Akari Care Limited

Park House

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

Overall summary

This inspection took place on 12 and 13 May 2015 and was unannounced.

The last inspection of this service took place in May 2014, when we found the service to be compliant with all the areas inspected.

Park House is a care home providing accommodation for older people requiring nursing or personal care. It has 50 beds.

The service had a registered manager, who had been in post for one year. 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.

Systems were in place to protect people living in the home from harm. Staff had been given training in how to recognise and respond appropriately to any suspicion of abuse, and were fully aware of their responsibility to keep people safe. People told us they felt safe and protected in the home.

Staffing levels were sufficiently high to allow staff to meet people's needs safely and in an unhurried way. Staff told

Summary of findings

us they had time to talk with people, as well as meet their care needs. New staff had been carefully checked to make sure they were suitable to work with vulnerable people.

People's prescribed medicines were stored and administered safety, and clear records were kept of all medicines received, administered and disposed of.

Before people came into the home their needs were assessed, to make sure those needs could be fully met by the service. People and their family members were encouraged to be involved in the assessment of their needs, and their wishes about how their care should be given were recorded. Detailed care plans were drawn up to meet all identified needs and personal preferences. These plans were regularly evaluated to make sure they continued to meet people's care needs. People told us their felt their care was given in the ways they wanted and was effective.

People told us they enjoyed a good, varied diet, with plenty of choice. They said they were happy with the quality and quantity of their meals. Care was taken to monitor people's diet, and any concerns were shared with dieticians, who advised the service on any special diets or feeding techniques required.

Staff monitored people's health needs and accessed the full range of community and specialist healthcare services, where necessary, to make sure people received the healthcare they needed. Staff had been trained to pick up any changes in a person's health or general demeanour and to respond appropriately. There were effective working relationships with NHS and other professionals.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. Staff had been trained in this important area and were aware of their responsibilities regarding protecting people's rights. The registered manager submitted appropriate applications to the local authority for authorisation to place restrictions on certain people's movement, in their best interests.

People and their relatives told us they were happy with their care. They told us they were treated with respect and their privacy and dignity were maintained at all times. People spoke highly of the sensitive and caring approach of the staff team, and said they received personalised care. The interactions between people and staff were positive and affectionate, and staff took an obvious pride in their work.

There was a good range of activities and social stimulation available to people, and staff had time for one-to-one activities as well as group events and trips out. People told us staff encouraged them to be as independent as possible, and they were supported to use local shops and other facilities. People told us they were supported to make as many choices as possible about their care and their daily lives. Relatives told us they felt welcome in the home.

People were able to give their views about their care and the running of the home in residents' meetings and in their individual care reviews. There were regular surveys of the views of people and their relatives, and the registered manager acted on their feedback. Complaints were taken seriously and responded to appropriately.

Staff and visiting professionals told us all aspects of the service had improved significantly over the previous year. They told us the registered manager provided clear and effective leadership which had led to an increase in the quality of the care people received. The registered manager had an open-door policy and was always available to discuss any concerns.

A range of systems were in place to monitor the quality of the service, and the registered manager took positive action to address any shortfalls. Feedback was welcomed as an opportunity to improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were fully aware of their responsibility to recognise and respond to any actual or potential abuse.

There were enough staff to provide people's care in a safe and timely manner.

Risks to people in the service were assessed and appropriate actions taken to minimise any harm to people.

People's prescribed medicines were safely managed.

Good

Is the service effective?
The service was effective.

Staff had the necessary skills and experience to meet people's needs effectively.

Staff were given the training, support and supervision they needed to carry out their roles.

People's rights were protected under the Mental Capacity Act 2005 and no one was being deprived of their liberty unlawfully.

Good

Is the service caring?
The service was caring.

People said they were well cared for, and that staff treated them with warmth, compassion and respect at all times.

Staff demonstrated a sensitive and caring manner in their interactions with people, and listened to what they said.

People told us they were encouraged to be as independent as possible and that staff respected their privacy and dignity at all times.

Good

Is the service responsive?
The service was responsive.

People's views were incorporated in the planning of their care and staff delivered care in a person-centred way.

Complaints were taken seriously and responded to appropriately and professionally.

People told us they had plenty of suitable activities and social stimulation.

Good

Is the service well-led?
The service was well-led.

Improvements had been made in all areas of the service since the last inspection.

Good

Summary of findings

The registered manager set clear standards for the service and there were regular audits to make sure quality standards were maintained.

