

Signature Senior Lifestyle Operations Ltd

Parklands Manor

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

About the service

Parklands Manor is a residential care home providing personal and nursing care. The service can support up to 90 people. The service is purpose-built and provides accommodation and facilities over three floors. The second floor provides care and support to people who are living with dementia, this area is called Meadows. The other areas of the home provide care for people requiring 'assisted living'. Some people lead a mainly independent life and use the home's facilities to support their lifestyle. At the time of our inspection, there were 71 people living at Parklands Manor.

People's experience of using this service and what we found

People were protected from the risk of harm as robust safeguarding procedures were in place and staff had a good understanding of their responsibilities. Risks associated with people's care and wellbeing were safely managed. People were supported by staff with the relevant skills and experience. Safe recruitment procedures were followed. People received their medicines in line with their prescriptions. The service was cleaned to a high standard and safe infection control procedures were in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Assessments were completed prior to people moving into the service to ensure their needs could be met. Staff were aware of people's healthcare needs and where required people were referred to healthcare professionals in a timely manner.

People's nutritional needs were met and monitored although people's views of the quality of the food varied. A number of ways of providing feedback in relation to food had been established to further personalise people's experience. People received support from staff who were caring and treated them with kindness. Staff supported people in line with their wishes and ensured their views and preferences were followed.

There was a wide range of things for people to do including the opportunity to go out should they wish. Staff were seen to spend time with people socially, both in communal areas and in their rooms. Care plans included clear guidance for staff in relation to things which were important to people and their care needs.

There was a positive culture and drive to continually improve people's care and their experience of living at Parklands Manor. Effective quality assurance systems were in place to review the care and support people received. The management team were aware of their responsibilities in managing the service and worked in an open and transparent manner. Systems were in place to review accidents, incidents and complaints to minimise the risk of them happening again. People, relatives and staff were given the opportunity to give feedback and their views were listened to and acted upon. The service worked with a number of local charities and organisation to support people's on-going involvement in their local community.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

Parklands Manor is run by two companies: WR Signature Operations Limited and Signature Senior Lifestyle Operations Ltd. These two companies have a dual registration and are jointly responsible for the services at the home. The last rating for the service under WR Signature Operations Limited was Good (published 21 February 2019).

Why we inspected

This was a planned inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

During this inspection we carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people living in the care home. This was to follow up on the findings and recommendations from our national report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters'. We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Parklands Manor

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Parklands Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Parklands Manor is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought and received feedback from one external professional. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what

they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with nine people who lived at Parklands Manor and nine relatives about their experience of the care provided. We spoke with 13 staff members, including the registered manager, clinical lead, dementia care manager, head chef and regional director. We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We looked at training data and quality assurance records

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said they felt safe living at Parklands Manor. One person told us, "We are cared for and the staff look after us. The security is good." One relative said, "When I go in, to visit, I meet the staff, they have rapport with him and treat him respectfully. It's a warm feeling. He has a very sharp mind and he would feedback if he wasn't happy with staff. He hasn't been happier."
- Systems were in place to ensure safeguarding information was shared with the local authority safeguarding team as required. Records showed that information provided was detailed and included actions taken to minimise concerns reoccurring and any lessons learnt.
- Staff had completed safeguarding training and were aware of their responsibilities. They were able to describe the different types of potential abuse, signs which may raise concerns and reporting procedures. One staff member told us, "I would go straight to a supervisor and if it wasn't been dealt with, I would go higher and continue like that, using the whistle blowing procedure eventually if I needed to."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and well-being were assessed and measures put in place to keep people's safe. Risk assessments were routinely completed in areas including skin integrity, nutrition, hydration and mobility. Records showed discussions were held with people and their relatives regarding how risks would be managed whilst minimising the impact on people's independence.
- Where people had experienced falls, sensor equipment had been implemented to alert staff if people required support. Where people had specific risks due to health issues, such as diabetes, risk assessments and guidance were in place. This ensured staff were aware of signs of ill health and the action they should take.
- People lived in a safe environment. Regular checks of safety equipment and services were completed by a dedicated maintenance team. This included areas such as fire equipment, water and moving and handling equipment checks.
- Accidents and incidents were recorded in detail. These were reviewed by the management team to ensure appropriate action had been taken to minimise risks and care plans adjusted as required. The electronic recording system meant senior managers were able to review accidents and incidents to monitor robust actions were taken.

