Mr & Mrs C Bennett

Park House

Inspection report

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Date of inspection visit:
17 October 2016
18 October 2016

Date of publication:
16 November 2016

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

Park House is registered to provide accommodation and personal care for up to 21 older people living with dementia and other physical health needs.

The home had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out a previous unannounced comprehensive inspection of this service on 13 May 2015. The service was rated as requires improvement overall. Breaches of legal requirements were found and improvements were required in relation to risk assessments, care plans and the storage of medicines.

The provider sent us an action plan which detailed how they were planning to make improvements and they sent us an updated action plan in February 2016 telling us all actions had been completed. At this inspection we found action had been taken to respond to our concerns and improvements had been made.

This inspection took place on 17 and 18 October 2016 and the first day was unannounced. At the time of our inspection there were 18 people living in Park House. People had a range of needs, with some people being more independent and others requiring more support with their mobility and health needs.

Following our previous inspection in May 2015 a new manager had started at the home and had registered with the CQC. Since the registered manager had started in the service they had made a number of improvements. New care plans had been created for each person, new risk assessments had been implemented, improvements had been made to the environment and new staff training had been delivered.

People were protected from risks relating to their health, their mobility, their medicines, their nutrition and their behaviours. Staff had assessed individual risks to people and had taken action to seek guidance and minimise identified risks. Where accidents and incidents had taken place, the registered manager had reviewed these, had learned from them and had taken action to reduce the risks of reoccurrence.

Although we found some people's risk assessments lacking within their care plans, verbal risk assessments had taken place and staff knew what actions needed to be taken to protect people. As soon as the missing risk assessments were highlighted to the registered manager they took action to rectify this. The registered manager also put in place a new auditing system to ensure risk assessments were created and updated as soon as people's needs changed.

People were protected by staff who knew how to recognise possible signs of abuse. Staff knew what signs they would look for and the procedures they would follow to report these. Safeguarding information and

contact numbers were accessible to staff who told us they felt comfortable and confident reporting concerns. Recruitment procedures were in place to ensure only people of good character were employed by the home. Potential staff underwent Disclosure and Barring Service (police record) checks before they started work in order to ensure they were suitable to work with vulnerable people.

Staffing numbers at the home were sufficient to meet people's needs. Staff spent time chatting to people and dedicated one to one time with each person. Staff responded to people without delay and cared for people in an unrushed manner. Staff supported people to take their medicines safely. Changes had been made following our previous inspection to increase the suitability of the medicine cupboard and during our inspection we saw staff following best practice when administering medicines.

Improvements had been made to the environment following our previous inspection in May 2015. Some people's bedrooms had been renovated and some signage had been added to the home. We found that further improvements were required in order to ensure people living with dementia were enabled to remain as independent as possible.

During our inspection we mostly saw positive and caring interactions between staff and people. We spoke with the registered manager where we had seen some interactions we did not feel were respectful and they responded to this by speaking with the member of staff immediately. We found staff had caring attitudes towards people and people enjoyed the company of the staff. Staff spent time with people individually and knew people's needs, preferences, likes and dislikes.

The registered manager had introduced new care plans for people which contained person centred information and demonstrated respect for people's individual needs and personalities. New bedding had been purchased for each person which reflected their personalities and one of the owners was in the process of creating individual boxes to hang on people's bedroom doors which contained their name and something that was important to them.

Staff had the competencies and information they required in order to meet people's needs. There was a schedule in place to ensure staff had supervision and appraisal regularly. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and put it into practice. Where people had been unable to make a particular decision at a particular time, their capacity had been assessed and best interests decisions had taken place and had been recorded. Where people were being deprived of their liberty for their own safety the registered manager had made Deprivation of Liberty Safeguard (DoLS) applications to the local authority.

People were supported to have enough to eat and drink. People were supported to make choices about what they wanted to eat. Each meal consisted of a number of alternative dishes to meet people's preferences. Where people required changes to their diets, the consistency of their food and the support they required from staff and food supplements were provided. Where people required closer monitoring of their food and fluid intake because of identified risks, this was being completed and people were referred to specialist healthcare professionals where required.

There was open and effective management at Park House. The registered manager led by example to ensure best practice was followed. People, relatives, staff and healthcare professionals spoke highly of the registered manager and told us they were approachable and open. There were systems in place to assess, monitor and improve the quality and safety of the care being delivered. People, relatives, healthcare professionals and staff were encouraged to share their views, concerns and feedback and these were listened to and, where appropriate, acted upon.

