

# Barchester Healthcare Homes Limited

# North Park

## 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 

## Overall summary

The inspection visit took place on the 6th and 7th November 2014 the first day was unannounced.

We last inspected North Park on 21st October 2013 and found the service was not in breach of any regulations at that time.

The service provides accommodation for up to 60 older people. North Park provides residential care alongside care for people living with dementia. The home is situated in Darlington and is near to all local amenities and is a modern, purpose-built facility with views over a local park.

There is a manager in post who is 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 2008 and associated Regulations about how the service is run.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivations of Liberty Safeguards (DoLS). The manager had the appropriate

# Summary of findings

knowledge to know when an application should be made and how to submit one. This meant people were safeguarded. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards.

People told us they felt safe at North Park and that staff were always kind towards them. We saw people being given choices and encouraged to take part in all aspects of day to day life at the home, from helping to set the table for lunch to being involved in changing the system of mealtimes which was discussed with everyone prior to its implementation.

Relatives told us they were provided with information about their relative and involved with the care planning process. We also saw how people were involved in participating in their monthly care review, for one person with dementia, this was done sensitively and knowledgeably by the member of staff concerned.

We saw that staff were recruited safely and were given appropriate training before they commenced employment. Staff told us about how training in dementia had helped them understand more from the person's perspective about living with this condition. There were sufficient staff on duty to meet the needs of the people and the staff team were very supportive of the managers and each other. Retention of staff at this home was very good.

We saw people's care plans were personalised and had been well assessed. Staff told us they referred to care plans regularly and they showed regular review that involved the person if they were able.

Staff told us they felt listened to and were able to talk to the managers and relatives and people who lived at the service also confirmed the management was approachable and accessible.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

This service was safe.

Staff were recruited safely and given training to meet the needs of the people living at the home.

Staff knew how to recognise and report abuse.

There were enough trained and experienced staff to meet the needs of the people at the home.

Good



### Is the service effective?

This service was effective.

People were supported to have their nutritional needs met and mealtimes were well supported.

Staff knew the needs of the people well and were able to provide effective and compassionate care and support.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS) and they understood their responsibilities.

Good



### Is the service caring?

This service was caring.

People and their relatives told us they were happy with the care and support they received and their needs had been met.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Good



### Is the service responsive?

This service was responsive.

People's care plans were reviewed with them on a regular basis and systems were in place to quickly identify if someone's needs had changed.

The service provided a choice of activities and locations and people's choices were respected.

People, staff and relatives were all aware of how to raise a concern or complaint and these were handled appropriately.

Good



### Is the service well-led?

The service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided.

Accidents and incidents were monitored by the manager to ensure any trends were identified and lessons learnt.

Good



# Summary of findings

People, staff and relatives all said they could raise any issue with the registered manager or the deputy manager. Both managers maintained a regular presence within the service.

People's views were sought regarding the running of the service and changes were made and fed-back to everyone receiving the service.

# North Park

## 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 over two inspection days on the 6 and 7 November 2014. Our first visit was unannounced and the inspection team consisted of an inspector 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.

Before the inspection, the provider completed 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. We also reviewed all of the information we held about the service including statutory notifications we had received from the service.

On the first day of our visit to the home we focussed on speaking with people who lived at the home and their

visitors, speaking with staff and observing how people were cared for. We also undertook pathway tracking for six people to check their care records matched with the care needs that they said they had or staff told us about. The inspector returned to the home the next day to look in more detail at some areas and to examine records relating to the running of the service.

During our inspection we spoke with 14 people who lived in the home, four visitors, three senior care staff, five care staff, two ancillary staff and the deputy manager. We observed care and support in communal areas, spoke with people in private and looked at the care records for six people. We also looked at records that related to how the home was managed.

As part of the inspection process we also reviewed information received from the local authority who commissioned the service. Prior to the inspection we spoke with one member of the commissioning team, an infection control nurse who had recently visited the home and two community psychiatric nurses who also visit the service regularly. On the day of our visit we also spoke with a visiting care manager and an assessor who was carrying out a Best Interests Assessment as part of the Deprivation of Liberty Safeguards process, to obtain their views about the service.

# Is the service safe?

## Our findings

People we spoke with had an understanding of abuse and confirmed that there had been nothing to cause them concern in this area. All the people we spoke with told us they felt safe at the home. Their comments included; “I feel very safe”; “Oh yes I leave my door open all night” and “I would tell someone, they always listen.” People all said that staff always asked permission before anything was done for or to them. We observed staff telling people what they were going to do before they provided any direct care and we observed one person who was very nervous of being hoisted, being given lots of reassurance and praise by staff who were assisting with this task. People at the home appeared confirmable and happy with the staff supporting them.