Staffing and recruitment

- People and their relatives told us they felt there were sufficient staff available and they did not have to wait for their care. One person told us, "I don't have to wait. They come quickly." One relative told us, "There always seem to be enough staff, always people around, they pop in and check she is okay. When I go in and staff won't know I am there they will pop their head in."

- Staff told us they felt there were enough staff and they did not need to rush people's care. One staff member told us, "There's always more staff than you need. We have lots of experienced staff. I can rely on them." We observed people's call bells were responded to promptly and staff had time to spend with people throughout the day.
- Safe recruitment systems were in place. Staff files showed appropriate checks had been completed prior to the commencement of employment. This included obtaining references, checking the right to work in UK and Disclosure and Barring Service (DBS) checks. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely and in line with their prescriptions. One relative told us, "It's very critical its (medicines) timed correctly and looking at the notes they are managing very well." One healthcare professional supporting the service with medicines told us, "They're very clued up. They know what to do." They confirmed staff would always contact them promptly with any queries and that records were consistently maintained to a high standard.
- Medicines records and care plans were detailed and contained information regarding how people preferred to be supported with their medicines. Where people were prescribed medicines on a PRN basis (as and when required) guidance was in place for staff regarding how and when these should be administered. Where people chose to continue administering their own medicines this was assessed to determine any support they may require.
- People were supported by competent staff who were trained and followed systems and processes to receive, administer and record medicines safely. We observed staff supported people with their medicines in a caring manner, gaining people's consent and explaining their medicines where appropriate.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were supported to receive their visitors at a time which suited them. Government guidance was followed and updated promptly when changes to visiting restrictions were made.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them moving into Parklands Manor. This helped to ensure their needs could be met and their preference were known. Comments in relation to the assessment process included, "(Staff member) was involved in the initial assessment. They came to the house. They were so impressive." And, "So when she was moving in, we had a lengthy questionnaire covering a whole variety of things including mobility and her health. Then we had some follow up with discussion about the transition."
- The assessment process covered areas including people's ethnicity, diversity and religion in order to establish people's needs and preferences in these areas.
- Records demonstrated the assessment process was detailed. Information included areas such as mobility, medicines, personal care and communication in addition to people's life histories, hobbies and interests. Consideration was given to how people would move to Parklands Manor in a way which suited them. For example, some people chose to have a period of respite prior to committing to moving on a more permanent basis.
- Best practice guidance was followed and referred to within people's records. This included the use of nationally recognised tools to monitor for risks of malnutrition and monitor skin integrity. Staff told us they had also received training in supporting people with oral healthcare and regular assessments of people's oral health were completed in line with national guidance.

Staff support: induction, training, skills and experience

- Staff received regular mandatory training and supervision. One staff member told us, "When you start you get everything you need. As well as the practical side it gives you an insight of what residents might be thinking and feeling. It's very well explained." We observed staff were competent when supporting people with practical elements of their care such as using mobility equipment and supporting with food.
- Staff completed an induction period prior when starting work at Parklands Manor. This included a face to face induction covering the values of the organisation and expectations of staff. Staff told us they were then allocated to shadow more experienced staff until they were confident in working alone. Staff were also required to complete the Care Certificate during their induction period. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme
- Training records demonstrated a high compliance with training. Courses completed included moving and handling, health and safety, dementia awareness, respect in the workplace and falls management. Staff told us they felt confident in requesting any additional training they thought would be useful in their roles.