Staff members told us they felt they were well-managed and were treated with respect by senior staff.

The service worked effectively with other health and social care professionals.

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 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 12 and 13 May 2015. The inspection was unannounced.

The inspection team was made up of one adult social care inspector; an expert-by-experience; and a specialist nursing advisor. 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 reviewed all the information we held about the service. This included notifications sent to us by the provider about significant issues such as safeguarding, deaths and serious injuries; and a Provider Information Return. This is a form in which we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We have used this information in this report. We also contacted other agencies such as local authorities, clinical commissioning groups and Healthwatch to gain their experiences of the service.

During the inspection we toured the building and talked with 15 people, four relatives and two visiting professionals. We spoke with the registered manager, deputy manager, two nurses, ten care assistants and four ancillary staff. We 'pathway tracked' the care of four people, by looking at their care records and talking with them and staff about their care. We reviewed a sample of eight people's care records; six staff personnel files; and other records relating to the management of the service.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe and respected. One person commented, "There is always someone around, I feel safe here." A visiting health professional told us, "I feel our NHS patients are well looked after and in safe hands with the Park House staff."

Systems were in place to recognise and respond to any actual or potential abuse of people living in the home. All staff members, including ancillary staff, had received training in the safeguarding of vulnerable adults. Staff we spoke with told us they were fully aware of their responsibilities in this area, and said they would have no hesitation in reporting any abuse or bad practice. Clear records were kept of all safeguarding issues, and these showed all such incidents were reported to the local authority safeguarding team and to the Care Quality Commission.

There were robust systems to keep account of any monies held for, or spent on behalf of, people in the home. Receipts were kept for all transactions, all entries had two signatures and there were regular internal and external audits of people's accounts.

We saw no evidence of unlawful discrimination during the inspection. Staff had been given training in equality and diversity issues, and each person had a 'rights and choices' care plan. This described their right to make choices in all areas of their daily lives, including choice of GP; their right to consent to or refuse proposed care or treatment; and their civil rights such as voting in elections.

Risk assessments were in place, having been identified through the assessment and care planning process. These covered the key risks specific to the person, such as moving and handling, falls, nutrition (using the Malnutrition Universal Screening Tool), choking, continence and pressure ulcers. In addition, risk assessments were in place for the following: use of nurse call system, bathing, maintaining a safe environment and bed rails. Risk assessments were regularly reviewed and evaluated, which means that risks were identified and minimised to keep people safe.

We saw no obvious risks during our tour of the building. Contracts were in place for the servicing and maintenance of equipment, and there were regular checks of fire safety equipment and systems, water temperatures and storage, and nurse call systems. Monthly infection control and health and safety audits were carried out, and prompt action was taken where deficits were identified. A visiting healthcare professional told us, "The environment is lovely, always clean and the handyman is really good."

An emergency contingency plan had been drawn up. This included relocation arrangements, should the building need to be evacuated. Each person living in the home had a personal emergency evacuation plan in place. Staff had received training in the safe use of equipment and in first aid. Regular fire drills were carried out.

All accidents and incidents were recorded in detail. Such incidents were monitored monthly to identify trends and any actions the service could take to reduce the risk of similar accidents. Examples included the use of 'alert mats' that told staff a person may have fallen from their bed, and the use of bed rails (following a risk assessment).

A number of people commented on how hard-working the staff were, and felt they would like more time to talk. One person said, "Most of the staff are great but they are under pressure." Other people told us they were happy with the staffing levels. One person told us they felt able to talk to staff about any problems they had, and said, "The staff have time to talk to me."

The registered manager told us safe staffing levels were calculated using a recognised dependency assessment tool. This was completed every week, because of the high turnover of NHS 'continuing care' patients admitted to the home. The registered manager said they also used their knowledge and experience in deciding on the appropriate staffing levels, and were able to use extra hours at short notice, if people's changing needs required this. They told us most staff sickness and holiday cover was provided from the existing staff team, and the use of agency staff was minimised where possible. Most of the staff we spoke with said they felt they were able to meet people's needs safely with the current staffing levels. One care assistant said, "I think we have enough staff. I don't feel rushed. We can sit and chat with people, and we are encouraged to do this." Our observations during the inspection confirmed this. A nurse told us, "We have enough staff. We cover any sickness, and we don't need to use many agency staff."

Good

Is the service safe?

We asked a visiting healthcare professional about whether they had any concerns or complaints. They told us, "Very, very occasionally they're short staffed. However the registered manager always gets staff, it's been well staffed since they've been here."