We have made a recommendation for the provider to seek guidance in order to improve the environment for people living with dementia.

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 received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who lived in the home.

Risks to people had been identified and action had been taken to minimise these risks.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People were supported by sufficient numbers of staff to meet their needs.

Is the service effective?

Good

The service was effective.

Improvements were still required in relation to the environment supporting people living with dementia to be more independent.

People's rights were respected. Staff had clear understanding of the Mental Capacity Act 2005.

Staff had completed training to give them the skills they needed to meet people's individual care needs.

People were supported to have enough to eat and drink. People were supported to eat in a personalised way which met their needs and preferences.

Is the service caring?

Good

The service was caring.

Although we saw some interactions between staff and people which did not demonstrate respect, these were responded to immediately. Overall we saw staff displaying caring attitudes towards people.

Staff supported people at their own pace and in an individualised way.

Staff knew people's histories, their preferences, likes and dislikes.

People were treated with dignity.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's individual needs and these needs were regularly reviewed.

People benefited from meaningful activities which reflected their interests.

People felt comfortable making complaints and were encouraged to do so.

Is the service well-led?

Good

The service was well led.

There was a newly registered manager at the home who had made improvements.

People, relatives, healthcare professionals and staff spoke highly of the registered manager.

There was an open culture where people felt comfortable raising their concerns and were encouraged to provide feedback. This was used to improve the service.

There were effective systems in place to assess and monitor the quality and safety of the care provided to people.

Park House

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 checked whether the provider was 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 visit took place on 17 and 18 October 2016 and the first day was unannounced. The inspection was carried out by one adult social care inspector. Prior to the inspection we reviewed the information we had about the home, including notifications of events the home is required by law to send us.

Some people who lived in Park House were able to talk to us about their experience of the home but some were less able to do so because they were living with dementia. Therefore, as well as speaking with people, we conducted a short observational framework for inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We looked around the home, spent time with people in the lounges, the dining room and in their bedrooms. We observed how staff interacted with people throughout both days. We spent time with people over the lunchtime meal period on the first day of inspection. We spoke with almost all the people who lived in Park House, one person's relative, three members of staff, the registered manager and the provider.

We looked at the way in which medicines were recorded, stored and administered to people. We also looked at the way in which meals were prepared and served. We sought feedback from external healthcare professionals who had visited the home and received feedback from three of them.

We looked in detail at the care provided to four people, including looking at their care files and other records. We looked at the recruitment and training files for three staff members and other records relating to the operation of the home such as risk assessments, policies and procedures.

Good

Is the service safe?

Our findings

During our inspection in May 2015 we identified some concerns relating to people's risk assessments not always being comprehensive or up to date. We also identified concerns relating to the environmental risk assessments not containing sufficient detail or being up to date. We also made a recommendation in relation to the medicine cupboard which did not allow for easy and effective cleaning. During this inspection in October 2016 we found action had been taken to respond to these concerns.

We found that risks to people were being well managed. Risks had been identified and action had been taken to act on these risks. People who lived in Park House had a variety of specific needs relating to their mobility, their health, their nutrition, hydration, skin integrity and their behaviours. People's needs and abilities had been assessed and risk assessments had been put in place to guide staff on how to protect people and care for their needs. For example, one person had been prescribed a new medicine by their doctor following a change in their needs. The registered manager had researched the medicine and put in place a risk assessment which detailed the potential side effects and what actions staff should take should they observe any changes.

We did identify some risks to people where risk assessments had not been completed within their care plans. We spoke with the registered manager and staff about these and found that for each risk, action had been taken to minimise the risks and that staff were fully aware of the risks and how to respond to them. This meant that although no recorded risk assessments were present in the care plans, there had been no impact of this on people. We informed the registered manager about these missing risk assessments on the first day of our inspection and by the next day they had been completed.

Staff had identified potential risks to each person's health, safety and welfare and used specialist guidance to ensure these risks were minimised. For example, one person's behaviours had recently changed whereby these could pose a risk to themselves and to staff. Staff had sought guidance from mental health professionals and had requested the person's GP conduct a medicine review. Advice provided by professionals had been implemented and changes had been made to the person's care plan to reflect this. Staff knew how to best care for this person and how to minimise risks posed.