Supporting people to eat and drink enough to maintain a balanced diet

- We received mixed responses in relation to the quality of the food provided. Comments included, "They do their best although the food is not as diverse as it could be. It's just a little bit ordinary. I eat it because it's there, not because I necessarily enjoy it.", "Sometimes the meals are good, but the quality varies." And, "She eats well. The food is very good. She doesn't have a big appetite, but they are very good, they will make her whatever she wants."
- The registered manager told us the team had worked hard to ensure the food provided met with people's expectations. They acknowledged there had been a time when the quality of the food was not consistent but felt this had been resolved with new staff and suppliers being sourced. Hospitality staff worked closely with people to understand their individual preferences and we observed a wide variety of options had been prepared for people. There were a number of ways people could give feedback which was reviewed and responded to. These included regular food forums and daily comments logs. In addition, the chef made themselves available to people each day so they could receive feedback directly.
- People's dietary needs were known to staff and catered for. Information was regularly reviewed to ensure people's assessed needs were met. Where people were assessed as being at risk of malnutrition their food was fortified and additional high calorie snacks offered. People had access to regular drinks and snacks throughout the day. This included visiting the bistro area where people could meet with friends and family.
- People had a choice where they ate their meals and we saw this was respected. Staff were attentive to people when serving them and took time to check if they had enjoyed their food. Where people required support to eat this was provided safely and at the person's own pace.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and their relative told us they had access to healthcare support when required. One person described the support they received during a long period of ill health, "I was assigned two care workers almost full time. They did everything for me. I still get visits (from them) to make sure I'm OK and keep an eye on me." Relatives told us of the quick responses from staff to contact healthcare professionals including the GP, Parkinson nurse and dentists had led to improvements in their loved one's health.
- Records showed people's healthcare needs were regularly reviewed and referrals to healthcare professionals made as required. Clinical risk meetings were held regularly to monitor people's health needs and ensure action was being taken as required. In addition, people's health and well-being were monitored on an on-going basis by staff. The GP service visited weekly as a minimum and people told us they were able to see them when they wanted to.
- A variety of exercise classes were held daily to support people in maintaining their mobility and health. In addition, we observed people were encouraged and supported to take regular walks around the grounds.

Adapting service, design, decoration to meet people's needs

- Parklands Manor was purpose built in line with people's needs. The design was spacious and provides a variety of different communal areas where people could meet others or spend time quietly. People within the assisted living areas had individual suites which they are able to decorate and furnish to their own tastes.
- The Meadows was spacious, homely and comfortable. There were two lounge areas and a dining room. There was good signage for people living with dementia such as symbols for the lounge, toilet, bathroom and restaurant. Sensory areas had been placed around communal areas including a musical area where we observed people using the instruments on display. Each person had their name outside their room along with a list of topics they enjoyed talking about. People's rooms were personalised with things that were important to them such as family photographs.
- All areas of the home were accessible to people. Lifts were available to each floor. Handrails and wide

corridors supported people with their mobility and when using equipment. All rooms had en-suite facilities and where required adapted baths were available.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People and their relatives confirmed they were offered choices and their consent was gained prior to their care being provided. One relative told us, "He still has control and input into that. He is the one that provides consent, they don't take that away from him."
- Staff demonstrated understanding of the MCA and DoLS process. One staff member told us, "We do mental capacity assessments if we have any concerns (that people lack capacity). We sometimes have to make decisions in their best interests with the relatives, the GP, the mental health team. We have to apply for DoLS for bedrails or any other action for their safety. We involve everybody."
- Records demonstrated capacity assessments had been completed in relation to specific decisions including the use of bedrails, sensor mats and support with medicines. Where required best interest decisions had been made which took into account people's preferences and the least restrictive options. DoLS applications were made to the local authority as required. Where authorised, conditions in place such as reapplying within set timescales were met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring in their approach. One person told us, "The carers do things as I like. They're kind and the majority are very lovely." A second person said, "We are well looked after. They (staff) are very good and they are very patient with me."
- Relatives confirmed that staff cared for people with compassion. Comments included, "They all look out for Mum. They genuinely care about her. As far as we are concerned, it is the best place she could be." And, "The staff are kind and supportive. Mum really likes her staff."
- We observed staff treated people with kindness. They took time to ensure they were comfortable and had everything they needed. We observed staff taking time to sit and speak with people about their day and ask if there was anything, they could get for them.
- People were supported with their religious and cultural needs. Due to COVID-19 restrictions some people told us they had missed having church services within the home or attending church. Provision had been made to have a church service streamed into the cinema room to enable people to take part. Staff told us they were in discussions with the local church for services within the home to begin again in the near future.