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They were all well able to describe the different types of abuse and the actions they would take if they became aware of any incidents. One of the senior carers told us they had contacted the local authority safeguarding team to seek advice and would have no hesitation in doing so again. We spoke with an ancillary member of staff and asked them what they would do if they saw someone being aggressive to another person using the service. They said they would stand between them and try to divert their attention and get another staff member to assist immediately. We looked at training information which showed that staff had completed training in regard to these topics. Training records showed they had received safeguarding training which was regularly updated. This showed us staff had received appropriate training, understood the procedures to follow and had confidence to keep people safe. One of the senior care staff told us they observed staff to make sure no one was stressed and if they were they stated they would advise them to take a short break.

We saw records that demonstrated the service notified the appropriate authorities of any safeguarding concerns and in the previous year the registered manager has been pro-active in discussing any relevant issues with the Care Quality Commission.

Prior to the inspection the local Infection Control Nurse had informed us they had found some issues at the home at a recent visit. These concerns related to cleanliness of mattresses and appropriateness of some cleaning

equipment. We saw that the home had taken measures to ensure mattresses were checked and cleaned appropriately. We spoke with ancillary staff about cleaning cloths and were given mixed responses about which clothes should be used in toilet and bathroom areas. We raised our concerns with the deputy manager at the time and following our visit the registered manager contacted us and informed us that they had undertaken training with all housekeeping staff and had made sure the correct cleaning equipment was used. We also found that soap dispensers in two toilets for staff use were empty, again we raised this at the time with the deputy manager and this was rectified straight away. We found the home to generally be clean and pleasant.

The training information we looked at also showed staff had completed other training which enabled them to work in safe ways. This included fire, first aid and health and safety training, which we saw was regularly updated. One person who lived at the service told us they were fully aware of the action they needed to take in the event that the fire alarm sounded. They said, “If the fire is at the back of the house you go out the front door and cross the road.” Staff we spoke with confirmed they knew the procedures to follow in the event of an emergency. They gave examples of steps to take in the event of the fire alarm sounding or if a person had a collapse. All staff we spoke with confirmed they were up to date with Cardio Pulmonary Resuscitation.

Care plans contained risk assessments that were regularly reviewed to ensure people were kept safe. We saw staff following safe practices whilst carrying out a painting activity, by making sure paints people were using, were moved to a secure location if staff needed to leave the area. Staff also explained to us that on an individual basis they decided whether people were able to have toiletries in their rooms or not. One staff member told us; “We are watching around all the time, you can’t leave things lying around.” We also saw the service had generic risk assessments in place regarding the environment and these were reviewed by the health and safety group at the service which included the manager, housekeeping staff and maintenance.

There were effective recruitment and selection processes in place. We looked at records relating to the recruitment and

## Is the service safe?

interview process. We saw that the provider had robust arrangements for assessing staff suitability, including checking their knowledge of the health and support needs of the people it provided a service to.

We saw that recruitment processes and the relevant checks to ensure staff were safe to work at North Park had been carried out. Most of the staff we spoke with who were on duty on the day of the inspection, had worked at the home for over three years, many of them for over eight years.

We spoke with one staff member who had worked at the service for less than six months. They explained how they had seen the position advertised on the provider's website and how they had put in an application and were then interviewed by the registered manager and the deputy manager. Following their appointment they told us about their formal induction to the home. They explained they had a week of shadowing staff in the home and how they were given a senior care staff to be their mentor. They told us how they discussed their induction with the deputy manager during a formal supervision session. Several staff members told us they felt part of a team and that "People needed continuity of care."

We looked at five staff files and saw that before commencing employment, the provider carried out checks in relation to staff's identity, their past employment history and a Disclosure and Barring Service (DBS) check. The deputy manager explained the recruitment process to us as well as the formal induction and support given to staff upon commencing employment. We spoke with a college student who was on placement at the home. They told us they had been made aware of basic procedures at the home such as a fire and reporting any concerns they may have. They told us they were just there to observe care and felt that the staff team had been friendly and supportive to them.

We were also told that the provider's regional business manager carried out an annual check on recruitment processes at North Park as part of their quality assurance programme.

