Cumbria County Council

Parkview Gardens

Inspection report

Risedale Road
Barrow In Furness
Cumbria
LA13 9QZ

Tel: 01229311142

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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

This unannounced inspection visit took place on 26 and 27 March 2018.

Parkview Gardens is a care home. People in care homes receive accommodation and nursing or personal care as single package under one. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide care and accommodation for up to 60 people. At the time of the inspection visit there were 42 people residing at the home.

Parkview Gardens supports older people, people living with dementia and sensory impairments and people with physical disabilities who require residential care. The home is divided into five units all of which have communal spaces, dining areas and cooking facilities. At the time of the inspection visit only four of the five units were open. All bedrooms within the home are single and have ensuite facilities. The home is built over two floors, which are accessible by stairs or lift. The home has a secure garden area, a shop, a laundry, café area and a hairdresser's salon.

At the time of the inspection there was a registered manager in place; However they were currently absent and the service was being supported by the operations manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was registered with the Care Quality Commission in December 2016. This was the first inspection of the service.

People spoke positively about the service they received. They told us care provision was good and said staff were kind and caring. In addition, relatives and professionals we spoke with told us the service provided good care. They told us people's health needs were met and people experienced positive outcomes. They said staff were positive about the people and were committed to ensuring a good standard of care was delivered at all times.

Good practice guidance had been considered when designing the home to ensure people were not restricted and to promote positive well-being. This included the use of technology to promote independence and keep people safe. Staff told us the consideration to good practice guidance had improved health outcomes for people.

During the inspection we observed people being offered emotional support in a sensitive and timely manner. People responded positively to staff interaction. Privacy and dignity was routinely considered by staff.

Relatives praised the flexibility of the service and the ways in which visitors were welcomed at the home.

They told us they could visit whenever they wished and said pets and children were also welcomed.

We saw evidence of multi-agency working to promote effective care. A professional praised the skills and knowledge of staff who worked at the home. Relatives told us the home was good at meeting the needs of people.

Staff told us they were supported in their role by the operations manager and were encouraged to progress with self-development. We saw evidence of staff using good practice guidance to develop and implement effective care for people who lived at the home.

We received positive feedback about the quality of food provided at the home. People were offered choices to meet their preferences and dietary needs. Consideration had been made to ensuring meals were person centred and pleasing. Drinks and snacks were accessible at all times.

People we spoke with told us they felt safe living at the home. Systems were in place to safeguard people from abuse. Risks were assessed and safety of people was monitored by staff on an ongoing basis. We saw there was a person centred approach to managing risk which contributed to positive outcomes for people.

We reviewed accidents and incidents that had occurred at the home. We saw records were maintained following accidents and incidents occurring. Audits were carried out on a monthly basis to look for common themes and trends.

People, relatives and professionals told us there were enough staff on duty to meet individual needs. Staffing levels allowed people to feel safe and pursue activities of their choosing.

There was an emphasis upon encouraging people to remain independent wherever possible and have active lives. We saw people participating in household chores. Activities were organised throughout the home for people to participate in, if they wished. In addition, we noted activities and resources were readily available throughout the home for people to access.

People were happy with processes for managing their medicines. We reviewed medicines administration and documentation and found this to be sometimes safe. We have made a recommendation about this.

The home was clean, tidy and well maintained. People and relatives praised the standard of cleanliness throughout the home.

Staff retention was good. The home did not use agency staff to cover any staffing voids. This meant people were supported by staff that knew people well and allowed person centred care to be delivered.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Consent to care and treatment was routinely sought. People had freedom to mobilise throughout the building and external spaces.

People and relatives told us they were happy with the service and had no complaints. The service had a complaints procedure which was made available to people and their relatives. People were encouraged to discuss and raise any concerns through the resident's meetings or on an individual basis.

People and their relatives told us they considered the service to be well led.

Staff told us there had been an improvement in morale and leadership since the operations manager had been directly supporting the home. They said the home was a good place to work. They told us communication had improved and described the operations manager as effective and approachable. Staff had a clear vision and demonstrated commitment towards delivering high quality care.

People were encouraged to have a say in how the home was managed. This included involving people in the recruitment of staff and having conversations with them regarding activities and nutrition at the home.

