Parris Lawn Care LTD

Parris Lawn

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Parris Lawn on 25 and 26 July 2018. The first day of the inspection was unannounced. Parris Lawn is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Parris Lawn accommodates up to 62 people in one purpose built building. At the time of the inspection 36 people lived at the home. People living at the home had a range of needs. Some were associated with old age and their health, other people had more complex health needs which included diabetes and Parkinson's disease. Some people were living with a dementia type illness. Accommodation is provided over two floors with two passengers lifts that provide level access to all parts of the home.

There was a registered manager at the service. 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.

This is the first inspection for the service as it is recently registered with CQC. People were looked after by staff who knew them well and understood their individual needs. Staff were kind and treated people with respect. They promoted their individuality and independence and spoke to them in an appropriate way. Staff promoted people's communication, they took a genuine interest in what they had to say and had time to spend time talking with them.

Assessments were completed before people moved into the home. This helped ensure their needs and choices could be met. Information from these assessments were then used to develop care plans and risk assessments. These were regularly reviewed. Staff had a good understanding of people's needs and the risks associated with supporting people. Care was person centred and met people's individual needs.

There were enough staff to meet people's needs, recruitment was ongoing to ensure that staffing levels increased as more people moved into the home. Safe recruitment practices were followed.
Staff received training and support to help them look after people. The registered manager was supportive to staff and had a high profile in the service.

People were protected from the risks of harm. Staff had a good understanding of safeguarding procedures and knew what actions to take if they believed people were at risk of abuse or discrimination. There were systems in place to ensure medicines were ordered, stored administered and disposed of safely.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People's health and well-being needs were met. They were supported to access healthcare services when they needed them.

People were supported to eat and drink a choice of food that met their individual needs and preferences. They were provided with a wide choice of freshly cooked meals and drinks each day.

There was a range of activities taking place and people told us they had enough to do throughout the day. The activity staff were working with people to develop individual activity plans to reflect their choices and interests.

There was a complaints policy in place and people and visitors told us they would raise any concerns with staff. The home was purpose built and designed to a high standard. It was clean and tidy throughout and maintained to a high standard.

Quality assurance systems identified where improvements were needed across the service. Systems were in place to gather information from people and staff and this was used to improve 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.

There were enough staff to meet people's needs.

Risk assessments were in place and staff had a good understanding of the risks associated with the people they looked after.

People were protected from the risks of harm, abuse or discrimination.

There were systems in place to ensure medicines were ordered, stored administered and disposed of safely.

Is the service effective?

Good

The service was effective.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff received the training and support they needed to enable them to meet people's needs.

People were supported to eat and drink a choice of food that met their individual needs and preferences.

People's health and well-being needs were met. They were supported to access healthcare services when they needed them.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

People were positive about the care provided by staff. Staff knew people well and had developed good relationships with them.

People were encouraged to make their own choices and had

their privacy and dignity respected.

Is the service responsive?

Good

The service was responsive.

Care was person centred and met people's individual needs. Staff had a good understanding of providing person-centred care. They knew and understood people as individuals.

There was a range of activities taking place and people told us they had enough to do throughout the day.

There was a complaints policy in place and people and visitors told us they would raise any concerns with staff.

Is the service well-led?

Good

The service was well-led.

The registered manager was supportive to staff and had a high profile in the service.

Quality assurance systems identified where improvements were needed across the service.

Systems were in place to gather information from people and staff and this was used to improve the service.

Parris Lawn

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 25 and 26 July 2018 and the first day of the inspection was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we usually ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On this occasion we had not asked the provider for a PIR. We took this into account when we inspected the service and made the judgements in this report. We reviewed the information we held about the home. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included four staff recruitment files, training and supervision records, medicine records, complaint records, accidents and incidents, quality audits and policies and procedures along with information in regard to the upkeep of the premises.

We also looked at five care plans and risk assessments along with other relevant documentation to support our findings. This included 'pathway tracking' people living at the home. This is when we check that the care detailed in individual plans matches the experience of the person receiving care. It is an important part of our inspection, as it allows us to capture information about a sample of people receiving care.

During the inspection, we spoke with nine people who lived at the home, three visitors, a visiting healthcare professional and sixteen staff members, this included the registered manager and nominated individual (NI). A nominated individual (NI) is the responsible person within the organisation. Following the inspection, we

contacted four health and social care professionals who visit the service to ask for their feedback.