Some people had specific needs relating to their eating and drinking and were at risk of choking. Staff had sought advice and guidance from outside healthcare professionals on how best to support people with this in order to encourage weight gain and protect them from the risk of choking. They had referred people to their GP and had consulted with speech and language therapists. The advice from these healthcare professionals had been implemented and people were provided with specialised diets which included fortified foods (foods enriched with extra calories) in specialised consistencies (such as fork mashable). Staff understood people's needs and we observed people being supported to eat their lunchtime meal in the specific ways advised by professionals.

During our previous inspection in May 2015 we identified some concerns relating to the environmental risk assessment in place. We found this assessment had lacked detail and was not in date. During this inspection

in October 2016, the registered manager showed us the current environmental risk assessment which contained detailed information of all areas of risk, what actions had been taken to protect people from the risks and what actions were still ongoing. The premises and equipment were maintained to ensure people were kept safe. For example, regular checks were undertaken in relation to fire equipment, water temperature checks and electrical equipment. The home had fire extinguishers, fire protection equipment and clearly signposted fire exits to assist people in the event of a fire. There were infection control measures in place to protect people. There were specific infection control measures around the use of the kitchen and laundry room and during our inspection we observed staff using protective clothing and gloves when handling people's food or assisting with personal care.

Some improvements were still required in relation to the environment which looked tired, but action was being taken to refurbish people's bedrooms. At the time of our inspection seven people's bedrooms had been completely refurbished and the remaining rooms were awaiting renovation. This had greatly improved people's personal bedrooms and had assisted in improving infection control and odour issues previously present.

All people who lived in Park House required support from staff to take their medicines. During our previous inspection we found the medicine cupboard did not allow for effective cleaning. Following our inspection the registered manager had replaced the medicine cupboard which now contained plastic shelves and plastic containers for each person. This allowed for effective maintenance and cleaning. People were protected from the risks relating to medicines. Staff, people and one relative told us they were confident people received their medicines as prescribed by their doctor. We identified one inconsistency with regards to the number of specific tablets one person had in stock. We discussed this inconsistency with the registered manager who immediately put in place an additional auditing system to ensure errors were minimised.

During our inspection we observed staff offering people their medicines, explaining to them what their medicines were for and ensuring they had a drink available to take their medicines with. Medicines were kept securely and there were photographs of people on their medicine administration records (MAR) as well as on the plastic boxes which contained their individual medicines, this reduced the risks of potential errors.

People were protected by staff who knew how to recognise signs of possible abuse. Staff told us they had received training in how to recognise harm or abuse and knew where to access information if they needed it. Staff told us the registered manager would listen to their concerns and respond to these. Where specific incidents had taken place in the recent months, the registered manager had made appropriate referrals to the local safeguarding team and had acted in an open and transparent way in order to ensure people were protected.

There were enough staff at the home to care for people in the way they needed. Staff, people, healthcare professionals and one relative confirmed the staffing levels at the home were adequate. There were 18 people living in the home and during the mornings there were three care workers, one senior care worker and a member of domestic staff on duty. During the afternoons there were two care workers and one senior care worker on duty. A cook worked during the week and the registered manager and the provider worked in the home five days a week. During our inspection we found staff meeting people's needs in an unhurried manner. Where people required assistance we saw this was provided quickly and staff spent time with people individually throughout our inspection.

Recruitment practices ensured, as far as possible, that only suitable staff were employed at the home. Staff files showed the relevant checks had been completed to ensure staff employed were suitable to work with

vulnerable people. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories, this protected people from the risks associated with employing unsuitable staff. Where the registered manager had been unable to obtain references for people, they had completed a risk assessment relating to this.

Where accidents and incidents had taken place, the registered manager had reviewed these to ensure the risks to people were minimised. Details of the incident as well as actions taken following the incident were recorded. The registered manager reviewed incident records regularly in order to look for patterns and take action where needed without delay.

Good

Is the service effective?

Our findings

Most people living in Park House were living with a form of dementia. Since our previous inspection in May 2015 some work had gone into improving the environment for people living with dementia. However, further improvements were still required to ensure people benefited from an environment which enabled their independence. The registered manager told us about changes that had been made and about future plans they had in place. We saw some signage had been placed around the home to assist people in find their way around the halls. There were two boards on the walls that contained items people could remove and handle and the tablecloths in the dining room changed colour before every meal to help people know the time of day it was. The registered provider had created some cushions for people which contained some interactive elements to engage people in a sensory way.