The management team had implemented a range of assurance systems to monitor quality and effectiveness of the service provided. We saw audits were routinely carried out and action was taken when concerns were identified.

We saw evidence that the provider was referencing current legislation, standards and evidence based guidance to achieve effective outcomes.

The registered provider was proactive in ensuring continuous development at the home. This was achieved through multi-agency working, self-development and referring to good practice guidelines which were embedded into practice.

Further information is in the detailed findings below.

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 and relatives considered the home to be a safe place to live. Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding to abuse.

Arrangements were in place for the safe management of medicines. However these were not consistently carried out.

Staff were deployed to meet the needs of people who lived at the home.

Recruitment procedures were carried out to assess the suitability of staff.

Infection prevention and control systems were implemented at the home.

Risk was addressed and positively managed within the home.

Is the service effective?

Good

The service was effective.

Consideration had been taken to ensure the environment in which people were living met their needs.

People's health needs were monitored and advice was sought from other health professionals, where appropriate.

Consideration had been taken to ensure people's dietary needs were met. People praised the standard of the food provided.

Staff had access to ongoing training to meet the individual needs of people they supported.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

Is the service caring?

Good

The service was caring.

People and relatives told us staff were kind and caring. They told us staff spent time with people developing and nurturing relationships.

Person centred care was considered and delivered at all times. People were treated with patience, dignity and respect.

Technology was embraced and used to ensure person centred care was delivered.

Is the service responsive?

Good

The service was responsive.

The service had a complaints system to ensure all complaints were addressed and investigated in a timely manner.

There was an emphasis on providing person centred support. People were involved in making decisions about what was important to them. Care needs were kept under review and staff responded quickly when people's needs changed.

There were a variety of activities offered to people who lived at the home.

End of life care was discussed with people and relatives. Processes were in place to promote a dignified and pain free death.

Is the service well-led?

Good

The service was well-led.

Staff told us communication and leadership had recently improved and this had impacted positively upon the morale of staff.

People and their relatives told us they considered the home to be appropriately managed.

Paperwork was accurate and up to date. Audits were routinely carried out to ensure the service provided was safe and effective.

The registered provider demonstrated a commitment to

ensuring service delivery was based upon good practice guidelines.

Parkview Gardens

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.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included speaking with the commissioning groups responsible for commissioning care and Healthwatch. Healthwatch is a national independent champion for people who use healthcare services. We used the information provided to inform our inspection plan.

We reviewed information held upon our database in regards to the service. This included notifications submitted by the registered provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

We looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us plan our inspection visit.

This comprehensive inspection took place on 26 and 27 March 2018. The first day of the inspection was unannounced. The inspection was carried out by an adult social care inspector.
Throughout the inspection process we gathered information from a number of sources. We spoke with eleven people and five relatives to seek their views on how the service was managed.

We also spoke with the operations manager, nine members of staff responsible for providing direct care, one domestic and two cooks. We also spoke with one health professional who was visiting the home at the time of the inspection visit.

As part of the inspection process we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

To gather information, we looked at a variety of records. This included care plan files related to seven people who lived at the home. We also looked at other information which was relative to the service. This included health and safety certification, training records, team meeting minutes, policies and procedures, accidents and incidents records and maintenance schedules.

We viewed recruitment files relating to seven staff members and other documentation which was relevant to recruitment including Disclosure and Barring Service (DBS) information.

We looked around the home in both communal and private areas to assess the environment and check the suitability of the premises.

Good

Is the service safe?

Our findings

People and their relatives told us safety was promoted at Parkview Gardens. Feedback included, "Of course I feel safe here." Also, "I do feel safe and that's a big thing." And, "[Relative] is safe here. They haven't had any falls since they moved in."

As part of the inspection process we looked at how the service managed people's medicines. People told us they received their medicines on time and in accordance with how they were prescribed. One person said, "I get my medicines every day. No concerns."

We observed medicines being administered upon two of the four units. Medicines were stored securely inside a locked trolley within a locked cupboard when not in use. Storing medicines safely helps prevent the mishandling and misuse of medicines. Trolleys had thermometers built within them so temperatures could be monitored.