We spent time observing people in areas throughout the home and were able to see the interaction between people and staff. We watched how people were being cared for by staff in communal areas. This included the lunchtime meals.

Good

Is the service safe?

Our findings

People told us they felt safe living at Parris Lawn. One person said, "It's very safe here. Everywhere. The staff look after us and I just feel safe with them here." Another person told us, "The fact that there's always somebody around makes me feel safe." A visitor said, "There's no doubt in my mind (relative) is safe. Their belongings are also safe and secure. I particularly trust the staff." Through observation we saw people felt safe in the company of staff, they approached staff freely and were happy to spend time with them. During the inspection we were speaking with one person. They asked for staff because they wanted to be sure they were able to speak with us. Staff gave reassurance and the person agreed and engaged in a short conversation.

People were protected against the risk of abuse because staff knew what steps to take if they believed someone was at risk of harm or discrimination. People told us they would report any concerns they had about safety. One person said, "If it was something that was important to me but insignificant in the scheme of things, I'd tell the senior carer. If it was something that affected others I'd tell the registered manager." Staff received safeguarding training and were able to tell us what actions they would take if they believed someone was at risk of harm or discrimination. They told us how they would report their concerns to the most senior person on duty. Staff understood their own responsibilities to report safeguarding concerns to external organisations if they believed appropriate action was not being taken. When safeguarding concerns were raised the provider worked with relevant organisations to ensure appropriate outcomes were achieved. Information about safeguarding concerns and outcomes were shared with staff at handover to ensure they were all aware of the issues, where appropriate.

People's risks were managed safely. Staff had a good understanding of the risks associated with supporting people. They were able to tell us about individual risks and the steps they took to keep people safe. There were a range of risk assessments and these were specific to people's needs. These included mobility, risk of falls and skin integrity. The assessments identified the risks and what measures were in place to reduce the risk. There was guidance about how to support people to move safely which included the use of equipment and support from staff. Some people were at risk of developing pressure wounds, there was guidance about regular position changes, the use of pressure relieving mattresses and good continence care. During the inspection we observed safe care practices taking place, such as staff supporting people with their mobility. Staff supported people to safely take risks to help maintain their independence and identity. People told us they were able to make their own decisions and choices about how they spent their day and did not feel restricted by systems that were in place to help maintain their safety. One staff member told us how they supported people who were at risk of falls to continue to mobilise independently. This included the use of appropriate mobility aids and observation by staff.

Environmental and risks associated with the safety of equipment were identified and managed appropriately. Personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services are aware of people's individual needs and the assistance required in the case of an emergency evacuation. Regular fire checks took place and staff received regular fire training. Fire training also included an evacuation simulation. There was information about fire procedures for people, visitors and staff

throughout the home.

Health and safety checks were completed to ensure safe management of utilities, these included amongst others water and legionella checks, electrical appliance testing, regular checks and maintenance of moving and handling equipment, and the lift. There was an emergency plan which informed staff what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Accidents and incidents had been recorded with the actions taken. There was further information which showed the incident had been followed up and any other actions taken which included reporting to other organisations if needed. This information was shared during handover to ensure all staff were aware, to learn from what had happened and to prevent a reoccurrence. Staff understood their responsibilities in reporting and recording incidents.

There were systems in place to ensure people's medicines were managed safely. One person told us, "I know what my medicines are and I'm happy for them (staff) to give them to me. I'm sure if I had a headache I could ask the nurse and if she thought it was appropriate she'd give me something."

There was a system in place to ensure medicines were ordered, stored, administered and disposed of safely. The medicine administration chart (MAR) showed the medicines people had been prescribed and when they should be taken. These were well completed and showed people had received their medicines as prescribed. Where people had been prescribed 'as required' (PRN) medicines there were protocols for their use. People took these medicines only if they needed them, for example, if they were experiencing pain.

People who lived on the ground floor of Parris Lawn were living with less complex needs. There were medicine cupboards in each room on this floor. This was to enable people to administer their own medicines, and a nurse told us this was "actively promoted" for people who were able. We spoke with one person who managed their own medicines, they told us they were happy to do so to maintain their own independence. There were assessments in place which demonstrated people were safe to do so. The nurse told us, "We have to recognise fluctuating capacity, such as when a person has a UTI, when we may take over. But we are here to help people, not take over." People who lived on the first floor were living with more complex needs and required support from staff to take their medicines as prescribed.