Supporting people to express their views and be involved in making decisions about their care

- People were fully involved in decisions about their care. People confirmed they were in control of their own daily routines and how they spent their time. One person told us, "Staff know what I like to do and respect that." One relative told us, "They are not restricting what he is doing. He decides his care."
- Staff knew people well which helped in providing reassurance to people when they were upset. We observed one staff member comfort a person when they were crying, speaking with them to find out what was upsetting them. Where people showed confusion, staff spoke with them about things which were familiar to them and offered to spend time with them. One relative told us, "He will shout at them at times, which they tolerate beautifully. You have to go with flow with dementia and they do that very well." □
- People's relatives told us they felt welcome when visiting their loved ones. Comments included, "Staff are so nice to me, so caring. They are as aware of the relatives as they are of the residents. I did not expect that level of care at all." And, "They always use my name and welcome me. It makes it feel like home."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were treated with dignity and their privacy was respected. One person told us, "The staff are very respectful indeed. I am lucky to be here." One relative told us, "The never just walk in the room, they always knock on the door before they come in." We observed this to be the case during our inspection.

- People were supported to maintain and develop their independence. People described their preferences in completing their own care and told us staff understood this. One relative told us, "They try to encourage my mother to do as much as she can for herself rather than impose a regime on her."
- People's care plans and records detailed where people required support and the things they wished to continue doing independently. Staff were able to describe how the supported people to maintain their independence and to respect their privacy. One staff member told us, "We always offer choices and give people the option of doing things themselves. We are taught how to do this in induction when we are shadowing colleagues. It's disrespectful to do things for people when they can do it for themselves."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which was responsive to their needs. People and their relatives spoke highly of the care they received. One person told us, "I have lived here (a number of years) and wouldn't want to live anywhere else. I am very safe here and the atmosphere is always very nice." One relative told us, "I know her care plan, we have had a review of that since she moved in."
- Care plans were detailed and contained guidance for staff on people's needs, preferences and dislikes. Areas covered included personal care, mobility, eating and drinking, sleeping and health care.
- People's life histories, family connections and interests were well documented. We observed staff using this information when speaking with people. Staff were able to tell us about the people they supported such as past occupations, close family members and places they had enjoyed travelling.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and recorded within their care plans. These contained detailed information regarding people's preferred way of communicating. They took into account any sight or hearing loss, if the person could use their call bell and who to contact should the person need someone to support them with communication or decision making.
- Where people found communication difficult guidance regarding the approach staff should take was provided. This included how to communicate with the person should they become anxious in order to provide reassurance.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives told us Parklands Manor offered a wide selection of things to do. One person told us they were able to continue gardening which they enjoyed, "I've got a patch of garden that is mine." A second person said, "I have an inventory of what's going on. Entertainers, singers, different things. They're quite good. The activity coordinators bring things into my room for me to do. I did flower arranging downstairs recently and they took us to a Garden Centre for the afternoon, which was nice."
- The activities timetable was varied and took into account people preferences. Activities included daily

exercise groups, tai chi, crossword groups, visits to places of interests, art and crafts, games and a range of visiting entertainers. Activities had been adapted to meet the needs and interests of people living on Meadows.