PRN medicines were kept separate to medicines prescribed every day. PRN medicines are prescribed to be used on an 'as and when basis'. Protocols were in place for managing PRN medicines. The protocols gave staff clear direction as to what the medicines were prescribed for, when to administer and the amount to be administered. This promoted safe usage of the PRN medicines.

Staff told us they were unable to administer medicines unless they were trained to do so. This included annual training and competency checks to ensure staff had the suitable skills to carry out the task safely.

Professionals were consulted with on a regular basis about people's medicines and the possible effects upon people's well-being. We saw when medicines were provided to restrict liberty, consideration was taken to ensure they were the least restrictive option and in the best interests of the person.

Staff were patient and courteous and took their time with people when administering medicines. Although good practice was sometimes followed we noted on both units staff did not routinely lock the medicines trolley when they left it unsupervised. We discussed this with the operations manager who agreed to look into this to ensure improvements were made.

We recommend the registered provider reviews processes to ensure medicines are stored and administered in line with good practice guidance.

We looked at how safeguarding procedures were managed by the service. We did this to ensure people were protected from abuse and harassment. Staff had received safeguarding training and were able to describe how they protected people from potential abuse or poor practice. One staff member said, "I would pass any concerns on to the manager or call the out of hours manager. I would seek advice if I had to. We have a safeguarding file in the office." In addition, staff had been provided with a pocket guide to responding and reporting abuse which they could refer to at any time. One staff member showed us the guide and said they carried this around with them at all times. This showed us the registered provider was committed to

ensuring any potential risk of abuse, unsafe care and harassment was dealt with efficiently.

One relative told us their family member acquired an unexplained bruise. They said they were consulted immediately and advice and guidance was sought from a health professional. This demonstrated the registered provider was transparent and committed to ensuring people were not exposed to harm.

We looked at how risk was managed within the home. Risk assessments were in place to address and manage risk. Risk assessments viewed were comprehensive and covered a number of topics including management of falls, usage of creams and emollients, manual handling, choking and pressure care. Risk assessments were person centred and individualised for each person who lived at the home. A supervisor told us they balanced people's choices with risk so people were able to take positive risk. For example, one person who was living with dementia displayed behaviours which could present as a choking risk. It was noted that stopping these behaviours would increase the person's anxieties and trigger negative behaviours so a strategy was in place to promote safety and individual choice.

We observed staff practice and saw they routinely monitored risk within the environment in accordance with people's risk assessments. This was done in a subtle and discreet manner. This showed us the registered provider had systems to make sure people's safety was monitored and managed.

We looked at how behaviours that challenged the service were managed by the registered provider. People at risk had support plans which reflected good practice guidance. We saw actions taken to manage the behaviours were the least restrictive and were discussed with health professionals with an expertise in managing such behaviours.

We looked at staffing levels within the home. We did this to ensure there were suitable numbers of staff deployed at all times. People and their relatives told us staffing levels were sufficient to meet the needs of people. Feedback included, "There is always someone near if you need a hand." And, "I have found there is always enough staff around. They always come as soon as the alarm is sounded." Also, "They (staff) don't leave lounges unattended."

On the days of the inspection we saw people's needs were met in a timely manner. We observed people requesting assistance. Staff responded immediately. Staff had time to sit and interact with people who lived at the home.

Staff told us staffing levels were generally good. They said the registered provider aimed to have four staff on each unit during the day. Care staff were supported by a domestic who assisted with making beds and clearing bedrooms. Staff told us they had the required time to complete all tasks and support people with activities. No external agency staff were used within the home. This enabled consistent care to be delivered.

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. We were informed no recruitment had taken place since the home had been registered with the Care Quality Commission, (CQC). Staff employed to work at the home had been deployed from two other local authority homes which closed down after Parkview Gardens was opened.

As part of the inspection process we reviewed seven staff records. Records showed employment checks had been carried out prior to staff commencing work. Two references had been sought for each person, one of which was from their previous employer to check the person's suitability, knowledge and skills. Although checks were in place, not all staff recruited had a full employment history. For example, two of the six files did not have details of all months worked. We discussed this with the operations manager. They explained

the applications were historical and new procedures were now in place to ensure safe recruitment. They advised these new procedures would be consistently adapted when recruitment within the home commenced.