There were daily 'mini audits' based on individual records, checking for missed signatures and double signing of handwritten entries. At the time of the inspection no-one was receiving medicines covertly. However, staff had a good understanding of what steps to take should this be required. Nurses gave the medicines to people on the first floor. Care staff who had received medicine training and completed competency assessments, gave medicines to people on the ground floor. This helped to ensure they had the appropriate knowledge and skills to give medicines safely.

Concerns had been raised with us before the inspection that, on occasions, there were not enough staff working. At the inspection there were enough staff to support people safely. People told us staff responded to them promptly. One person said, "I think there are plenty staff. It's the quality of staff that's the most important. I don't use my bell much but when I have I've not had one occasion when I've had long to wait." Another person told us, "There's no difference between weekdays and weekends. Nights there's less staff but I don't notice that." The registered manager told us that staffing numbers were constantly under review as more people moved into the home and people's needs changed. From the rota we saw there were regular staffing numbers. This included agency staff. As far as possible regular agency staff were used which meant they knew people and understood their care needs. If agency staff were new to the home then they

were supported by an experienced member of staff.

There was a dependency tool to help determine staffing levels. However, the registered manager told us people's individual needs were taken into account through observations and discussions with staff and if extra staff were needed they were provided. A nurse told us extra staff had been provided previously when one to one support was needed and when people needed end of life care. There were two nurses on duty during the day and one at night. There were five care staff on the first floor and two on the ground floor. Care staff were allocated to the ground or first floor at the start of each shift. Registered nurses worked on the first floor but provided support on the ground floor when needed. At night there were three care staff and one nurse. The registered and deputy manager were also registered nurses and provided support when needed. Throughout the inspection call bells were being used and these were responded to promptly. Call bell response times were monitored and the registered manager told us that any concerns would be investigated. Motivational occupational therapists (MOT) worked each day. They were responsible for ensuring people were provided with a range of meaningful activities throughout the day. In addition to the care staff there was a chef and kitchen staff, housekeeping and laundry staff and maintenance staff working each day.

Parris Lawn was clean and tidy throughout and well maintained. One person told us, "It's kept beautifully clean and tidy. I know it's new but it's kept well maintained and the gardens are lovely." Another person said, "It's very clean. Immaculate." A visitor told us, "It's absolutely spotless. There's no smells whatsoever. (Relative's) room is always beautifully clean. The laundry is also very good indeed." People's rooms, communal areas, bathrooms and toilets were all clean and tidy. There was an infection control policy in place. Protective Personal Equipment (PPE) such as aprons and gloves were available and were used appropriately during our inspection. Hand sanitisers and hand-washing facilities were available. The laundry had appropriate systems and equipment to clean soiled washing, and hazardous waste was stored securely and disposed of correctly. A member of care staff had the role of infection control lead and they were passionate about their role. They were responsible for ensuring all staff were aware of their responsibilities and infection control procedures were followed. They also completed a series of audits and checks including hand-washing checks. Where concerns were identified, for example, where staff had not washed their hands to a satisfactory standard, appropriate actions were taken which included further training and checks.

People were protected, as far as possible, by a safe recruitment practice. Staff files included all the relevant information to ensure they were suitable to work in the care environment. Each member of staff had a disclosure and barring check (DBS) to ensure they were safe to work within the care sector. Nursing and Midwifery Council (NMC) registration information had been recorded and there were regular checks to ensure nurses had maintained their registration with the NMC which allowed them to work as a nurse. These checks took place before staff commenced work. Interview questions included scenarios which included safeguarding awareness, team working, communication, falls. Nurse questions also had scenarios, and covered inter-disciplinary working, clinical audit, support to care staff and person-centred care. This helped to demonstrate staff understanding and knowledge of the work they would be required to do. Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills to look after them. One person told us, "The staff are very good and very kind. They know what they're doing and do all they can to keep us happy. I don't need too much by way of actual care, I can do a lot myself, but there are some people here with dementia who get agitated and the staff really do put themselves out to calm them down." Another person said, "The staff are very well trained." Someone else told us, "The staff are very good and it's really nice to have them." A visitor said, "All I can tell you is that (relative) is getting the care they should be getting." Throughout the inspection staff spoke knowledgeably about the care and support they provided.