Throughout the inspection we observed the interactions between staff and people who lived at the home. We saw staff were available to support people living at the service to go about their daily activities. On several occasions we observed staff chatting with people in their room. One person was talking with staff about their lovely bedspread,

they said; "Oh yes we chat about different things." The deputy manager told us there were two care staff and a senior carer on duty during the day on the second floor supporting 20 people, a senior carer and three carers on the first floor supporting 22 people and a senior carer on duty on the ground floor supporting five people. There was also an activity staff member on duty and the deputy manager as well as other ancillary staff. We saw this level of staff cover during both of our inspection visits and the duty rota also reflected this.

We saw there was a mixture of male and female staff. Staff confirmed to us that if people had a specific preference about which gender of staff assisted them with personal care, then that would be followed. Staff told us there was sufficient staff to support people and to meet their individual needs. One person told us; "Yes there are enough but not if someone is off sick but it is not serious."

Senior care staff we spoke with told us they had completed medicines training, which was updated on an annual basis. We saw evidence of this in the training records we looked at and from the training matrix provided by the deputy manager. Staff confirmed there was always a member of staff on duty who had been trained to administer medicines.

We observed staff supporting people to safely take their medicines. This was done in accordance with safe administration practice. We witnessed a senior care staff drawing up liquid medicine correctly using a calibrated (marked) syringe.

We discussed the ordering, receipt and storage of medicines with one of the senior carers who was responsible for this role. They told us they were being trained by the deputy manager to be involved in the prescription ordering process which was a task they said they were looking forward to carrying out. We also witnessed a telephone call to the pharmacy by another senior carer who was requesting printed directions for some eardrops that a person had just been prescribed. They told us; "It just states on the label to be given 'as directed' which is not specific enough." This showed staff were clear about how medicines needed to be administered.

Staff told us about regular training they received to ensure they and the service were kept safe. This included competency checks on medicines administration, fire

## Is the service safe?

training, moving and handling training and health and safety. The training matrix records we viewed showed that staff were routinely updated in these areas and training was discussed as part of the regular supervision process with managers.

The service was clean, homely and well maintained. There were effective systems in place for continually monitoring the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and

appliances. We spoke with the maintenance person working at the home who was replacing a faulty radiator valve. They explained they worked three days a week and they had a system for anyone reporting any type of fault or issue that meant it was acknowledged and responded to.

We spoke with a visiting community psychiatric nurse who stated they had no issues with the home and said they found the home; “Very open and communicative and aware of safeguarding processes.”



# Is the service effective?

## Our findings

We asked people who used the service if they felt staff were well trained and knew what they were doing. They told us “Oh yes they couldn’t do better I am quite satisfied”, “I have not needed to complain about anything” and “Yes they go on courses and training.”

One staff member who had worked at the home for four months told us about their training and induction. They said they regularly met with managers to discuss their progress and received mentorship from a senior carer which they said really helped as “They were the person I was working with most of the time.” The provider had implemented a new induction scheme which was completed by the new starter and their manager. The scheme demonstrated how people gained skills and competencies as well as recording all the mandatory training that was required.

We saw from individual staff records and a training matrix that staff received training in fire safety, food safety, health and safety, infection control, moving and handling and safeguarding people at a mandatory level.

Staff also told us about other training they received in relation to people who lived at the service. They told us that the deputy manager was a qualified trainer and had a lead role in providing specific training around dementia for example. A senior carer told us about an external course they had undertaken this year around dementia and behaviour. They said; “I’ve had training here (at the home) about dementia and behaviour but this was brilliant. It made you think from the person’s perspective and explained how anxious people can be. I came back and said everyone needs to do this course.” The deputy manager told us that more staff from the service had been booked on this course over the next few months.

All staff we spoke with said they had regular supervisions and appraisals. Two senior carers said they were always asked if they needed further training or anything to help them in their job roles. Every staff member we spoke with said they felt able to raise any issues or concerns to the management. One staff member told us; “I feel listened to” and another said; “I enjoy working for this company, they have looked after me and helped me around my childcare commitments.

We looked at supervision and appraisal records for five staff members. We saw that supervision occurred regularly and that people were offered the opportunity to discuss their standard of work, communication, attitude, initiative and about providing person centred care. We also saw how at annual appraisals that people’s personal and professional development such as leadership courses were also discussed and actioned.

Staff told us about a daily “Ten at Ten” meeting that took place at the home to discuss any day to day issues and any areas of change or concern for people living at the service. Senior carers attended this along with managers, maintenance, a housekeeper and kitchen staff. One senior carer told us how they had returned from leave and raised at this meeting how she noticed one person’s room looked tired and dated. The team discussed an action plan to discuss with the person and their family and the person agreed to move room and chose where they wanted to be. The team then redecorated this room. The senior carer said “I felt listened to about this and it turned out really well for the person.”