The service had effective staff recruitment policies and practices that ensured only suitable persons were employed. Applicants were required to submit fully completed application forms, full work histories, proof of identity, and evidence of checks of any criminal convictions. Work references were obtained from previous employers. This indicated the provider's recruitment process was thorough and safe.

We looked at the management of medicines. The service had up-to-date policies and procedures in place, which were regularly reviewed, to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. The registered manager told us they conducted annual observations to assess staff's competency when dealing with medication. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse. Systems were in place to ensure that medicines had been ordered, stored, administered, audited and reviewed appropriately. We observed a medicines round. The staff member checked people's medicines on the medicine administration record (MAR) and medicine label, prior to supporting them, to ensure they were getting the correct medicines.

Medicines were given from the container they were supplied in and we saw care staff explain to people what medicine they were taking and why. Staff also supported people to take their medicines and provided them with drinks, as appropriate, to ensure they were comfortable in taking their medicines. The staff member remained with each person to ensure they had swallowed their medicines. The MARs showed that staff recorded when people received their medicines and entries had been initialled by staff to show that they had been administered. The deputy manager was responsible for conducting monthly medicines audits, including the MARs, to check that medicines were being administered safely and appropriately. Medicines were stored safely and securely.

Good

Is the service effective?

Our findings

Most people we spoke with told us they felt their needs were effectively met by the staff team. One person told us, “It's very good here, I have nothing to grumble about.”

New staff were given a structured induction to the home and their work roles. This included shadowing experienced members of staff until they were judged to be competent in their performance, and the completion of a detailed induction workbook. There was a six month probationary period, with a formal review of their competency at the end. We saw the induction process was taken seriously by the service, and noted one new starter had had their employment terminated when not able to demonstrate the required skills and attitude.

Care staff told us that their mandatory training was “done and up-to-date”. Staff said they were encouraged to pursue training over and above the basic requirements. When asked about their most recent training and what they had learnt from attending this training, one care assistant told us, “I’ve done the ‘end of life’ workbook and I am doing the dementia booklet, which is linked to Newcastle University. I’ve learnt that there are different stages and different types of dementia.”

Another care assistant said, “We are asked what extra training we want to do. We try to keep up existing skills and build on them. I am starting my NVQ level three next week.” We noted a new staff member had undertaken 19 certificated training sessions in their first three months.

The staff training matrix and planner confirmed the strong emphasis on ensuring staff were given all the training they needed to meet people’s needs, and to develop professionally. Training was planned a year in advance. It included all training required by health and safety and other legislation; specialist techniques such as catheterisation and pressure area care; and more general training such as customer care.

The service had a policy for the supervision of staff which stipulated at least six supervision sessions per year. When asked about how frequently they had supervision sessions or meetings with the registered manager or senior staff, we were told it was more frequent than that, and was usually monthly. This meant that staff were being offered good support in their work role. Senior staff had been given responsibility for staff supervision and were booked to receive further training to enhance their skills in this area.

Staff confirmed they received a formal appraisal of their performance. A nurse told us, “I have an annual appraisal. We discuss what they want from me, how to perform better, if I’m happy and also training”. In addition, staff had personal development planning meetings and reviews every six months.

We looked at how the service operated with regard to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. These are legal safeguards to protect the rights of people who may lack mental capacity to make some decisions around their care and welfare. Records showed that, where necessary, assessment had been undertaken of people’s capacity to make particular decisions. Where it was established a person lacked such capacity, the registered manager involved their family and other healthcare professionals as required to make a decision in their ‘best interest’ as required by the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of a person who lacks capacity, and decides which course of action will best meet their needs and keep them safe. In one example seen, this related to the giving of consent to the use of bed rails, personal hygiene/dressing, moving and handling, skin integrity, communication, activities, elimination, sleep and the use of a posture and safety belts. An assessment was also undertaken to check whether the plan would amount to a deprivation of the person’s liberty. In this person’s case it was decided it would, and a written application had been submitted to the local authority for the authorisation for this course of action.

The service had a policy which stated there would be no physical restraint of people. Staff confirmed they were clear about this, and told us they were instructed to “walk away and get assistance”. Staff were also aware of the dangers of medicinal sedation as a form of restraint, and said, “We try to keep people awake and up in the lounge. We are aware that things like tables can be used as subtle forms of restraint, and watch out for this.” Training records showed all staff had been trained in what constitutes ‘restrictive practices’.

