

Parklands Residential Home Limited

Parklands Care Home

Inspection report

516 New Hall Lane
Preston
Lancashire
PR1 4TD

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28 June 2017

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26 July 2017

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 inspection took place on 28 June 2017.

Parklands Care Home is registered to provide accommodation for persons who require nursing or personal care without nursing for up to 14 older people. There were 12 people living in the home on the day of our inspection. The home is situated on the outskirts of Preston close to local amenities and public transport links to the city centre. Accommodation comprises of communal lounge and dining areas as well as a conservatory. There are thirteen bedrooms one of which is shared between two people with privacy screens to use during personal care activities. All of the bedrooms have hand washing facilities and one benefited from ensuite facilities.

The service had registered manager in post. 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.

At the last inspection on 20 April 2016 we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Regulation 12 Safe care and treatment, Regulation 13 Safeguarding service users from abuse and improper treatment, Regulation 11 Need for consent and Regulation 17 Good governance. During this inspection we found improvements had been made.

We saw the provider had made improvements in the recording, administration and management of medicines. To enable individual risks to be safely managed risk assessments had been completed. Relevant checks on the environment were taking place and staff had access to training, guidance and equipment to ensure infection control risks were minimised.

Staff were aware of the procedures to take when dealing with allegation of abuse. People who used the service, visitors and professionals raised no concerns about the safety of people living in the home.

There was evidence of appropriate numbers of staff available to support people's individual needs. Recruitment procedures ensured people were safely recruited for the role in which they were employed.

Staff received the relevant training required to support people's needs effectively in the home. People who used the service and professional told us they were confident in the knowledge and skills of the staff to meet people's individual needs.

Since our last inspection the provider had introduced capacity assessments for people who lived in the home. Where DoLS applications were required these had been sent to the assessing authority. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

It was clear during our observations of the lunchtime period that people enjoyed the meals provided by the home and were offered choices of menus.

We observed a calm, relaxed homely atmosphere in the home. It was clear for the interaction between people who used the service, staff and visitors that they knew each other well and responded in a timely manner to people's needs and wishes.

People told us they were happy with the care they received and staff treated people with dignity and respect. Where people required support with care this was done in the privacy of their own bedrooms or the bathroom.

We saw positive feedback about the care people received in the home. People told us they had no complaints about the service and there were policies in place to guide people on the process of complaints.

People were mixed about the activities provided by the home. There were photographs of activities taking place and equipment in the home for people to use, such as table top games. However some people we spoke with were mixed about the activities they took part in.

Care files had information in them to support people's individual needs. However the information in them was basic.

We received positive feedback about the registered manager and the support that she offered to people who used the service, visitors and staff. There was evidence of resident and team meetings taking place. Feedback was sought from people that would be used to make improvements to the service they received.

There were some systems in place to monitor the quality of the service provided. The registered manager demonstrated her plans for improving how the service was monitored to ensure improvements were ongoing in the service.

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.

Improvements had been made to handling of medicines, assessment of risks and protecting people from the risk of infection.

People told us they felt safe and professionals raised no concerns about the safety of people living in the home.

There was evidence of appropriate numbers of staff available to support people's individual needs. The registered manager told us staffing numbers would be adapted to meet people's individual needs.

Appropriate risk assessment had been completed to ensure any identified risks to people had measures in place to protect them.

Is the service effective?

Good ●

The service was effective.

Staff received the relevant training required to support people's needs effectively in the home.

People who used the service and staff told us consent was sought before undertaking any activity. Records relating to capacity assessments had been completed by the home.

People enjoyed the meals provided by the home and were offered choices of menus.

Is the service caring?

Good ●

The service was caring.

People told us they were happy with the care they received. We observed a relaxed homely atmosphere in the home.

People were treated with dignity and respect and when any care or intervention was required this was done in the privacy of their bedrooms or bathroom.

Is the service responsive?

Good ●

The service was responsive.

People told us they had no complaints about the service and there were policies in place to guide people on the process of complaints.

There were photographs of activities taking place. However feedback about activities taking place was mixed.