The registered manager requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for all people providing personal care within health and social care. Staff confirmed they were unable to commence employment until all necessary checks had taken place and said they were expected to regularly re-new their DBS during their employment. This showed us procedures reflected good practice guidance.

We looked at infection prevention and control processes within the home. People who lived at the home and their relatives praised the standards of cleanliness at the home. Feedback included, "There is no problem with cleanliness. Bedding is changed daily." And, "The home is spotless. I feel very lucky."

We looked around the home and found it was clean, tidy and maintained. The home employed domestic staff to carry out cleaning tasks. These included every day cleaning and a monthly deep clean upon each unit. In addition, the registered provider had an identified infection prevention and control (IPC) champion who ensured good practice guidance was followed within the home. Monthly IPC audits took place within the home to assess the standards of cleanliness.

We looked at accidents and incidents that had occurred at the home. The registered provider kept a record of all accidents and incidents. Accident reports were descriptive and showed actions taken after significant incidents. Monthly analysis of all accidents and incidents took place so lessons could be learned and improvements made to reduce the likelihood of accidents re-occurring.

We spoke with the operations manager about lessons learned. They told us they were a firm believer in reflecting on incidents that had occurred to prevent any re-occurrence. When asked they were able to give examples of when things had gone wrong and how they reacted and reviewed the situation to implement changes. This showed us the registered provider was committed to making changes for continuous improvement.

We looked at how fire safety was promoted at the home. We found suitable checks took place to maintain a safe environment. Personal evacuation plans were in place for all people and there was an up to date fire risk assessment.

We carried out a visual inspection of the home and identified no concerns in relation to safety of the premises. We saw monthly environmental checks took place to ensure environments and equipment used was safe for use.

We also looked at documentation related to the health and safety of the home. All required certification was up to date, regular maintenance checks took place and comprehensive records were maintained.

Good

Is the service effective?

Our findings

People told us their health needs were met. One person told us, "If you need a doctor, they will call one."

All the relatives we spoke with said staff were knowledgeable about people's healthcare needs and were assured these needs were consistently met. They told us communication regarding their family member's health was good. One relative said, "Any concern and they will let us know."

Prior to a person moving into Parkview Gardens, pre-assessment checks took place with a member of the management team. In addition, people were invited to visit the home before accepting a service from Parkview Gardens. The operations manager said this was important as it helped people get a feel for the home and reduced any anxieties people faced about moving to a different environment.

We saw evidence of health and social care professionals being consulted with in order to promote people's health. This included General practitioners (GP's), dietitians and community nursing teams. Individual care records showed health care needs were monitored and action taken to ensure optimal health was maintained. For example, when one person had started to display some behaviours which challenged, advice and guidance was sought from the person's doctor and the mental health support team.

We spoke with a visiting health professional. They told us the staff who worked at Parkview Gardens were knowledgeable and were committed to ensuring people's health care needs were met. They said staff knew their capabilities and were not afraid to seek advice and guidance from health professionals when necessary.

We saw good practice guidance was referred to and used when providing people with care and support. For example, we saw patient information stored within people's files advising how certain health conditions should be managed. This information promoted good health and enabled staff to be aware of the health condition.

We looked at how people's nutritional needs were met by the service. People praised the standard and variety of food provided at the home. Feedback included, "The food is good. We get enough food." And, "The food is alright, normal, not exciting. But we get to choose off a menu and there is always a couple of things on there to choose from."

We observed lunch being served. We noted there was a relaxed atmosphere at lunchtime. The dining areas were pleasantly set to enhance the meal time experience. People had the opportunity of where they would like to eat meals. We observed people eating lunch in different areas around the home. This demonstrated staff worked flexibly to meet the needs of people who lived at the home.

Each unit had a kitchen area in the communal space. The operations manager said staff sometimes cooked meals in these areas for people. They said this allowed people to smell what was cooking. They said this enhanced people's appetites and acted as a prompt for some people living with dementia.

We spoke with the two cooks on duty. They told us they had recently attended training at a local college to develop their skills and knowledge. Attending the training had enabled them to meet with cooks from other care homes to share ideas. As a result of the training, the cooks had adjusted menus and the way they presented foods. Meals such as fish pie were now cooked and prepared in individual terrines to be served to people. They said this had decreased wastage of food as people looked forward to food which was pleasantly presented. This showed us the registered provider was committed to promoting good nutrition throughout the home.