People were asked to give their written consent to certain issues such as having their photograph taken and the

Good

Is the service effective?

sharing of personal information with other professionals. The registered manager told us that this was in line with the provider's information governance policy. Staff members told us they always asked for the consent of a person before carrying out any care tasks. People we spoke with confirmed this. One person told us, "They always tell me what they are going to do, and ask me before they do anything."

People's nutritional needs were assessed using the Malnutrition Universal Screening Tool (MUST) risk assessment. The risk of choking was also assessed. These assessments were reviewed on a monthly basis. Where people were identified as being at risk of malnutrition, referrals had been made to their GP, or to the dietician and speech and language therapist for specialist advice. Food and fluid intake charts were used by staff to check if people were eating and drinking sufficient amounts, and people were weighed regularly to determine if they were at risk of malnutrition. Kitchen staff were notified of people's food likes and dislikes, and any special dietary needs. Care plans were in place to direct staff with people's dietary needs, their oral care and any specialist feeding techniques required. People told us they were very happy with the quality of the food. One person said, **"**The food has improved over the last few months, there is plenty of choice and there is more than enough for me, if there is nothing I want I can ask for something else". Selection boxes were being introduced to give people a better range of options for snacks between meals or during the night.

We saw evidence of the involvement of other healthcare professionals in people's care, where required. Records showed the recent involvement of GPs, speech and language therapists, community physiotherapist and continuing healthcare assessors. This meant that people received ongoing healthcare when they needed it and were supported to maintain their health. A visiting family member told us her relative had been quite unwell when admitted, and told us the registered manager and GP had kept them fully informed of the person's progress.

Good

Is the service caring?

Our findings

People spoke highly of the quality of the care they received. One person told us, "It couldn't be better; I don't want to go anywhere else". Another person commented, "They know me well, and they respect my wishes and my privacy as well." A third person said, **"**It's better than a hotel, the food is scrumptious and the breakfasts are fabulous." People told us staff were sensitive and perceptive in their approach. Comments included, "They are gentle, and explain things to me and listen to me"; "The staff have time to talk with me"; and, "They know me well, and they can sense my moods."

People told us the service was flexible to their needs. One person told us, "My relative can visit any time which means they can fit in visits with work." A second person told us they could no longer manage to go to church, but said the staff had arranged for the vicar to visit them on a regular basis. A visiting family member said they visited their relative every day and were able to have lunch in the dining room with them on Sundays. A second family member told us of a care assistant who was very respectful and gentle with their relative.

We observed staff interacting and responding well with people, with relaxed and meaningful conversations being carried out between care assistants and people on a one-to-one basis. Staff were friendly and caring in their approach to people, and appeared to work well as a team. We noted the deputy manager had been nominated for the 'Good Nurse' award at the 2014 Great North East Care Awards.

We observed examples of attentive and caring practice during the inspection. We saw one person asking a care assistant if they could find their glasses. The care assistant smiled and agreed and immediately found the person's glasses. This person then told us the service they received here was "exceptional." Whilst we were talking with another person, the chef called in to ask if they had enjoyed their meal.

We spoke with visiting healthcare professionals about their views of the care provided. They told us, "It's excellent; the care is very, very good. The staff are extremely caring and go to the ends of the earth for people and are just great. Staff get updates and training, the registered manager has improved things, they run a tight ship, they're there for the patients and have increased the social aspect of things for residents. They have themed days and they embrace anything that will enhance the home. They keep the same, more experienced nurses for our NHS patients."

A second visiting health professional said, "I enjoy working into Park House as the staff are very welcoming and friendly. There's a friendly face on the reception desk to help with any queries, and the nurses are very approachable and helpful."

Visiting family members told us they felt involved in the care of their relatives in the home, and told us about the 'relatives' communication and visit record. This was a form on the person's care record that enabled relatives to ask questions and comment on the care provided.

Staff told us they monitored people's well-being by close observation and by the use of the 'national early warning system' (NEWS) that used staff observations to pick up any changes in people's health, demeanour or general well-being quickly. This helped prevent unnecessary admissions to hospitals. We were give examples of how individual staff supported people's well-being, such as one staff member who raised cash for a person to attend a family wedding in another part of the country, and also accompanied the person in their own time. Other staff supported activities and trips out, again voluntarily and in their off duty time.

People were given appropriate information about the service, the facilities available to them and their rights and responsibilities in a detailed 'service user guide'. This information was summarised in a large print, illustrated 'welcome pack'.