Care files had information in them to support people's individual needs. However the information in them was basic.

Is the service well-led?

Good ●

The service was well led.

We received positive feedback about the registered manager and the support that she offered to people who used the service, visitors and staff.

There were some systems in place to monitor the quality of the service provided. The registered manager demonstrated plans to improving the auditing and monitoring of the service.

Parklands Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 June 2017 and was unannounced. The inspection was carried out by one adult social care inspector, a pharmacist inspector and an expert by experience in the care of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

To understand the experiences of people who used the services we undertook observations in the communal areas of the home and undertook a tour of the building. We spoke with nine people who used the service, three visitors and four professionals who visited the service. We also spoke with four staff members the registered manager and the owner of the service.

Prior to the inspection we looked at the information we held about the service. This included notifications that the provider is required to send to us by law, any feedback, compliments or complaints. We also looked at the Provider Information Return (PIR) we asked the provider to submit prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We checked a number of records relating to the management of the home these included four staff files, four care records, duty rotas and records relating to the monitoring of the service.

Is the service safe?

Our findings

All people spoken with told us they felt safe and secure in the home. Comments included, "I feel safe and I feel I've got a home and a family now" and "They're always watching what you're doing and asking what you'd like. They don't ignore you, they're very good." Relatives told us, "They look after him here" and "There's always someone around."

At our last inspection we found the service had failed to ensure people were protected against the risk of receiving inappropriate or unsafe care and treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not being well managed. There were issues with residents looking after their own medicines, the types of medicines the home kept as homely remedies, not enough detail when providing medicines when required and the lack of medicine checks (audits). We told the provider they must take action to make improvements in the service.

During this inspection we found improvements had been made. At this inspection, we saw that the registered manager and staff had addressed the issues and put systems in place to manage medicines better. We looked at medicine documentation, people's administration records and checked medicines stock. We observed medicines being given and spoke with staff and people who used the service.

We observed some people receiving their lunchtime medicines and saw they were administered in a kind and safe manner. Staff clearly knew residents well and we were told that people felt safe and medicines were always given on time. People who used the service chose not to look after their own medicines, apart from skin moisturisers, and all medicines were stored and given safely.

We inspected the medicine administration records and saw that all 12 people had photographs and allergy status recorded which helps to prevent medicines being given to the wrong person or to a person with an allergy. There were no gaps in administration and when a medicine was 'when required' staff had noted when people had refused, demonstrating it had been offered. For people prescribed 'when required' medicines, extra guidelines (protocols) were kept explaining why the medicine had been prescribed and how it should be used so the person gained maximum benefit.

We checked the record for one person being given medicines in the form of a patch applied to the skin. Records demonstrated regular application but the position of the patch was not recorded. The manager amended records during the inspection to include position details in future. Medicines requiring timely administration, before food for example were given appropriately.

There were homely remedies kept in the home for simple ailments such as pain, constipation or indigestion. There was a new homely remedy policy in place that had been prepared with advice from the local GP. These medicines were stored in a locked cabinet and were used properly.

Medicines were stored securely in locked cupboards and a fridge. Access was restricted to authorised staff.

Controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. We saw evidence of regular balance checks of controlled drugs. The fridge temperature was recorded daily and was within the range of 2-8oC, however in line with national guidance a new thermometer was purchased during the inspection, that could provide minimum and maximum readings.

Staff records demonstrated that seven staff members had been assessed and knew how to handle medicines safely. We saw two audits that checked if medicines were used safely, and in accordance with the home's medicine policy. The most recent audits had found no concerns about medicines handling and we saw issues had been actioned from the previous audit.

At our last inspection we found the service had failed to ensure risks to the health and safety of people who used the service had been assessed and appropriate steps to mitigate risks were not in place. We told the provider they must take action to ensure risk assessments were completed and relevant for people's individual needs. During this inspection we found improvements had been made.