We also saw records of other regular staff meetings which included separate meetings for senior carers and night staff. The deputy manager also told us that they and the registered manager visited the home at least twice a month at night time to observe and meet with night staff.

We spoke with a visiting assessor from the local authority who was carrying out a Best Interests assessment on a person as part of the Deprivation of Liberty Safeguarding (DoLS) process. The assessor actually managed the DoLS service for the local authority and stated that North Park had been very pro-active in recognising and putting forward applications where people may be deprived of their liberty following a recent national court judgement. The assessor said the management of the home “Clearly understand the process.” The home currently had 33 people with DoLS authorisations in place.

When we spoke with people who used the service many of them said they were not aware that they had a keyworker. However staff we spoke with were very clear about the role and who they were keyworker for. Staff told us they talked about keyworking issues in their supervision sessions and documented their 1:1 time in people’s care files. We saw that the 1:1 keyworking sheets in people’s files were not always up to date and that this had been picked up at a recent internal care file audit.

## Is the service effective?

We observed the meal time in two areas of the home and sat having a meal with people who used the service. On the second floor we observed people with dementia being offered two plated meals so they could see what the menu was for the meal. This was a good visual prompt for people rather than staff just asking verbally what people would like. Staff also took their time when asking people about their choice to ensure they could process the question and give a response. The mealtime experience was calm and enjoyable, people were offered second helpings or offered an alternative if they appeared not to be enjoying it. One person on our table was asked if they wanted something else and they asked for a cheese sandwich. A staff member offered them a choice of bread and rang down to the kitchen; this arrived a few minutes later. Everyone we spoke with at the mealtime said they had enough to eat.

A pilot scheme had been conducted to see if people preferred more of a lighter lunch at midday and dinner at 5pm. We saw this had been discussed in meetings for people using the service and on an individual consultation basis. People said they did prefer this mealtime plan and it had stayed that way. This showed the service listened and consulted with people.

We saw people being helped with their food and the staff were very patient with them. Staff spoke nicely to everyone. We saw how staff were aware of people's personal preferences for example saying; "I know you only like a drop of milk". We asked how everyone liked the food and the choices and people told us; "The food is super, couldn't be better, very nice", "The meat is good, I love soup", "They sometimes have an off day when it could be better", "It must be adequate I have put on weight" and "Anyone can choose what time they have their breakfast." People also told us they could have a drink whenever they liked.

Two relatives told us; "I have seen the meals they look very nice, he eats well." and "What I have seen looks good."

Staff told us about how they monitored people's nutritional needs. One senior carer said; "If we see any deterioration in people's eating or weight, we implement food charts straight away. The GP visits the home every week so we can discuss it with them and they will refer people straight to the dietician." Another carer told us how they would report to senior staff if they had any concerns with people's food or fluid intake. We saw that snacks, including fortified snacks were provided to people along with hot drinks throughout the day. One staff member told us that one person was struggling at mealtimes but they saw they ate snacks, they told us; "I asked the chef to provide finger food at mealtimes, X was struggling with cutlery and it worked a treat so it's working really well for them." We saw that everyone had a care plan for monitoring their food and nutritional intake and that where people had charts in place to monitor this they had been generally well completed.

A senior carer explained that a GP visited the service on a weekly basis and held a clinic at the home. They said this worked well as staff or relatives could raise any concerns about people's health early and also gain advice. One person told us they all thought a doctor would be sent for quickly if necessary and on one occasion when they had a panic attack but thought it was a heart attack, the paramedics arrived quickly. We spoke with one relative and asked how they were updated on the health of their relative, they told us they were informed as soon as they arrived at the service as to how their relative had been.

# Is the service caring?

## Our findings

There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed working at the service, one staff member said; “My priorities are love, compassion and dedication. I love my job.”

The premises were spacious and well-furnished and allowed people where enabled to spend time on their own if they wished or to join in activities that often took place in other areas of the home. We saw that people living with a dementia were supported to access the outside areas of the home and went to larger group activities if they so wished on the middle or ground floor of the home. This showed that people could move around the service. Staff explained to us that staff members usually stayed in one area of the home as; “It doesn’t work to change faces, we know people’s personalities and how to care for them.”