Although a significant number of people who lived in Park House were able to walk around independently, the registered manager told us almost none of them would be able to find their bedrooms without staff assistance. The registered provider was in the process of creating some individual decorative boxes which were being hung on people's doors. These contained the person's name and some artistic representations of a particular interest they had or aspect of their personality. At the time of our inspection the registered provider was not in the position to tell us whether these boxes had increased people's abilities to find their own rooms without assistance as they were still new or being created.

Staff had the skills and knowledge necessary to meet people's needs. Staff had undertaken training in areas which included health and safety, manual handling, first aid, dementia awareness, safeguarding and nutrition. Staff spoke highly of their training and told us they were able to request further training should they want or need it. The registered manager regularly reviewed staff's understanding and knowledge following training by setting scenarios and role playing for staff to take part in. This assured the registered manager that staff had understood the training they had received and were implementing it in their practice.

Staff were encouraged to work towards further qualifications and all staff were undertaking the care certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support.

Staff told us they felt supported by the registered manager. Staff had regular supervision and appraisal with the registered manager which staff told us they found useful. During supervision, staff had the opportunity to sit down in a one to one session with the registered manager to talk about their job role and discuss any issues.

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. We checked whether the service was working within the principles of the MCA.

The registered manager and staff had received training in the MCA and displayed an understanding of its principles. Where people had been identified as not having the capacity to make a specific decision at a specific time, staff had followed the principles of the MCA, had discussed the specific decision needing to be made with relevant parties and had made decisions in the best interests of the person. These had been recorded within each person's care plan when applicable. For example, where one person had been assessed as not having the capacity to consent to receiving personal care or taking their medicines, best interests decisions had been made and recorded. This enabled staff to provide the support this person required. This also ensured this person's rights were respected where they were unable to make decisions for themselves.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made the appropriate DoLS applications to the local authority. Most people at the home were under constant supervision and were not able to leave the home unescorted in order to keep them safe. DoLS applications had been made for the people who lacked mental capacity to make the decision to stay at the home and receive care. A number of these had been authorised and the others were awaiting approval.

People were supported to have enough to eat and drink. There was a cook who worked at the home most days and they catered to people's individual tastes and preferences. When the cook was not working care staff undertook cooking duties. The registered manager had recently introduced new menus for people which focused on classic British dishes. This had come about following feedback from people about their preferred foods and meals. People were provided with a number of options they could choose from and alternatives were provided should people want something specific. For example, on the first day of our inspection people had a choice between cottage pie and lasagne. However, where two people told staff they did not want either choice they were provided with a salad and a sandwich. The kitchen was open 24 hours a day and people were encouraged to request drinks and snacks whenever they wanted. We saw staff encouraging people to make choices and offering people alternatives. People ate their meals according to their preference, either in their bedrooms, the living rooms or the dining room.

On the first day of our inspection we observed the lunchtime meal being served. People's meals were presented in ways which met their individual needs and all meals looked and smelled appetizing. Meal time was sociable with people chatting amongst themselves and speaking enthusiastically about the food. Comments from people included "It's very nice" and "You can't complain about the food".

Where people had specific needs relating to their nutrition or hydration, these were responded to. For example, some people required support from staff to eat their food, others required their food to be presented in a fork mashable consistency and others required specific plates and cutlery to help them eat independently. We saw people being supported by staff in the ways they required. Staff knew people's likes and dislikes and how best to present people's food in order to ensure they ate and drank as much as possible. Where people required closer monitoring of their food and fluid intake because of identified risks, this was being completed and people were referred to specialist healthcare professionals where required.

People were supported by staff to see healthcare professionals such as GPs, specialist nurses, speech and language therapists, district nurses, chiropodists, occupational health practitioners, mental health specialists, opticians and dentists. People were referred to outside professionals without delay and the advice provided by these professionals was listened to and used to plan people's care. Professionals we spoke with confirmed this.

We recommend you conduct research and seek guidance on improving the environment for people living with dementia.

Good

Is the service caring?

Our findings

People who lived in Park House and their relatives spoke highly of the staff at the home. Comments from people included "The carers are good, they're all nice and kind" and "The staff are wonderful".