We looked at how the service managed risk. We saw that individual risk assessments had been developed for people who used the service that identified how to support people to safely manage their risks. These included falls, medications, nutrition, meals and infection control. Records identified reviews had taken place which ensured any identified risks assessments were up to date and relevant to people's individual needs. The PIR submitted to the Care Quality Commission prior to our inspection demonstrated the provider's commitment to ensure risks were safely managed by the home. It stated, "Risk assessments are carried out prior to admission of a service user (People who used the service) and also when required so that appropriate measures put in place. These are discussed with service users or their representatives but are designed to ensure that necessary care is maintained whilst they are enabled to maintain choice and control."

Environmental risk assessments had been completed to ensure people were cared for in safe environments. Areas covered included the management of hazardous substances, infection control and fire safety. Since our last inspection we saw the provider had developed individual Personal Emergency Evacuation Plans (PEEPs) for all of the people living in the home. These identified what assistance people needed in the event of an emergency that required evacuation from the building. The provider told us that PEEPs plans would be centralised to support relevant professionals in the event of an emergency evacuation.

The provider told us that since our last inspection they had installed fire door guards and updated the smoke detectors in the home to protect people in a safe environment. There were up to date fire policies and procedures in place and there was evidence the provider had completed some relevant checks in the home these included emergency lighting, fire alarms and fire doors. As part of the environmental checks the provider told us they had fitted window restrictors on windows that required them. This would protect people for any unnecessary risks. The provider kept records in relation to any incidents and accidents in the home. Records included details relating to any incidents as well as the immediate actions taken by the provider to protect people for any further risk.

At our last inspection we found the service had failed to ensure risks around infection control were sufficiently managed to reduce spreading of infections. We told the provider they must take action to ensure people were protected from the risks of infection. During this inspection we found improvements had been made.

We undertook a tour of the building and saw all areas of the home were clean and tidy with no unpleasant smells or odours present. All of the people we spoke with told us they were happy with the cleanliness of the

home. A relative said, "There is always different bedding on the bed and it [the home] never smells." Professionals we spoke with told us they raised no concerns regarding infection control. We saw appropriate hand washing and infection control advice was on display to ensure staff, people who used the service and visitors had guidance available to them to reduce the risks of infection. The PIR submitted demonstrated the provider's commitment to ensure staff had the required knowledge and skills. It stated, "All staff receive training in hand hygiene and the prevention of infection." Training records confirmed that staff had completed relevant infection control training that would ensure they had the knowledge and skills to protect people from the risks of infection.

We saw enough supplies of cleaning equipment and the staff member responsible for undertaking domestic duties was able to explain what equipment was used for certain tasks and confirmed they had enough supplies to undertake their role safely. Where required staff we spoke with told us they used Personal Protective Equipment (PPE) to reduce the spread of infection and its associated risks. People who used the service told us that staff applied gloves when undertaking any care activity. They said, "I know I can hear them pulling gloves on", "Always" and "To be honest I have never noticed." We observed staff using these at times during our inspection however on one occasion we noted a staff member did not wear gloves or aprons when would have expected them to. The registered manager addressed this immediately and stressed the importance of staff using PPE with staff.

During a walk around of the building we saw people had access to private washing facilities in their bedrooms as well as communal bathrooms and showers. All bedrooms had a nurse call system in place that enabled people to call on the support of staff when required. People's bedrooms had been personalised with their personal possessions that would support them to feel at home. Communal areas were clean and tidy and there was evidence of refurbishments ongoing in the home. The provider told us people were given the choice of carpet or flooring in their rooms prior to arriving in the home. They also told us they had recently replaced carpet in the in one of the communal areas. This would ensure people lived in an environment that was updated and refurbished to meet people's needs.

We saw evidence of relevant safety checks to ensure people were living in an environment that was safe for them. These included appliances, emergency lighting and fire alarm checks. Records confirmed electrical and gas safety checks had been completed as well as an electrical safety report and building regulations compliance certificate.

All of the professionals told us they felt people who used the service were safe and well cared for in the home. Comments included, "I have no safeguarding concerns here. All of the people seem happy it is one of the best homes", "I have never had any concerns regarding the safety of people when I have visited" and "At our visits residents [people who used the service] appear safe and well looked after."