We asked people if they were happy with their care at North Park and received the following responses; “I am very happy it is just like home”; “Absolutely no trouble at all” and “Oh I am the staff are marvellous.”

When we asked the relatives if they thought people received good care they all did; “Yes I am glad he is in here. We looked at others” and “Yes I do, he only has to press the button if he needs something.” All the relatives said they had been involved in the planning and decisions for their relative.

Everyone said they got privacy; “They shut the door and the curtains when seeing to me.”

Everyone we spoke with said they were treated with dignity; “The staff are more like friends” and “Yes definitely.” We saw staff using people’s preferred names and knocking before entering rooms. We asked a senior staff member what the home did well and they said; “We are very good at giving end of life care.” The home had been involved in the GOLD framework, a model to give training to provide good end of life care and people’s care plans showed that their wishes had been discussed with them and their relatives. We saw that where “Do Not Attempt to Resuscitate” (DNAR) forms were in people care files, these were reviewed by the person’s GP. Staff told us they could be identified by a mark on the person’s care file. The deputy manager told us the provider was introducing a clearer system to review and

identify where someone had a DNAR in place and that they would consider challenging the GP if they felt that the person or relative had not been as involved as they should be in the decision making process.

When asked if the staff were kind the following was said; “Yes they are very good”; “Yes of course they are”; “Oh yes I cannot fault the staff” and “Yes they are very kind.” We saw staff interacting with people over the course of the two day visit. Interactions were always positive and caring and there was also a lot of laughter and kindness shared with people. For example, one person was being lifted in a mobile hoist and clearly found the process distressing. Both staff involved provided lots of verbal reassurance and carried out the task as quickly and gently as they were able.

When asked if staff listened to them one person said; “Oh yes there is always someone to listen.”

No one said they would change anything at the home but one person said; “I would like to go out in the mini bus more.” Other people’s comments included; “Never give it a thought, everything suits me” and “Can’t think of anything it’s all very nice.”

We looked at care plans for six people living at North Park. People’s needs were assessed and care and support was planned and delivered in line with their individual care plan. People had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information and how people wanted their care to be given. We saw for one person that as part of their transition to the home that the person liked to be kept active so staff were to give them small tasks such as setting tables or helping with cleaning. One relatively new care staff member told us; “I read through the care plans and look for people’s likes and dislikes, this helped me when I first supported someone, I knew what to talk about with them.”

Most of the people we spoke with said they knew about their care plans but chose not to be involved and left it to their family members to complete. On the second day of our inspection we saw a senior care member carrying out a care plan review with a person who lived in the dementia area of the home. The staff explained slowly and in very clear language and talked through the person’s care plan

## Is the service caring?

and risk assessment and they talked together about why these things were in place. It was a very good example of involving someone in their care planning despite their communication or memory difficulties.

The staff we spoke with demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. We saw that care plans were reviewed monthly with the person concerned and the form used also brought together anything that may have changed for the person within the last month such as falls, weight, accidents or safeguarding events. This review also asked the person on their view of the last month and also for staff to record how they felt the person had been.

All healthcare visits were recorded and everyone had a pressure care assessment, falls assessment and a nutritional assessment. People were also weighed on a

monthly basis. We spoke with staff about accessing healthcare for people and everyone said they were comfortable to call for professional help if they felt it was needed. A senior carer told us the GP visited weekly and this was a chance to seek advice if they had any "niggles" about someone. One relatively new staff member told us; "I'd talk to other carers if I thought someone's needs had changed as they see the person all the time, I'd then raise it with the senior straight away." We saw from care plans that appropriate referrals had been made to professionals promptly and any ongoing communication was also clearly recorded.

One health and social care professional we spoke with during the course of the visit confirmed that the person they were involved in received appropriate care and support within the service.

# Is the service responsive?

## Our findings

During the course of the inspection we saw staff chatting with people using the service. We asked people if they felt able to talk to staff; “Oh yes we chat about different things”; “They would talk if I wanted to, if I was worried I would go to someone”; “They would talk with me if I wanted them to” and “They ask me what I want to do and chat about it.” One staff member told us; “It’s nice to sit and chat with people, we are often people’s only way of communicating.” and another said; “On an afternoon we get more time to sit and just chat with people, it’s nice.”

We spoke with an activities member of staff who told us they had originally been a cleaner at the home and had asked if they could do activities, they said the company had been very good and supportive in allowing them to change roles and had given them training. On the days of our visit there were several activities taking place. These included bingo and hand-painting. We saw that people were encouraged to attend activities but their choices were respected. People went to different areas within the home to attend activities so they met with other people and saw different environments. One member of care staff told us; “The activity co-ordinator is really enthusiastic, there’s plenty going on. On weekends and holidays we try and get people together to do stuff like have a sing along or to watch a musical and we do get trips out in the minibus.”