- Activities staff spent time with people who preferred not to join in with groups. People told us staff respected their choice not to join in but would come and spend time with them and bring things for them to do should they wish. In line with the holistic approach of the service, care staff also took time to sit with people doing puzzles, have a drink or a chat.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would feel comfortable raising concerns regarding their care. One person told us, "I haven't had a complaint but if I did, I would go to the senior." A relative said, "I would feel confident my complaint would be responded to."
- The provider had a complaints policy in place which gave guidance on how to raise concerns, how complaints would be responded to and timescales. Information regarding making a complaint was displayed and accessible to people.
- Complaints were recorded and responded to in accordance with the providers policy. Responses included an apology and information describing the action taken to minimise the risk of the concern arising again.

End of life care and support

- Relatives reflected staff were sensitive and kind when their loved ones were at the end of their life. One relative told us, "We are being supported above and beyond. (Person) has an end of life care plan in place." Compliments received from relatives included, "Again out heartfelt thanks for all the staff who looked after (relative). All the staff were 'Angels' in the words of (relative)."
- The care people wanted at the end of their life had been discussed and recorded. This included details of where the person would prefer to be, the level of treatment they wanted and who they wanted to be informed.
- The registered manager told us a staff member had started enhanced training in end of life care with the view to continually improving the systems and support people received.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and welcoming atmosphere throughout the service and people and staff had developed good relationships. We observed staff from all roles stopped to speak with people and had personal conversations rather than only exchanging pleasantries. One relative told us, "Overall I would say the management team are super, the staff are excellent and if anyone said to me, where should I move my relative, I would recommend it."
- Staff told us they felt the service was managed well and teamwork was promoted. One staff member told us, "It's a nice team and the management are very encouraging. We can have difficult times, but we work through it together."
- The values of the home and organisation were clearly displayed and underpinned the way people's care was provided. Values and expectations were discussed from the point of interview and through the induction and training process. Staff rewards schemes and thank you messages were used to reinforce putting the values into practice when supporting people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Robust systems were in place to provide oversight of the quality of the service. The registered manager and senior staff completed a range of audits covering areas including care plans, medicines, health and safety, activities and dietary care. In addition, systems reviews were completed by the regional support and quality teams to identify learning needs and provide guidance.
- A home improvement plan was in place which took into account shortfalls identified through audits, concerns identified through resident and staff surveys, staff ideas and organisational strategies.
- There was a culture of continuous learning in order to improve people's lives at Parklands Manor. Staff told us they felt able to ask for training they felt would be useful and efforts would be made to source this. The provider was committed to developing staff skills such as providing enhanced training and support as part of their dementia strategy.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives confirmed they were informed of any concerns in a timely manner. One relative told us, "When he had a fall, they called me immediately. The care staff made sure he had been visited by nursing staff."
- The provider had implemented duty of candour training and records demonstrated this was followed.

People and or their representatives were informed of duty of candour incidents along with a written apology and details of actions being taken to minimise future risks.

- The provider had notified CQC of all significant events that had happened in the service in line with requirements. Notifications were completed in detail and included information regarding actions taken to monitor and minimise risks where required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People had the opportunity to influence the running of their home. Regular forums were held each month to discuss general issues, food and activities. Actions agreed at meetings were reviewed to ensure they were completed to people's satisfaction. The registered manager was observed to speak with people throughout the day. The conversations observed showed this was a regular occurrence. In addition, they held a monthly coffee morning and took part in activities such as having lunch with people and pool and football competitions.
- Staff felt valued in their roles and able to voice their opinions. One staff member told us, "I feel proud to work here and they value me. I really like working here. They look after our wellbeing. They are very open about any problems or concerns or support." Both people and staff were encouraged to nominate staff members who they felt had gone above and beyond or for specific achievements. Nominees were presented with thank you gifts in recognition.
- The service worked extensively with local charities and community partners. This included raising funds for local dementia and Parkinson's charities in addition to providing facilities for events and meetings. Links had been developed with health and social care staff from other through invitations to experiential events run by Parklands Manor in relation to people living with dementia. The service were also in regular contact with the volunteer's bureau, fitness club for the over 60's and the local Mayor.