All of the staff we spoke with demonstrated an understanding of the types and signs of abuse and the procedure to take to deal with any allegations of abuse. They told us that they would be confident reporting any concerns to the registered manager about poor practice (whistleblowing) and that these would be acted upon. They said, "I would report any concerns to the manager or call the number on the wall [details for the local authority] and report it if she wasn't here." Staff and training records confirmed they had undertaken relevant training in safeguarding people from the risks of abuse.

There were policies and procedures in place to guide staff on how to deal with allegations of abuse. These included relevant contact details to report any concerns. We saw guidance on display in the communal areas of the home that for staff to follow if they suspected any concerns. The registered manager told us they had no investigations into allegations of abuse however they understood the procedure to take acting

on any concerns including investigations and recording.

We asked about the staffing numbers in the home. People who used the service and visitors told us they felt there was enough staff to meet their needs. Comments included, "Yes, I never have to wait", "I am sure there are, because I don't have to wait", another said "Yes (enough), they are wonderful, the salt of the earth" and "I have never had a problem finding staff." Professionals also confirmed they had no concerns relating to the staffing numbers in the home. They said, "There always seems to be enough staff on when we visit this is more often in a morning."

Staff we spoke with told us they felt there was enough staff to undertake their duties in a timely manner and meet people's individual needs. They said, "There is enough we work together as a team." We looked at the duty rota and saw a staff allocated to shift patterns. Where changes had been made to staff rotas records confirmed enough staff were in place to meet people's individual needs. The registered manager told us they had never used outside agency staff and any gaps in shifts would be covered by existing staff members. Where people's needs changed the registered manager told us they adapted the staffing numbers to accommodate this. During our inspection we saw staff had time to support people's individual needs promptly ensuing people's personal care requirements were dealt with when they required it.

We saw safe recruitment procedures that ensured people who used the service were cared for by staff with the appropriate skills and experience. Staff records confirmed relevant checks had taken place. These included previous employment, references, and proof of identity and Disclosure and Barring Service (DBS) checks. The DBS helped employers make safer recruitment decisions and helped prevent unsuitable people from working with people who use care and support services.

All staff records had a completed application form along with records relating to the interview process that identified their suitability for the post. The registered manager and records confirmed any new staff completed an induction on commencement of their role which included the completion of the care certificate. The care certificate is a set of standards that health and social care workers stick to in their daily working life. This would ensure staff had the required knowledge and skills to meet people's needs safely.

Is the service effective?

Our findings

All of the people who used the service we spoke with told us staff always asked permission before undertaking any care or activity with them and staff we spoke with were aware of the importance of seeking consent before undertaking any activity or task. One said, "I always ask people what they like and give it to them. I always ask permission and explain what I am doing first."

At our last inspection we found the service had failed to ensure consent was sought for the use of Closed Circuit Television (CCTV). We told the provider they must take action to ensure appropriate assessments and guidance had been sought for the use of CCTV. During this inspection we found improvements had been made.

The registered manager told us at the last inspection CCTV was in place at the one of the entrances to the home. They said as a result of the findings from the last inspection the CCTV had been removed from the home therefore it was no longer in use.

Care records we looked at demonstrated consent had been sought from people who used the service in relation to the care they received. People told us their choices and preferences were sought. One person said, "If you want anything you just have to ask them, it's no problem at all."

We observed staff asking permission from people before undertaking any activity and we observed staff knocking on doors waiting to be invited in before they entered. During our walk around of the home the registered manager sought permission from people to enter their bedrooms before we entered. This would ensure people's needs, choices and views were taken into account. Staff had access to up to date policies and procedures in place for consent to support decision making with people who used the service.

At our last inspection we found the service had failed to ensure the service provided at the home met the requirements of the Mental Capacity Act 2005. We told the provider they must take action to ensure assessments were completed and relevant for people's individual needs. During this inspection we found improvements had been made.

The Mental Capacity Act (2005) (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection 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.

