miss out.

Staff we spoke with said, "There are a lot of activities going on, we do arts and crafts, quizzes, cake decorating, oh loads of things, it is great." One relative we spoke with said, "My relative does allsorts of different things, she loves her bingo the most though."

The service had not received any official complaints, but kept a log of minor 'grumbles' which were resolved immediately if possible. One minor grumble was the lunch being late. The registered manager now made sure this person received their lunch first. People we spoke with said, "I have never had to put a complaint in, I have nothing to complain about." The service had a complaints policy and information on how to make a complaint was on display.

Is the service well-led?

Our findings

People who used the service and their relatives were complimentary about the registered manager and staff. Comments included, "The manager is lovely." and "The managers are fantastic they are always here, any slight concern and they are in touch." Another relative said, "They [staff] are brilliant, it is a fantastic place full of laughter."

We asked staff if they felt supported by management. Staff we spoke with said, "The managers are great without a doubt, very supportive and approachable." Another staff member said, "The managers are fine, approachable and will help with any problems, I can speak to them about anything." And another said "Yes the managers are open and honest." Another staff member said, "Anything you want or ask for they [the managers] accommodate and get for you."

We asked staff about the culture of the home. Staff we spoke with said, "We have a very open and honest culture, it is also a home from home, very personal to the people living here, I would not work anywhere else." Another staff member said, "Our culture is very open and honest, our managers are very open and honest we get to know everything that is going on." Another staff member said, "It is our policy to make this place homely a home from home, I love this home and I love my job, we are a happy home."

Relatives we spoke with said, "This home has an open and honest culture, nothing is hidden, I do not want my [relative] to ever leave here, I feel so relieved and relaxed." And "When I was looking for a suitable home I rang round a few and was told to make an appointment, here they just said, come anytime, come now if you want, I came and found a warm, happy home and instantly felt welcomed."

Staff described the services visions and values. Staff we spoke with said, "It is all of our vision to make this as nice as place as it can possibly be." And another said "Our vision is for a homely, safe comfortable place for people to live, everyone gets on really well and people's needs are very well met, I would not hesitate to put my mum in here." From our observations at inspection, it was evident that the vision and values had been embedded into the way the home was managed and put people at the heart of the service.

Resident and relative meetings took place regularly. Topics discussed were activities, day trips, food, trial lunches and decorating. We asked relatives if they attend meetings. Relatives we spoke with said, "I have not as yet but I will attend the next one." Another said, "I have not been to a meeting but I am here everyday and I am always updating on what is happening."

Staff meetings took place every other month and were well attended. Topics discussed were safeguarding, health and safety, infection control, changes to shift patterns, rotas and any other business. One member of staff said, "The meetings are good, everyone attends and we all have a voice."

We asked the registered manager about the arrangements for obtaining feedback from people who used the service, their relatives and other people who visited the home such as GP and healthcare professionals. The registered manager said, "We gather feedback from staff, residents, Families and professionals alike. We are

responsive to change and constructive feedback. We have an open door policy, discussions are held with staff to find new ideas and initiatives and empower them to make a difference." The registered manager provided us with completed questionnaires they sent out or asked people to complete when they visited. Comments from the people who used the service were, "This home is very nice", "staff are kind" " I am very happy living here", "I always feel safe" and "Staff are like family, I should have come to live here earlier, food is smashing." Where people could tick to say what they thought, all excellent had been ticked. Comments on relatives questionnaires included "Overall as a family we feel there is not better place for our [relative]" "Whenever I visit this home staff are always very happy." And "Staff are excellent, I would highly recommend it."

Healthcare professionals comments included "It is one of the best care homes I visit on a regular basis" and "Great team"

Staff had also completed a questionnaire, they had all ticked excellent and stated comments such as "We all give 100%" and "I would improve nothing, keep up the excellent work."

We saw that well managed systems were in place to monitor the quality of the care provided. Frequent quality audits were completed. These included checks of; medicines management, care records, incidents, weights, wellbeing and infection control. These checks were regularly completed and monitored to ensure and maintain the effectiveness and quality of the care.

We asked the registered provider what their biggest achievement had been. They said, "One of the biggest achievements that the home has gained is being ranked top on www.carehomes.co.uk in Stockton, number two in Cleveland and Teesside, number two in the North East of England, and number 24 in England, all coming from feedback from residents, families, professionals."

The Registered manager said, "We have links with the local schools, church, library, colleges, and we have volunteers who regularly attend the home." This meant they had links with the local community.