We saw people were offered drinks and snacks throughout the day. Drinks were made upon each unit. Staff responded in a timely manner when people requested drinks.

When people were at risk of malnourishment assessments were in place to monitor people's weights. In addition, referrals had been made to health professionals for advice and guidance regarding weight management. This showed us action was taken in a timely manner to ensure peoples diet and nutritional needs were met.

As part of the inspection process we reviewed the living environment at Parkview Gardens. The operations manager said the building had been designed in consultation with the University of Stirling and the dementia care standards. Good practice guidance and research had been considered and implemented within the home taking into consideration the layout, design and adaptations within the building. For example, corridors were built so they were not straight but had bends in them and all corridors led to open space. Each unit had been decorated in low stimulus colours with different textures. These ideas promoted a relaxed homely environment for people to live in.

Signage was placed around the home to promote independence for people. This was in an easy read format in colours that enabled the sign to stand out. Signs were placed at eye level for people who were living with dementia. This reflected good practice guidance.

Staff who worked at the home all agreed the purpose built environment had positive impact upon people. One staff member said, "People and relatives love it here. People have space and privacy. The environment has helped improve people's outcomes. Life has improved for everyone."

All bedrooms had ceiling tracking hoists. This reduced the needs for manual hoisting of people and promoted independence allowing people to have ready access to their ensuite bathrooms. In addition, technology had been used to promote independence and safety. Bed sensors were available within rooms which could be individually programmed to meet people's individual needs. For example, for people at high risk of falls they could be set to alert staff when a person was mobilising from bed. For more independent people they could be set with a timer to alert staff after a specific time if the person had not returned to their bed. In addition, call bells were individually programmed so they only rang on the unit in question. This meant people on other units were not unnecessarily disturbed.

All downstairs bedrooms had access to a secure garden area which had been risk assessed to promote people's safety. People living upstairs had access to a balcony areas. These were located off communal areas. This meant people were not restricted and people could access outside space without the need for staff supervision, whenever practicable. One person told us they enjoyed sitting outside when the weather was warm. We observed people accessing outside space independently.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

Care records maintained by the provider addressed people's capacity and decision making. When people lacked capacity to make decisions, documentation was suitably completed to highlight this. It was noted within records some people had capacity to make decisions but adjustments had to be made to support the person with the decision. This showed us that good practice was considered and staff understood the need to promote independence where possible.

We spoke with staff to assess their working knowledge of the MCA. Staff were aware of the need to consider capacity and what to do when people lacked capacity. One staff member said, "People don't have blanket capacity. People may not be able to make all decisions but with some support can make some." This showed us the registered provider had a good understanding of the MCA processes.

We spoke with the operations manager about the Deprivation of Liberty Standards. (DoLs.) The operations manager demonstrated a good understanding of DoLs and this was reflected in the organisations documentation processes. We saw an application had been made to deprive a person of their liberty when restrictions were required within the person's life to keep them safe. When restrictive practices were in place within a person's plan of care there was clear documentation to show that all restrictions had been considered and the least restrictive was implemented.

We looked at staff training. We did this to ensure staff were provided with the correct skills and knowledge to carry out their role. People and their relatives told us they thought staff were suitably trained and had the appropriate skills.

Staff praised the training provided. One staff member said, "The training is good. I have done a refresher for moving and handling and infection control. We do a lot of on line training." We reviewed training provided and saw that a variety of topics had been delivered to staff. This included, safeguarding, mental capacity, medication, first aid and health and safety. In addition, staff had been provided with 'Living well with dementia' training. This enabled staff to have a greater understanding and empathy for people living with dementia. One staff member told us, "The training gives you insight, into the little silly things that affect people. It really makes you think."
Two members of staff who worked at the home had been supported by the registered provider to complete a degree in dementia care. We spoke with one staff member who had completed the course. They told us they used the skills and knowledge gained through the training to implement strategies throughout the home. This meant people living with dementia were appropriately supported to have positive outcomes. For example, 'rummage boxes' had been introduced throughout the home to stimulate people's minds and act as distraction and reminiscence for people. The member of staff said there had been a reduction in behaviours which challenged the service as a consequence of implementing techniques and strategies from the training. This demonstrated that good practice was considered and implemented when providing care and support to people to achieve positive outcomes.