Since our last inspection the home had developed appropriate capacity assessments for the people living in the home. The registered manager told us and records confirmed appropriate DoLS applications had been submitted to the relevant assessing authorities. There was evidence that all staff had recently undertaken that relevant training in MCA and DoLS and there were policies and procedures in place for MCA and DOLS. This would ensure staff had the guidance, knowledge and skills to protect people who used the service from unlawful restrictions.

People told us that the home contacted health professionals when they required them. All of the professionals we spoke with told us they home contacted them appropriately and were provided with appropriate facilities during their visits. Comments included, "They [the home] are on the ball. I have no concerns", "Staff have responded to any concerns, for example if someone is unwell they will call a doctor" and "We visit this care home on a daily basis at present. Staff are always attentive and liaise any issues when needed. Staff communicate well to the DNs [district nurses] and ask for advice and support when needed. They are very knowledgeable of all their residents."

Care records identified people who used the service were registered with a local General Practitioner as well as professionals relevant to their individual needs. These included; social worker, district nurses and podiatry. We saw evidence of visits and reviews taking place recorded in people's care files. Systems were in place to prevent ill health and promote people's health.

Assessment in people's care plans included individual needs in relation to their physical needs. Where monitoring of people was required this was completed by staff. These checks included blood pressure, pulse and weight recording. This would ensure any changes in people's health was identified and could be acted upon in a timely manner.

All of the people who used the service and visitors we spoke with were confident staff had the necessary skills to deliver effective care. They said, "I have not found one yet that isn't", "Yes, the staff are very good" "I am sure they are. They are good staff here, I have no complaints at all." All of the professionals told us the staff had the skills and qualities to deliver people's care. Comments included, "I believe that care staff understands resident's needs" and "When I have visited the staff have usually been able to tell me about the service user's needs. I am not sure what training staff receives."

Staff we spoke with told us they received regular and up to date training that was relevant to their role. They said, "I am up to date with my training, this is always ongoing." The training manager employed by the service told us they were developing a new training programme to deliver to staff in the home. They said, "The staff are well trained and are able to meet people's needs." Records confirmed staff had undertaken recent training to ensure they had the skills to meet people's individual needs. Topics included dementia, infection control, health and safety, fire awareness diabetes, choking and load management. The registered manager told us they had developed a training matrix to identify planned and completed staff training. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to people.

We saw all new staff completed an induction programme on commencement of their role. Areas covered included mandatory training and the care certificate. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff told us and records confirmed staff received regular supervision to ensure they were supported to

deliver their role effectively. There were also annual appraisals taking place that monitored their work and developed plans for the year ahead. Records seen were linked to staff performance and the common induction standards. There was evidence of competency checks taking place to ensure staff had the required skills to deliver care to people who used the service.

We looked at how the service supported people with their nutritional needs in the home. All of the people we spoke with told us the food they were provided with was good and met their needs. Comments included, "I am a bit fussy me, I don't eat meat so I get fish most days. The ice cream is delicious", "It is very good, I am not a fussy eater but I enjoy what I get", "It is wonderful, I've no complaints at all" and the food is, "Excellent, it is a proper diet, it keeps me in good health" A visitor to the home told us, "He loves it [the food] he's put weight on." A professional told us about how the manager supported people with their nutritional needs. They said, "I have known the manager to go out of her way when someone has not been eating well to purchase different food to try and tempt their appetite."

We observed part of the breakfast service as well as lunchtime in the home. All people we spoke with enjoyed the meals they were provided with and we saw choices of meals available to people. Menus were provided over a four week rota and people's likes and choices were recorded in the kitchen so that all staff were aware of people's individual needs and likes. It was clear from the interactions that staff knew people's needs well and where alternatives were requested by people these were provided by staff. One staff member told us, "If the residents don't like what's on the menu, we cook them something else."

We saw the home had plenty of food supplies in the home and the registered manager told us if anyone requested something that was not available in the home they would purchase it immediately for them. All staff in the home were responsible for the meal preparation and ordering of food. Staff understood the importance of ensuring meals were prepared and cooked in line with guidance and staff told us and records confirmed they had undertaken training in basic food hygiene.