Staff received appropriate training and support to enable them to meet people's needs. When they started work at the home they completed an induction programme. This included all aspects of working at the home including a tour of the building, policies and health and safety such as fire procedures. They were also introduced to the electronic care planning system, how to complete relevant charts and their responsibilities in relation to accidents and incidents. In addition, staff were supported to provide various aspects of care and support to people. This included catheter and pressure area care. Each new member of staff was supported by a mentor who signed them as competent when they had met the appropriate standard. Staff were also completed mandatory training which included safeguarding, dementia awareness, infection control and communication. Nurses who are new to the home worked as supernumerary with an experienced nurse. During this time their competencies were assessed and further learning needs are identified and appropriate training put into place.

There was a training program in place which would provide updates for all staff. As the home had been open for less than a year and staff had completed training when they started work updates had not yet been received by staff.

Nurses told us they received all the clinical support they needed to ensure they had the appropriate knowledge and skills to support people and to keep their practice current and evidence based. They told us if they identified any further training they needed they were confident this would be provided. Nurses were mentors for other staff, they took this responsibility seriously and understood the importance of ensuring staff were competent to provide appropriate care and support.

There was a supervision program and staff received at least two supervisions during the induction period. This helped identify any areas where further support or development was required. We saw staff, who required it, had received extra supervision and support.

There was an induction program for agency staff. This included an orientation tour of the home, health and safety information and their responsibility as an agency staff member. Agency staff were supported by a buddy throughout their shift. We spoke with an agency staff member who had not previously worked at the home. They told us their induction had been informative and they had been told, "everything they would expect to be told." They were working with an experienced staff member who guided them throughout the day. They introduced them to people and gave them relevant information to support the person

appropriately. We were told agency nurses who had not previously worked at the home were asked to attend half an hour before their shift started to ensure they had a more detailed induction and handover.

People were provided with a wide choice of freshly cooked meals, drinks and snacks throughout the day. They were supported to make choices about what they ate and drank. The menu for the day was displayed outside the dining room on each floor. People told us the food was very good in flavour, quality and presentation. We received a few comments that portion size was too large and we fed this back to the registered manager to address. One person told us, "The food is lovely. It is very good. Far too much of it though." Another person said, "The food is very good, I have no problems on that front, I've got a good appetite, the portions suit me." People told us staff supported them to choose the correct foods for their health needs. One person said, "The food is excellent, really excellent, I can't fault it. They (staff) steer me away from foods that will irritate me."

People could choose where to eat their meals and most people ate in the dining rooms. Tables were nicely presented with place mats, cutlery, condiments, juice and water. Wine was available for those who wanted it. One person told us, "They offer you wine at lunchtime. I mentioned that I don't like wine, I prefer a gin and tonic. They said, no problem, and I sometimes have one." Food was served by the chef or kitchen assistant. This meant they were aware of people's dietary preferences and choices. People had made food choices the previous day but if they changed their mind then alternatives were provided. Although soup was not on the menu, one person asked for soup and that was provided. A short time later, although having eaten a couple of mouthfuls of their meal, another person asked to exchange their meal for soup and this was graciously done.

To support people who were living with dementia there were sample meals of what was on the menu for that meal. These were displayed in the dining room when the food was being served. Staff used these to help people make choices about what they wanted to eat. We were told picture menus were also being developed.

During the meal staff provided people with encouragement, prompting and support as they needed it. One person told us, "When I get my food, if it is something that needs to be cut up, they'll ask if I would like them to do it for me." Throughout the mealtime we saw staff were attentive to people. They sat and chatted with them whilst supporting them to eat. This made for a sociable relaxed mealtime experience. Support for people who remained in their rooms or in bed was appropriate, with staff ensuring people were sitting in comfortable positions.

Nutritional assessments were completed and these along with people being weighed regularly helped identified if anyone was at risk of malnutrition or dehydration. Where people had been identified at risk, referrals had been made to the appropriate healthcare professionals for guidance and advice. We saw dietary advice provided had been followed. This included fortified meals for people who were losing weight and pureed diets. The chef and staff had a good understanding of people's dietary needs and choices. The inspection took place during a period of hot weather. Staff were mindful of supporting and encouraging people to have extra drinks throughout the day.