We looked to ensure staff were provided with a suitable induction at the outset of their employment. No staff had been recruited externally since the home was opened. Staff told us however they were provided with an induction within the new home when they moved from other Cumbria County Council establishments.

We spoke with staff about supervision and appraisals. Staff confirmed they received supervision and appraisals from a senior member of the care team. Staff said there had recently been an improvement in the frequency of supervisions taking place. They told us in between supervisions there was always a senior member of staff on duty or on call who could be contacted if they had a query. This showed us staff were appropriately supported by a senior member of staff within their employment.

Good

Is the service caring?

Our findings

People and relatives told us staff were kind and caring. Feedback included, "The staff here are great." And, "We are very happy with the service here. The staff are amazing." Also, "Of course I am happy here. The staff are so kind." And, "Staff will do anything to make it good here for the families and residents."

During the inspection visit we observed positive interactions between people and staff. Staff routinely enquired about people's welfare. When one person complained of being in discomfort staff acted immediately and supported to the person to manage their pain.

We observed staff taking time out to chat and interact with people. One relative told us communication between people who lived on their family members unit was limited. They told us staff therefore ensured they took time out from their duties to sit with their family member to chat. They said, "They chat and have a laugh with [family member] They respond well to this."

People who lived at the home spoke fondly of staff. One person described staff as their "Friends." On another occasion, we observed a person telling a staff member they had missed them.

We saw friendships were developed and nurtured. The operations manager said people had been consulted prior to the move from the two homes which were closing. Established friendships were taken into consideration and people were placed together on units if this was requested. Also, one relative told us their family member did not settle on one unit so the registered provider moved them to another unit to explore other relationships and increase their contentment. This demonstrated the registered provider understood the importance of developing and maintaining friendships.

Staff told us they were provided with sufficient time and resources to spend quality time with people. We saw person centred care was considered and achieved at all times. People were supported during the inspection process to retain their dignity and independence. For example, one person was seen in the laundry being supported to wash their own clothes.

Staff took time to ensure people looked well presented. We noted people were offered support to go to their rooms and change their clothing if clothing became soiled. One relative said, "You never see anyone here in dirty clothes." On another occasion we observed a staff member supporting a person to style their hair after they had just woken up. This demonstrated staff understood the importance of promoting peoples' dignity.

People told us they were able to make decisions about their care and support, including deciding when they went to bed and woke up. Staff told us they did not have set routines at the home and said they were led by people's choices. One staff member said, "We don't have set days for baths. This isn't an institution; people have personal choice."

We observed staff responding when people showed signs of distress or discomfort. For example, one person was upset when they thought their family member was not visiting. A member of staff sat with the person,

stroking their hand and back, reassuring them their visitor would soon be arriving. This calmed the person down and relieved the anxieties. This showed us that staff understood the need to provide emotional support to people.

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of respecting each person as an individual whilst promoting dignity and respect. In addition, the registered provider had a policy to promote equality and diversity.

During the inspection visits we observed people being listened to and consulted with. For example, people were asked if they would like to participate in any activities and what music they would like playing within the unit.

We looked to see how people were supported to make decisions. People were encouraged to make their own decisions when able to do so. This included using accessible information when people required information in a different format. For example the registered provider had developed service documentation in easy read guides for people to access.

When people did not have capacity and did not have family to support them in making significant decisions we saw advocates were consulted to support them in the decision making process. Advocates are independent people who provide support for those who may require some assistance to express their views.

Staff respected people's privacy. We observed staff knocking on people's doors and waiting before entering. Relatives told us when people requested privacy this was respected. We observed people spending time with visitors in the privacy of their bedrooms.

Relatives and visitors told us they could visit whenever they wished. They said they were always welcomed. Feedback from relatives included, "I love the welcoming feel of the home." And, "We have been told to treat this like [family member's] own home and we are to treat it like our own home. We can make cups of tea in the kitchen. We are like part of the furniture." This demonstrated the registered provider was committed to ensuring relationships with families were promoted and maintained when people moved into the home.