During our inspection we heard one member of staff speaking with people in a way that was not respectful. We raised this with the registered manager who took immediate action to speak with the member of staff. On the second day we observed the same member of staff and saw them engaging with people in a kind, caring, respectful and professional way.

The atmosphere in the home was warm and welcoming. During our inspection we saw and heard people chatting pleasantly with staff, sharing jokes with them and showing physical affection. Staff stopped to speak with people when they walked past, they knew people's preferences, their interests and engaged people in conversation.

People's dignity and privacy were respected. For example, people had access to keys to their bedroom doors and staff knocked on people's doors and waited for a response before entering. People received personal care in private and staff did not discuss people in front of others.

People were involved in all aspects of their care and were asked for their opinions. People had been involved in the planning of their care and each person's care plan contained information about their history and their personality. People's likes, dislikes, preferences and routines were included in their care plans. People were referred to respectfully within their records and when staff spoke about them. People's bedrooms were decorated in ways which reflected their personal tastes. The registered manager had recently purchased new bedding for each person which reflected their personality and tastes.

The registered manager told us about the caring nature of staff at the home. They told us that each month a member of staff was given an 'employee of the month' award and this was given to the member of staff who had made the most positive impact on people. The member of staff who had most recently won had done so because they had taken a person out to lunch on their day off. This had had a very positive impact on the person who rarely received visitors.

The registered manager and staff spoke highly of the people who lived in Park House. They told us about their personalities and their histories in a way which demonstrated they cared for them. The registered manager told us about ways in which they had supported people to express themselves or taken steps to support people to continue taking part in activities they loved. For example, one person who lived in Park House loved to dress flamboyantly and express themselves through their wardrobe and makeup. The registered manager told us staff had purchased a ball gown for this person to wear to a show they were taking people to see. They told us this had made this person feel wonderful. The registered manager told us about another person who enjoyed going to the theatre but had been unable to because of their health condition. Staff had worked with this person to book tickets to a show, ensure they had enough money on them, order a taxi, ensure they had their mobile phone charged and ensured they knew how and where to

get back in the taxi to return to the home. This had made this person feel empowered and had enabled them to have a highly enjoyable evening.

Good

Is the service responsive?

Our findings

During our previous inspection in May 2015 we identified that not all people who lived in the home had completed care plans. We also found people's care plans to not contain sufficient person centred information and were presented in a way which made it hard to locate important information. Since that inspection the registered manager had introduced completely new care plans for each person, which contained specific information about each person and were presented in a clear way which made finding information easy.

People who lived in Park House had a variety of needs and required varying levels of care and support. People's needs had been assessed and from these, with the input of people and their relatives, care plans had been created for each person. Each person's care plan was regularly reviewed and updated to reflect their changing needs. For example, one person had been recently diagnosed with a health condition. This person's care plan detailed information provided by a healthcare professional as well as general information about the specific condition. Staff were able to tell us about this person's condition and how this affected them and their health.

People's care was responsive to their needs. People's care plans stressed what people were able to do for themselves and how staff were to maintain and promote their independence. For example, one person's care plan detailed how they were able to participate in their personal care and the actions staff should take to ensure this person continued to take part and maintain these skills for as long as possible.

Where people had specific needs relating to their health, mobility, wellbeing, nutrition or behaviours, these were planned for and responded to by staff. For example, where one person had specific needs relating to their mental health and their behaviours, specialist healthcare professionals had been consulted and action had been taken to minimise risks and meet the person's needs. The person's care plan contained detailed information about what signs staff should look out for relating to the person's mental health and what steps they should take. Staff spoke confidently about this person's needs and how they met them.

Where people had specific needs relating to their dementia, staff were able to tell us how people displayed their behaviours and how staff responded to them. Staff responded to people's dementia with kindness and appropriate distraction techniques. For example, one person displayed behaviours which caused them distress. We observed staff acknowledging this person's distress before tactfully distracting them into discussing something which brought them joy. This quickly calmed the person and brightened their mood. This person reached out to the staff who had calmed them and said "Thank you. Thank you so much for all you do".

The registered manager had taken steps to ensure people's records were kept up to date. We saw all daily logs, charts and checks were up to date. We did find some care plans which did not contain up to date information but when we spoke with staff we found they knew all up to date information and this gap in recording had not had any impact on people's care. We fed these gaps back to the registered manager, however, who immediately added the missing information and implemented new auditing processes to

ensure information was kept up to date in the future.