People were supported to maintain good health and received on-going healthcare support. When there was a change in their health people were referred to see the GP or other appropriate professional. People confirmed their health needs were met. One person said, "I'm always being asked how I am. The other day, I said I'd like to see a doctor. They took me to see the doctor and that's now in the midst of getting sorted." Staff knew people well and were attentive to changes in their health needs. They contacted the appropriate professionals in a timely way. Records demonstrated there was regular contact with other professionals.

This included local GP's, tissue viability nurses and speech and language therapists. A visiting healthcare professional told us, "Staff are interested in finding solutions for their residents."

At the time of the inspection there was a meeting with one of the local GP's. The purpose was to develop regular health visits and review people's healthcare needs. During the meeting people's healthcare needs were discussed and their medicines reviewed. The GP then met with everybody at the home to discuss their individual health concerns. The plan was for the GP to visit Parris Lawn on a set day each week for regular review of people. If people's health needs required additional visits then the nurses could contact the GP when necessary. Discussions with the GP and staff showed they welcomed the arrangement. This was seen as positive for people and for staff.

Parris Lawn was a purpose-built care home which had been open for less than a year. People told us the design of the home met their needs. One person said, "It's easy enough to get around. The corridors are lovely and wide, the design of everything has been well thought out. The courtyard garden is lovely to sit out in, sometimes we eat out here. There's lots of rooms that we can go to see visitors in private." A visitor told us, "(Name) needs to be in the wheelchair but it's such a well-designed home there's no difficulties at all. The courtyard garden is easily accessible and importantly it's secure. There's lots of places we could go to be private, including of course (name's) room."

The design of the building had considered the needs of people who would be living there. There were two passenger lifts with level access throughout the home and grounds. The layout of each floor meant people, who liked to walk, could walk a circuit of the home with no dead-ends or blank walls. There was a large lounge and dining room on each floor. The dining rooms had a kitchenette area where people and visitors could make their own hot and cold drinks if they wished. There was also a cinema room with a large television and a variety of films and games. In addition, there was a private dining room. People were able to book this to entertain visitors. The registered manager told us this was often used to celebrate people's birthdays. It gave people an opportunity to spend time alone, with their families in their own home.

People's bedrooms had ensuite facilities and there were further bathrooms with spa-type baths which people could use. People were able to move freely around the home and spend time where they chose. Windows had been designed to be low. This meant even when people were in bed they had a good view of the outside world. Although some people were living with dementia there was no signage around the home. The registered manager told us that currently nobody needed signage, if they did it would be put I place. We saw an example of when signage had been used to support one person find the toilet. The registered manager further explained that this was to ensure the environment reflected the needs of everyone who lived at Parris Lawn. There was a Bistro Café at the home where people and their visitors could spend time away from their rooms. This was also open to the public and was used by local groups for meetings. This gave people the opportunity to engage with a variety of people.

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. The MCA says that assessment of capacity must be decision specific and it must also be recorded how the decision of capacity was reached. Where people lacked capacity best interest decisions had been made through discussions with people, their representatives and appropriate professionals.

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). We checked whether the service was working within the principles of the MCA. Some people had DoLS authorisations and applications had been submitted for other people who did not have capacity and were under constant supervision. Copies of the authorisations and applications were available to staff.

Throughout the inspection we saw staff asking people's consent before they offered them care and support. One person told us, "They are always polite and ask before they can do anything, even if it's just changing the bed. Even taking the laundry, they check if it's alright to cart if off." Another person said, "They always ask permission to do anything. When they help me get dressed, or if I'm going to have a bath, they'll check that that's what I want to do." A relative told us, "If there was anything about (relatives) care that needed a decision we would be asked." Staff had received mental capacity training and demonstrated an understanding of supporting people to make choices. One staff member told us, "Everyone can make some choices, we show people different clothes and they decide what they want to wear." Another staff member said, "We go out of our way to find different ways of giving people choices."

Good

Is the service caring?