Appropriate temperature checks were taking place to ensure food was stored, delivered and presented to people safely. The home had been awarded a five star rating by the food hygiene standards which is the highest rating that can be awarded.

Records confirmed people's weight was recorded regularly and where any concerns regarding changes were identified appropriate referrals were made to health professionals. The registered manager told us where referrals were required to the dietician these were undertaken by the general practitioner. Care records we looked at confirmed the service used a Malnutrition Universal Screening Tool (MUST) to monitor people's weight and food intake. MUST is a five-step screening tool that identifies adults who are malnourished or at risk of malnutrition. The tool includes guidelines which can be used to develop people's care plans. The PIR confirmed the provider recognised the importance of ensuring people received appropriate and timely reviews when required. It stated, "Where indicated either by weight loss or a particular condition expert advice and help is obtained from nutritional specialist and other healthcare professionals." This meant there was ongoing monitoring that ensured any changes in people's conditions were identified and appropriate actions taken.

Is the service caring?

Our findings

All of the people we spoke with told us they were happy with the care that they received in the home. People said, "They [staff] help me where they can, they are very obliging and kind, they would do anything for you", "They are very good, they are very nice" and "They treat you very, very well indeed, they are very kind you should treat them as you hope they will treat you." A visitor to the home told us, "They are pleasant and he likes them."

We observed the home adopted an open house policy and visitors were seen in the home throughout our inspection. Staff greeted visitors by name and engaged in general conversation with them. Visitors confirmed they could visit their relative in the privacy of their own bedrooms if this was required. It was clear from the interactions between staff, the registered manager and visitors that they were regulars to the home and they were comfortable in each other's company. The PIR demonstrated the provider's commitment to good quality care. It stated, "Emphasis is placed upon ensuring that the standard of care service users receive is both compassionate and personal to the individual."

Professionals were very positive about the care people received in the home. They said, "When visiting the home I have found that staff know the services users well and make you feel welcome", "Residents appear happy. We haven't had any concerns with safety and staff generally seem happy to assist residents when needed" and "I have not had any issues around the care provided to the service users that I have worked with."

The home had a warm, homely and friendly atmosphere and we saw staff responded to people's needs in a kind and friendly manner. It was clear from the interactions between people who used the service and staff that staff knew people well and responded to their individual needs, likes and choices in a timely manner.

We observed staff supporting people to be independent in their daily routines where they were able. This was confirmed by people who used the service and visitors who said they were encouraged to be as independent as possible and followed their preferred routines and choices. They told us, "Yes, I like being independent, it's very good here", "Whilst I can be independent, I try to be" "We can do anything we like" and "The fact you can get a shower and they help all the time. You're never left alone [in the shower]. I used to fall quite a bit, but I have not fallen whilst I have been here, there are rails to hold on to". Visitors told us, "Whenever I come in I appreciate the fact they are keeping [person] mobile" and "When [person] was at home, he kept going in hospital, they look after him here."

All of the people who used the service, visitors and professionals said the home treated people with dignity and respect. One person said, "You have got your own room and they [staff] knock", "They knock and say it's only me." Others told us, "We always have access to private facilities for residents, whether it is in private bedrooms or bathroom facilities when needed" and "The conservatory is usually used for meetings or reviews, but I have in the past seen people in their own rooms in order to maintain privacy and confidentiality."

We observed staff addressing people with their preferred names and speaking with people in a respectful and kind way. Where staff supported people with any care or activity this was done in the privacy of their own bedrooms or bathroom. It was clear staff understood the importance of providing good quality care and support. They said, "I always knock on people's doors. I respect people's privacy and dignity. They [people who used the service] have been here for a long time, we provide very good care. We go out of our way to help them. It is just like one big happy family here." The PIR stated that the home had a, "Small but stable cohort of staff with a low turnover form a sound basis for ensuring that people are treated with respect, dignity and kindness at all times."