People had access to activities which met their social care needs. Each person's care plan contained details about their interests and the activities they enjoyed. There was a form of organised activity within the lounge every day and this was in line with people's preferences and feedback. During our inspection we saw an external musician come in to entertain people and staff entertaining people with music, games and quizzes. We saw people enthusiastically join in with the activities and take pleasure from them. People were encouraged to participate by staff and the activities were met with laughter, singing, smiling and pleasant chatting. Staff gave people lots of positive encouragement and praise for participating. One person's relatives said of the activities "Someone comes once a week to play the harp, someone comes here singing, another plays the guitar and on Friday a woman comes to play with instruments. [Relative's name] loves it".

Where people chose to not take part in the group activities within the home, staff spent time with people individually chatting, reading and playing games with them. During our inspection we saw staff sitting and talking with people one on one and in small groups. Staff knew people's favourite topics of conversation and the best ways to engage with people.

A complaints policy was in place at the home. The registered manager told us about a recent complaint they had received in the last few months and how this had been dealt with. We saw evidence complaints were listened to, responded to, acted upon and learning from these had taken place. Staff, people and relatives were encouraged to raise concerns and felt confident the registered manager would listen to their concerns and act on them.

Good

Is the service well-led?

Our findings

A new manager had been registered at Park House in April 2016 and had worked hard to improve care for the people who lived in the home and provide staff with strong and approachable leadership.

People, relatives, staff and healthcare professionals spoke highly of the registered manager. People told us the registered manager was good, approachable and would listen to them. Comments from staff included "Brilliant manager", "She's a brilliant manager. You can go to her, talk to her if you have a problem. If you need help, extra training, you've just got to ask" and "We get good support from the management". One relative said of the registered manager "She's good as gold".

Staff told us the registered manager led by example and worked hard to ensure staff provided people with a high standard of care. Staff told us the registered manager was always willing to help if needed. Staff told us the registered manager had picked them up on issues and insisted best practice always be used. The registered manager told us they had instructed senior care staff to also pick staff up on their practice and staff told us this happened regularly. This ensured staff worked to a high standard of practice to ensure people received high quality care. The registered manager regularly provided staff with fictitious scenarios which challenged their performance and the learning they had gained from training sessions. This highlighted to the registered manager any areas for improvements required or further training needed.

There was an open culture at the home, led by the registered manager. The registered manager had an 'open door' policy and encouraged people and staff to share their views and ideas with them. The registered manager also displayed an open culture with outside healthcare professionals and agencies by ensuring they reported any notifiable incidents and contacted healthcare professionals for help and advice.

Staff, people, relatives and healthcare professionals were encouraged to share their ideas and feedback about every aspect of the service. The registered manager requested staff provide them with feedback on their performance as a manager and ideas they had for improvements during a recent staff meeting. Staff told us the registered manager listened to their ideas and implemented them where appropriate. For example, one member of staff had suggested walkie talkies could assist them in communicating with each other across the home without needing to raise their voices and disturb people. These had been purchased and provided to staff who told us this had had a positive impact on their ability to communicate.

The registered manager told us they were passionate about improving the service provided to people who lived in Park House and regularly undertook research in order to increase their knowledge or look for new ideas. They were also in discussions with other care home managers in order to share experiences and look for new ways to improve.

The registered manager was supported by one of the home's owners who was regularly in the home overseeing practice, seeking feedback and providing quality assurance. Staff told us they felt comfortable raising any concerns they had with the owner and felt their presence added a layer of management support.

People and their relatives were encouraged to give feedback. Yearly surveys were sent to people who lived in Park House and to their relatives. Once these were received they were analysed and action plans were created to respond to any issues raised within the surveys. Following the feedback received in the most recent survey the registered manager had responded to areas of concern and had implemented changes. For example, some people made comments about the food menu and the registered manager sought people's individual views to create an entire new menu to better meet people's preferences.

People benefited from a good standard of care because the service had systems in place to assess, monitor and improve the quality and safety of care at the home. A programme of audits and checks were in place to monitor the safety of the premises, incidents and accidents, care plans, safeguarding, staffing and quality of care. From these audits action plans were created and the registered manager took action when areas requiring improvement were highlighted. For example, where renovations were required in the building these had been identified and an action plan had been created.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.