Our findings

People and visitors told us the staff were kind and caring. One person said, "The staff are lovely. They treat us all very well. I get on well with them all." Another person said, "The staff are very kind and caring. They don't interfere or try to get you to do something you don't want to do. They ask before they do anything and they do little things for me like put my flowers in water and arrange them for me." A visitor told us, "The staff are very kind and caring, I couldn't ask for more care from them." Staff were committed to providing good care and support. One staff member told us, "I have one ambition each day, and that is to get a smile from everybody."

People were treated with kindness and compassion by staff who knew people really well. They had a good knowledge of them as individuals, their needs, likes and choices and what was important to each person. People were relaxed in the company of staff. One person told us, "I know most of the staff by name and they know me too." Staff were able to tell us about people's personal histories and what was important to them. One person, who spent time in bed, enjoyed having poetry read to them. The staff member asked the person if they would like to hear some poems, the person's face instantly lit up and engaged with the staff member. The staff member told the person what they were going to read and involved the person by leaving gaps for them to fill in and reciting the poem together.

Staff approach to people was gentle and patient. They had time for people and enjoyed being with them. One staff member told us, "Residents are wonderful. I never thought I would get so close to people." Another staff member said how much they looked forward to meeting people each day. They spoke about people with real affection. If people were distressed staff responded with compassion. One visitor described the support their relative had received. They said, "(Name) was very upset and the staff have been so kind, spending time with them, comforting them and keeping an eye on them, making sure they are okay."

People were supported to make decisions about what they done each day and help retain their independence. One person told us, "I would say I make my own decisions and choices. I get up and go to bed when I want. I choose how to spend my day. I just get on with what life I have left and try to enjoy it." Another said, "I do a lot for myself. They (staff) ask whether I'd like a shower, I'm still trying to remain independent, but it's nice to know it's offered and when I need it I know I can get assistance."

Peoples' equality and diversity was respected. They were supported by staff to maintain their personal relationships. This was based on their choices and staff understanding of who was important to the person, their life history and where appropriate their spiritual and cultural background. Visitors were welcome at the home. One person told us, "My visitors can come at any time. My relatives live close by and visit frequently, they also take me out." A visitor said, "I know that there aren't really any restrictions I know I can come at any time. I'm always made to feel very welcome, not just by the staff, but by other residents, who are getting to know me." Staff understood the importance of involving family and friends in people's care. One staff member told us they extended the care provided to people to their relatives. For example, discussing their welfare and ensuring they had the appropriate support at home. One visitor said, "I can come in whenever I want. I can have a meal here if I wanted. Everyone knows me and they make me feel very welcome. I'm

always offered a drink or I can go and make one for myself." People were supported to meet their spiritual needs. People who were able, were supported to attend church each week. For those who were unable, or chose not to, staff held a church service at the home.

People were treated with dignity and respect. People were supported to maintain their own personal hygiene and maintain their independence. People were well presented and dressed in clothes of their choice and in their own style. Staff complimented people on their appearances and the clothing they were wearing. Where appropriate people were supported to wear jewellery and make-up if they wished to. People's bedrooms were personalised with their possessions such as personal photographs and mementos. This meant, as far as possible, people's bedrooms were individual and homely. Staff knocked at people's bedroom doors before entering. One person told us how staff supported them with their continence. They said, "It's very personal and it's done so discreetly. They always knock before they come in and they'll always ask for consent before they do anything. They wouldn't do anything without asking if it's okay to do it."

Care plans were recorded on a computerised system. These were accessed by staff on hand-held electronic devices and computers. Each staff member had their own log in details which ensured only staff with appropriate authority were able to access people's details. Printed information about people was stored securely to ensure their privacy and confidentiality was maintained.

Good

Is the service responsive?

Our findings

People told us they received the care and support they needed. They said they could do what they liked throughout the day. One person told us, "I get up and go to bed when I want. It's completely down to my choice. My life is my own. I like to call it improved living, because everything is here for me if I need or want it. I can do as much or as little as I want for myself." People said they were involved in deciding their own care. One person told us, "I know I have a care plan, I was there when it was written out, but don't ask me what's in it." Another person said, "If I asked about anything they'd tell me. Nothing is kept from me if I needed to know about it." Visitors told us they were kept updated about their relative and any changes to their care and support needs. One visitor said, "Whenever I come in the staff tell me how (name) has been, my other relatives tell me they are treated the same."