People told us about the activities; “I go to everything I can”; “I go in the mini bus if it is my turn”; “We go in the mini bus to the coast for fish and chips or ice cream”; “During the day I watch TV, read, do craft work or some cooking”; “I read the paper and books” and “I listen to the radio and my music.”

People told us they would complain to a carer or manager if it was necessary but it never had been. One person said “Yes I would say something, we get on well and they would deal with it.” Three people said they would not feel comfortable complaining, they told us; “I wouldn’t want to get them into trouble, I like them” and “No they would think I am telling tales.” We fed this back to the service at the end of the inspection and the deputy manager said

they would look at ways of offering people support through their regular care reviews or in meetings so people were encouraged to raise any concern. None of the relatives we spoke with had needed to make a complaint but two said; “If necessary I would go first to the senior carer then to the manager, I would be comfortable doing that.”

Records we looked at confirmed that the service had a clear complaints policy and there was an “open door” system by the registered manager and deputy. We witnessed one person who had been on a short term stay was invited back to the regular coffee morning held at the home, they said how much they had enjoyed their stay before they left. Any complaints had been documented and investigated and recorded in accordance with the company’s timescales and procedures.

Three people told us they went to regular meetings, we saw records of these and saw that issues such as activities and menus were discussed. People told us they had requested a change to the mealtimes at the home so the main meal was served at tea-time instead of lunchtime. Everyone was asked about this change and it was now happening as a pilot scheme and everyone would be asked again at the end of the pilot if they preferred this change. We asked if relatives went to relative/residents meetings or they knew about them. One person told us; “Yes we are asked our opinion and are free to speak.”

We asked people about choices. Everyone said they could get up and go to bed when they wanted; “They know what I want” and “I have a regular routine.” We saw staff giving people choices and for example at mealtimes a visual choice was used of two meals for menu available. This helped people see and make a more informed choice if they had communication difficulties. Other staff told us about promoting independence with people by “standing back” and encouraging people to do things however small for themselves.

We asked relatives if they were kept updated on their relative’s care and one said; “As I arrived they told me she had been very sleepy the day before, they are very good like that.”

# Is the service well-led?

## Our findings

The registered manager had been in post for a number of years along with the deputy manager. Many other staff had also worked at the home in excess of seven years and data told us that staff retention was better than average at North Park.

We asked people about the atmosphere of the home and everyone said they were happy there. People told us; “Yes it is happy here I like it”; “It is happy, quiet and easy going” and “It is very friendly the staff are all very friendly.” Our observations were very positive with staff all communicating in a kind and friendly manner and there was fun and laughter as well as reassurance and gentle encouragement where it was needed.

Visiting relatives all said they had never had to raise any concerns, that the staff were all approachable, as was the registered manager.

One of the senior carers told us that staff were being assessed all the time, they were asked how the home could be improved and what training they needed. They also said they would be happy to report any issues to the manager and the area manager came round once a week and spoke to staff. All staff we spoke with said they felt supported by the home’s managers. One also said; “It’s an excellent company to work for.”

The service had good links with the local community and this included attending the local Kings Centre regularly for a coffee morning and schools and the local churches also

visited the home. The home had begun a community coffee morning to raise awareness in the local community and we saw a person who had been on a short stay visit at the home being invited to come and attend this.

We saw systems in place to monitor and review the quality of service being delivered. We saw that audits had been completed. These included regular health and safety audits and regular provider visits where they undertook a detailed audit of the service. These audits included engaging with people who lived at the service to seek their views, reviewing care plans, complaints and health and safety. We saw where deficits had been identified that actions plans were in place, which detailed target date for the actions to be completed and the responsible staff member.

People and staff we spoke with told us of the visits completed by the regional director and they were very positive about the relationships they had with them. They all said they were able to speak with them and would have no issues about raising any issues or concerns.

The provider made regular checks to make sure the building and practices were safe for the people who lived at North Park. There was a maintenance person at the home who carried out regular checks on fire equipment and other safety checks which were recorded. We saw that checks for fire equipment, legionella, heating, electrical equipment and wiring, hoists and lifts had all been carried out by specialist contractors. The management had systems to analyse any incident reports from the home so they could make sure any risks were identified and managed such as accidents and falls.