Good

Is the service responsive?

Our findings

People who lived at Parkview Gardens told us they received personalised care which was flexible to meet their needs and wishes. Feedback included, "There is always someone nearby if I need them but they are not intrusive." And, "I choose when I go to bed and get up. I can go out when I want to. We can do what we want." Also, "It's just like normal living here." And, "The staff here are brilliant. If I want something doing, the staff will do it for me."

We looked at care records related to seven people. We found care records were person centred and detailed the preferences and support required for each person. For example, care plans were descriptive, detailing if a person preferred a bath or a shower and their preferred temperature of the bath water. In addition, care plans highlighted people's strengths and what aspects of care they could do themselves without support. This promoted independence. Care records were reviewed on a monthly basis or sooner if a person's needs changed.

Relative's we spoke with confirmed people received personalised support. They praised the way staff worked together. Feedback included, "You don't feel like you are talking to people who don't know them." (When talking to staff.) I feel we are all singing from the same page." And, "[Relative] gets person centred care here."

We observed interactions between staff and people. Staff displayed a good understanding of each person's needs. For example, one person was known to display some behaviour which challenged when they were anxious. Strategies were documented within their care record on how to stop the person becoming anxious. We observed staff implementing these strategies during the inspection visit. This reduced any risk of the person becoming anxious and displaying negative behaviour.

People told us they were supported to live active lives of their own choosing. Feedback included, "I am never in. I go to the pub and Costa. I am going out on Wednesday." Also, "I get time to spend with my mate."

People told us there were offered plenty of opportunities to be involved in activities at the home if they wished. A relative told us the home had a coffee morning every Wednesday in the café area. In addition, external entertainers visiting the home. During a walk around the home we saw arts and crafts were on display which had been completed by people who lived at the home.

We observed an arm chair exercise class taking place. People from different units came together for the activity. Everyone looked enthusiastic about the planned activity. The activity was led by a member of staff, however during the activity a person decided to start a sing along. The planned activity was put on hold and everyone sang along merrily. The member of staff gave people the opportunity to sing and when it was appropriate the member of staff tried to continue the planned activity. When the person started singing, once again they placed the planned activity on hold and encouraged the singing to take place. This showed us the staff member understood the importance of being flexible and respecting people's wishes. People participating in the activity, delighted in the way the activity was organised. We watched people put their

hands in the air, laugh and sway with the music.

During the inspection visit we observed unplanned, short activities taking place. Some of these were on an individual basis. Some were in small groups. People responded positively to activities provided. We observed doll therapy being used throughout the building. People looked calm as they nursed and cared for their dolls.

In addition to activities, people were encouraged to take part in house hold tasks such as cleaning and polishing to maintain independence. One person used to work as a cleaner. We were told the person still enjoyed carrying out these tasks and was encouraged to clean around the home. We observed the person washing and drying pots during the inspection visit. This showed us that meaningful activity and independence was valued and promoted.

The home had a shop on site which was staffed twice weekly by volunteers from a community group. The shop sold arts and crafts, sweets and toiletries. In addition, it was opened by staff on other days as required. We observed people visiting the shop. One person told us proudly they had bought some gifts for family members. Staff told us the home was located near to a number of food outlets. They told us people could be supported to go and buy foods from outside if they wished.

In addition to the shop, the home had a café area where people could go for coffee with visitors. The operations manager said they organised coffee mornings and afternoon teas in for people in the café.

Relatives praised the activities offered at the home. They told us activities were varied and well received. One relative said, "They went all out on Mother's day."

People's religious and spiritual needs were met by the registered provider. Regular visits had been made from various churches to the home. In addition, a priest visited the home when requested to do so.

The operations manager said technology was used within the home to enable people to maintain relationships with friends and loved ones. They said the home had access to ipad's so people could connect with family and friends. Ipad's could be connected to large smart TVs within communal areas for people to have better views of family and friends.

We looked at what arrangements the service had taken to identify and meet communication and support needs of people with a disability, impairment or sensory loss. We saw the registered provider had some documents in an easy read version for people who may sometimes lack understanding or were unable to read. During the inspection, we observed a staff member reading a piece of post to one person. The person could no longer read due to their health condition so staff carried this activity out on behalf of the person. The person responded positively. In addition we saw one person with a sensory impairment had a talking watch and talking books. This showed us the registered provider met the needs of people with sensory and communication impairments.