Before moving into the home, a pre-admission assessment was completed to ensure people's needs and preferences could be met at Parris Lawn. These were completed, as far as possible, with each person, and where appropriate, their representative. Information from the pre-assessment was then used to develop care plans and risk assessments. These were regularly reviewed and updated as people's needs changed. Staff were updated about changes to people's care and support needs at each shift handover. A handover sheet was in place which provided staff with an overview of people's support needs, for example mobility and dietary support.

Care plans included information about people's needs in relation to personal care, mobility, pressure area risks, nutrition, health and personal preferences. People received care that was person-centred and reflected their individual choices. Staff knew people well; they had a good understanding of them as individuals and were able to tell us about people's daily routines, care and support needs, choices and interests. Staff responded to people's needs appropriately. This included support with mobility and at mealtimes. Regular position changes for people who were at risk of pressure damage and support to maintain appropriate continence. Where pressure relieving mattresses were in place there was information about the setting and these were seen to be correct.

People were supported to remain to remain active and involved and have enough to do each day. One person told us, "We have entertainers, singers, music and a movie once a week. Every Sunday there is a church service upstairs, it's quite good so I hear. Once a month we go to the cinema for old films. That's a great outing, they have a break and bring a cup of tea and a biscuit. I have my TV; CD player and I have audio books. I've also joined the local WI and one of the WI ladies comes and picks me up and brings me back. I enjoy that, it keeps me in touch with what's going on outside." Another person said, "There's plenty going on but I don't do a lot. I like going out in the mini bus the best. I don't feel lonely. I like my own company."

There were specific staff, motivational occupational therapists (MOT's) employed to organise and facilitate activities for people. There was an activities program which people could take part in if they wished. This was displayed around the home to inform people what was happening each day. In addition, the MOT's were working with people to develop individual activities and further improve the current activity program. Staff were committed and enthusiastic about ensuring people were able to take part in activities that

interested and stimulated them.

During the inspection we saw a range of group and individual activities taking place. The MOT told us that some activities may happen spontaneously. For example, they had seen a group of people were dozing in the lounge, they had asked if they would like to do something and people had taken part in an activity together.

We were told individual activities were being developed but this took time. The staff member explained they had spoken with one person a number of times, asking if there was anything they would like to do or whether they would prefer to spend time chatting. Over time the person informed staff they liked quizzes and staff were able to engage in one to one quizzes with the person which they enjoyed.

There was a commitment to developing activities outside of Parris Lawn. There was a walking club and people who wished to go out for a walk with staff each morning. This included people who required a wheelchair for their mobility. Arrangements had been made for people to go swimming. Although this was a new activity we were told about the positive effect it had on one person. Staff told us this person was living with dementia and was not always able to remember what they had done. However, a few days after swimming the person was still able to recall the event and had spoken about other occasions when they had enjoyed swimming. A local cinema had regular showings for people who lived with dementia. These were sociable occasions which people told us they enjoyed.

Technology was used to support people. Care plans were electronic and sent reminders to staff when for example when a person's care plan was due to be reviewed. Electronic hand-held devices were used to update when care was given whilst still at the bedside.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Staff understood the importance of communicating with people in a way that met their individual needs. Communication was seen to be appropriate and meet people's needs. Care plans contained information, for example one person needed time to communicate, the care plan highlighted they were quietly spoken and needed reassurance they had been understood.

There was a complaint's policy in place and records showed complaints raised were responded to and addressed appropriately. One complaint was being addressed at the time of the inspection. People told us they had not had any cause to complain but would talk to staff if they did. One person said, "I know how to make a complaint but thankfully, that situation hasn't arisen." Another person told us they didn't have any concerns but if they did they would, "Tell whoever was around." A visitor told us, "I've not had any cause to make a complaint but if I had to I'd speak with the registered manager." In addition to complaints, the registered manager and staff also recorded any concerns identified to them. The registered manager told us these were addressed immediately which prevented them becoming formal complaints. It also helped the registered manager identify any themes and trends. Any issue identified was discussed with the staff, if appropriate, to prevent a reoccurrence.