We spoke with the registered manager about the arrangements in place to support people at the end of their life. Whilst no one was receiving end of life care they told us arrangements would be made to increase staffing numbers to ensure good quality care was maintained for people if required. They told us there was plans for all staff to undertake the six steps end of life training. This aims to improve end of life care.

Is the service responsive?

Our findings

People who used the service told us they were happy with the care that they received and that it met their likes, choices and needs. Comments included, "The best thing is the way nobody bothers you, you can please yourself, but if you want anything you've only got to ask, it is a perfect home, "It is comfortable, it's home from home", "It is a home, the residents feel like family" and "I am quite happy with how they care for me, they don't overpower you."

Staff we spoke with understood the importance of ensuring care delivered to people reflected their individual needs. They discussed the importance of people's care files and the information held in them. They said, "Care records give you all the information you need." The PIR submitted prior to our inspection stated, "The care they [people who used the service] receive is based upon discussions with and involvement of the service users. They are given the option to become involved in their care as much as or as little as they wish. Care plans are individualised and are personal to the service user. These are agreed with either the service users themselves or their representatives."

All of the care files we looked at had a completed pre admission assessment that identified people's individual needs and risks. This would ensure the home was a suitable environment for them to live in and that their needs could be met. The registered manager told us they were in the process of implementing new documentation in people's care files that would ensure people's needs were clearly documented in a format that was easy to follow for staff and people who used the service.

Care files we looked had personal information in them that detailed care plans and risk assessments that reflected their individual needs. These included falls, nutrition, personal care, swallowing, mobility likes and routines. Records contained information to guide staff on how to support people however we saw the information in them was basic in their content. We discussed this with the registered manager who confirmed they would review all of the care files to ensure they held up to date detailed information on how to support people's individual needs. Individual guidance was included in people's care files where it was appropriate, Examples seen were nutrition, infection prevention, antibiotic and catheter advice. This would ensure staff had access to up to information to support people's individual needs. We noted the care plans were reviewed at monthly intervals or if there was a change of needs or circumstances.

Individual daily records were completed for people and included their daily routines, personal care provided and activities they have undertaken. There was information available for staff about any visits taking place or any contact with health professionals. All care records had a document called a 'health passport'. These had information such as people's medical history, medicines and personal details that would be used in the event of a person requiring hospital admission. Records included personal information such as, date of birth next of kin, religion and general practitioner.

We saw that the home encouraged and supported positive relationships between people who used the service and relatives. We saw regular visitors in the home who told us they were always made to feel welcome. One person was celebrating a birthday on the day of our inspection and the registered manager

told us they had a birthday cake for them to celebrate the event. The registered manager told us they have access to the internet that enables people to undertake video calling to their relatives who did not live close to the home.

We looked around the home and saw evidence of equipment available for people to take part in activities. These included table top games, books, knitting and DVDs. There were photographs on display in public areas of the home of past activities taking place. These included baking, dominoes, trips to a safari park, Blackpool illuminations and Easter events. People were happy with the service that they were provided with and living in the home. However we received mixed responses about the activities and how people spent their day. They said, "I watch television or sit in the conservatory, I people watch", "Very little, sometimes I get bored" and "I do word searches, I've gone off reading" and "We have been for a run round the country or we go to Blackpool."

There were basic records that detailed when activities had taken place and who had been involved. These included pamper days, films, exercises, sing-along, reminiscence and board games. The registered manager told us they would ensure people's care records in relation to activities were detailed in their content to ensure staff were aware of what activities people had taken part in and whether these had been enjoyed. This would enable future activity planning that was individualised for people who used the service.

We looked at how complaints were dealt with in the home. There was an up to date policy and procedure in place for staff to follow and details about how to complain were on display in the public areas of the home. There had not been any complaints at the service within the last 12 months. However we saw evidence of how the provider would deal with any complaints they received.

All of the people we spoke with had no complaints about the service they received. They said, "No complaints, I am surprised, it is a lot better than I thought it would be", "I have nothing to complain about really". Another said "No, as far as I am concerned there are no complaints in here, it's lovely" and "I have nothing to complain about." We saw positive feedback had been received by the home. Examples seen included, "Thank you so much for the care you have given to [person] over the last four years", "Thank you for all of your help and kindness to [person] over the years it really does mean a lot to us as ever" and "You are really good at what you do."