We looked at how people were supported at the end of their life. Discussions had taken place with people so their wishes and needs at the end of life could be respected. We spoke with a relative, they told us they had been involved in discussion alongside their family member to plan end of life care. They told us they were assured the service had plans in place to respect their family members' wishes at the end of their life. They said medicines were in place should they be required to manage any pain. Staff told us they would liaise with other health agencies which were directly involved in the situation to provide appropriate support and end of life care such as the doctors and district nursing team. This showed us the registered provider

understood the need and promoted effective end of life care.

We spoke with people and their relatives to see if they were satisfied with the care provided. At the time of the inspection no one had any complaints. One person said, "I have never had to complain. There is nothing to complain about." Another person told us they were aware of their right to complain and said they had been provided with information about how to complain. They said, "I would go to someone in the office if I had a complaint." Two people we spoke with told us they had previously raised concerns and said they were happy with the way in which the complaints were managed. One person told us, "If you complaints here they nip them in the bud."

The operations manager told us they ensured any comments were acted upon immediately to be resolved before they became a complaint. Staff were aware of the process to follow should someone raise a complaint. This demonstrated the registered provider had an appropriate system for managing complaints.

Good

Is the service well-led?

Our findings

People and their relatives we spoke with praised the way in which the home was managed. All agreed the home was organised and well-led. Feedback included, "The home is well managed." And, "Professionals at the hospital couldn't praise this place enough. They were right."

There was a registered manager in place. 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. Although there was a registered manager, they were absent at the time of the inspection visit. The home was therefore being supported directly by the operations manager.

Staff told us there had been noted improvements at the home since the operations manager had been providing direct support to staff. Staff praised the management approach of the operations manager. They told us the home was more organised and communication had improved. In turn, they said this had improved morale of staff and had promoted effective teamwork. Feedback included, "I have not always felt supported, but the last two months have been so much better. Morale is picking up." And, "We recently had a lot of low morale with staff being moved around a lot. This has improved a lot now. There is more help and understanding from management." Also, "I like the way it's working at present. It's working well."

There was regular communication between staff and managers. Staff completed a handover each shift to discuss people's needs. This enabled staff to be aware of outstanding actions and any concerns to be aware of upon their shift. Formal team meetings and senior management meetings had also taken place. We reviewed minutes from meetings and noted discussions had taken place between staff and management about people's individual needs, policies and procedures, audit findings and suggestions for improvement.

People were consulted with on a regular basis. The operations manager said people had been invited to the home prior to the home opening to choose their bedrooms. In addition residents meetings were held on a regular basis for people to express their views on how the service was managed and organised. We saw evidence that discussions held within residents meetings were fed back to staff so changes could be implemented. For example, people had raised concerns about the inconsistency of carers which had been addressed by the operations manager.

The registered provider was committed to seeking views about the quality of service provision as a means to improve service delivery. Questionnaires had been given to people to complete so feedback could be gained regarding the food provided in order for menus to be adjusted.

The operations manager told us they were dedicated to providing a high quality person centred service. The said, "I am proud of what we have achieved. People get the most person centred care, within a person centred building." From observations made during the inspection we saw that staff shared this value. This demonstrated the service was committed to developing a service which promoted positive outcomes for

people.

The registered provider had a range of quality assurance systems in place. These included audits of medicines, the environment, staff training and health and safety. On the first day of the inspection visit two senior members of staff from another home were visiting to support the registered provider to audit care records. The operations manager told us this allowed care records to be viewed independently and highlighted any errors or discrepancies within them.

The registered provider had other homes within the area all of which worked to the same policies and processes. The operations manager told us senior management meetings took place which allowed managers from each home to come together to provide assistance and support to develop a consistent and effective workforce.

The registered provider focussed on continuous learning and driving up standards. This was achieved through multi-agency working, self-development and referring to good practice guidelines which were embedded into practice. For example, the operations manager said they had met with a representative from CQC to discuss and explore matters. In addition, they told us they received updates from CQC to keep them updated of their regulatory responsibilities.