People were able to spend their last days, as far as possible, at Parris Lawn. Care staff supported them to maintain a comfortable, dignified and pain free death. Staff were aware of any changes to people's health and comfort and sought appropriate support in a timely way. Advanced care plans were in place which considered what the person's wishes were and where they would like to be cared for. These were completed as far as possible with people and their families. However, staff were mindful of people's wishes to not

discuss this. Staff were aware of people's spiritual and cultural needs at the time of their death and these were respected with sensitivity and care. One visitor, whose relative was receiving end of life care told us, "(Name) has no life, but they are making what time (name) has peaceful."

Staff were mindful of the effect a person's death could have on other people and themselves. We were told about one person who had developed a friendship with a person who then passed away. Staff told us how they supported this person through the bereavement with kindness and compassion. The registered manager had developed a memorial book which contained a photograph of each person who had passed away. This was available for staff and people to reflect and remember.

Good

Is the service well-led?

Our findings

People and visitors were positive about Parris Lawn, they spoke highly of the registered manager and life at the home. One person told us, "It's a really friendly atmosphere. The best thing about living here are that we've got a varied choice of food, the care of people, and they have a good laundry. I also have a very comfortable bed." Another person said, "The best thing about living here is being safe, being fed and being looked after. It's a fantastic built place. I love it. It is a lovely calm place to live. "(Registered manager) runs the place very well. I like her very much." A visitor told us, "I'd describe it as a very calm atmosphere, although it does feel a bit empty sometimes. The manager, is fantastic. (Relative) wouldn't be here unless she was."

The home had been open less than a year, staffing numbers were increasing in line with the number of people moving in. Therefore, the service was continuing to develop, change and improve. The registered manager was aware of areas that continued to need development.

There was an electronic care planning system for all care plans, risk assessments and daily notes. They were accessible to staff via computers and a hand-held device. Care staff recorded the care and support people received on this system. The registered manager told us there had been recording concerns with the system and there was on-going work with the software provider to rectify this. Although people enjoyed a range of activities this was not fully reflected in people's care plans. The registered manager was aware of this and told us the MOT's were currently identifying people's individual interests and would then develop activity plans to reflect this. They also recognised the daily notes did not always reflect the person-centred support people received and were working with staff to address this.

The registered manager had a good overview of the staff and the clinical needs of people. They were committed to the provision of high quality care and services. The registered manager was supported by a deputy manager a team of registered nurses and the NI for the service. There was a positive culture at the home and staff told us they were happy in their work. Staff spoke highly the registered manager They told us they were available and approachable and provided a supportive environment to work in. One staff member told us they were commencing further training. They said the registered manager had spoken with them and discussed a development plan. The staff member said, "I know the manager is around all the time but I didn't know she had taken notice of me. It was very flattering to think she had seen that in me."

There was a positive culture at the home. Staff told us there was a good staff team and they felt supported. One staff member said, "The nurses are amazing, they will explain and teach." Another staff member said, "We can talk to anyone." A nurse told us about the achievements and sense of pride staff had in the service. They said, "When we started we didn't even have a form (to complete), look at us now."

There were regular staff meetings with different staff groups across the home. These were used to identify any concerns, inform staff about changes and planned improvements. They were also used to remind them of their roles and responsibilities. These meetings allowed for discussion and communication. Staff told us they were able to bring new ideas and suggestions and felt listened to. The registered manager also

attended handover and regularly spent time talking informally with staff. This helped identify areas for improvement and develop staff relationships.

The registered manager and provider sought feedback from people and those who mattered to them in order to enhance the service. Feedback from satisfaction surveys were used to plan improvements through action plans. The NI told us as the service was new they wanted to continually ask for people's feedback to help develop and improve the service.

There were a range of checks and audits in place. These included medicines and health and safety. There had also been an audit by an external consultant to help support the provider and staff identify areas for improvement and development. Where issues were identified there was evidence that actions had been taken to address.

The registered manager was developing working relationships with local stakeholders and the local community. This helped to ensure they were up to date with changes in legislation and best practice. It also helped to improve care and support for people. For example, they were working with the local GP's to develop the service for people. They were also working with the local university to provide placements for student nurses and return to practice nurses. They were constantly looking at ways to improve the service. For example, there were plans in place to develop a dementia café at the bistro café within the home.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. There was a procedure in place to respond appropriately to notifiable safety incidents that may occur in the service.