Is the service well-led?

Our findings

All of the people who used the service and visitors were complimentary about the leadership and management of the home. All people we spoke with told us they knew who the registered manager and was approachable. One person said, "I do, but I forget her name, she's very approachable, she encourages you to do things", "She is very good, she can anticipate if we want anything. She is very approachable", "She is very kind, I like her" and "Yes she's a lovely person." When asked if the home could do anything better they said, "No it is brilliant as it is" and "No, they do their best."

Professionals also provided complementary feedback about the registered manager. They said, "The [registered] manager is approachable and realistic in what cases she will accept and will say if she feels they are unable to meet somebodies needs" and "It is a brilliant service they are very good. Put it this way I would use this home."

At our last inspection we found the service had failed to ensure systems to monitor and improve the quality of the services were in place. We told the provider they must take action to ensure systems to monitor and improve services for people were in place. During this inspection we found improvements had been made.

Since our last inspection we saw that the provider had made improvements in managing risks, management of medicines, protecting people from increased risks of infection control, consent, mental capacity and good governance.

The service was led by a manager who is registered with the Care Quality Commission. The registered manager had responsibility for the day to day operation of the service. There was an open culture in the home and it was clear the registered manager was visible in the home and staff had developed very positive relationships with them. During our inspection we observed the registered manager taking an active role in duties in the home as well as managing the service. Staff we spoke with were happy with working in the home and the support they received from the registered manager. They said, "I am happy working here. It is a good company to work for" and "[Registered manager] is a nice woman. She is supportive, any problems I would be able to go to her to discuss and she would try and sort it out." The training manager visiting the home told us, "The home is looking at improvements in their documentation. [Registered manager] is very keen and wants to be aware of everything."

Staff we spoke with told us team meetings were taking place regularly and they were able to discuss their views. We saw evidence of minutes from these meetings which included dates, attendees and minutes of the topics discussed. These included communication, activities, PEEP's and training.

People who used the service we spoke with could not confirm whether they had attended meetings in the home however we saw minutes from service user meetings that had taken place recently. Topics covered in the meetings included, satisfaction of care, any improvements required, food on offer and evacuation of the premises.

The provider was committed to ensuring the view of people were sought and taken into account. The PIR stated, "Regular formal and informal surveys of service users inform that they feel respected and treated with care." Surveys had been undertaken asking for their about the services the home provided. These included food, access to support with appointments, atmosphere in the home, grooming and appearance. Positive feedback was seen which included, "The home always makes sure he gets to his appointments", "The manager is very approachable", "The atmosphere suits [person] he is free to do his own thing" and "Very satisfied, very happy." Analysis of results was completed that would ensure any improvements or recommendations would be acted upon to improve the service people received.

Since our last inspection the service had introduce a programme of audits and quality monitoring to ensure people lived in a safe environment. The registered manager told us they were continuing to build on the audits that had already been completed to ensure oversight of the service was maintained. We saw copies of audits taking place. These included medicines, fire, environmental cleanliness, self-audit checklist and a care home service audit. The registered manager provided a copy of a newly developed care file audit and confirmed following our inspection that a random care file audit had taken place.

Certificates relating to the registration and performance of the home were on display in the home. These included relevant certificates of registration with the Care Quality Commission, Preston Council inspection report, dignity in care charts and Investors In People (IIP) silver award. There was evidence that the service had been recognised by IPP as receiving certificates for more than ten years. IIP is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management.

As part of the providers statutory requirement providers must display the rating received from the Commission from their inspection. We saw a copy of the ratings from the last inspection on display in the entrance to the home. This would ensure people were aware of what the home did well and the evidence identified at the last inspection.

Reference to the homes vision and values as well a statement of purpose and service user guide was available for visitors and people who used the service that provided information on the service and what facilities and support it had to offer.