The registered manager told us that independent advocacy services were available to support those people unable to make decisions about their care and who did not have family or friends who could speak on their behalf. The registered manager said the service was currently checking all the details of people acting as next-of-kin, or who had legal responsibilities such as lasting power of attorney or appointeeship (which is where one person is authorised to manage another person's finances).

People's privacy and dignity were respected and supported. One staff member acted as a 'dignity champion' and two other staff were being trained for this role. Dignity champions act as role models and educate and inform other staff on the importance of maintaining people's

Good

Is the service caring?

dignity. One person told us there were sometimes both male and female care assistants on duty, and said, “I don’t mind either male or female, I feel they treat me with respect.” Staff told us they were clear about those people who enjoyed physical attention such as a hug, and those for whom this was not appropriate, and respected their wishes.

Although external doors had key pads for security, we were told people could safely leave the building unattended and were given the key pad code on request, to enable them to leave and enter the building independently. People told us there were usually enough staff to allow for them to be escorted if they wished to go out. One person said, “I sit outside sometimes and the carer takes me for walks in my wheelchair sometimes. I go to the shop over the road for wool.” People’s independence was also enhanced by access to the internet and by the use of Skype to contact friends and relatives. The registered manager told us people were encouraged to use their skills for the benefit of others and told us of one person who regularly entertained groups of people in the home.

People were asked sensitively about their wishes regarding their future end of life, and we saw advanced care planning assessments in place for people, as appropriate. This meant that information was available to inform staff of the person’s wishes at this important time to ensure that their final wishes could be met.

Good

Is the service responsive?

Our findings

People told us the staff responded well to requests or questions, and were flexible in meeting their changing needs. One person told us, "The staff have got to know me very well." Another person said, "The staff are marvellous, they do anything for you." A third person commented, "They talk to me about what I would like." Other comments from people included, "They will make me any meals I ask for, I once asked for carrot and cheese sandwiches and the chef made me one", and, "I didn't eat my lunch, and the chef asked me why. When I told them it was too salty they said they won't put salt in my dinner anymore." Another person told us they had been given everything they had requested, including a new mattress.

We observed one person ask a care assistant for help with an issue. The care assistant responded immediately. This person told us, "If I call for help they come straight away." Another person said, "The staff do exercises with me, which are helping my recovery and strengthening my (limb)."

A visiting health professional told us, "The care is good. The nurses are very good. They listen; they are knowledgeable, open and happy to talk about the care. They ask for help, if needed, and don't cover anything up." A second health professional said of the registered manager: "They listen and respond."

The registered manager told us that, wherever possible, they received copies of any current assessments carried out by health or social care professionals, as well as carrying out their own assessments of people's needs. These included the person's health needs, dependency needs, social and spiritual needs and preferences. Where people had made advance decisions regarding their future care, this was clearly documented. For example, 'Do Not Attempt Resuscitation' (DNAR) forms were kept prominently on the records of those who had made them.

Following this initial assessment, care plans were developed detailing the care and support needs, actions and responsibilities, to ensure personalised care was provided to all people. In addition, there was a 'daily activity of living assessment' which was updated annually. The care plans guided the work of care team members and were used as a basis for quality, continuity of care and risk management.

We saw evidence of the involvement of some people and their relatives in their care planning, but not all people. Some people we spoke with were not aware of their care plans, and did not think they had been involved in care planning. We asked the registered manager about this. They told us that they had started a six monthly formal care review process and would be formally involving people/ families in care planning, which would involve signing the relevant care documentation.

Care plans were evaluated at least monthly, and on a more regular basis, in line with any changing needs. Formal care reviews also took place. Entries in people's care plans confirmed that their care and support was reviewed on a regular basis with other professionals involved in their care.

The care plans were found to be detailed and gave a good overview of people's needs and the support they required, which meant that people's needs could be met and the care was person-centred. The care planning system was found to be a simple system and easy to navigate. One care assistant commented, "There's enough in the care plans to help us meet people's needs. We ask the nurse if we are unsure. The nurses discuss care plans and evaluations, and we can make an input."

Each person had a social and leisure needs assessment, completed by the activities co-ordinator. These assessments recorded details of family relationships, contact addresses/telephone numbers, their work history and their hobbies and interests. As an example, one stated "X likes knitting, reading books (romances and murders)". We also saw 'This is me' profiles were completed for people who were living with a dementia related condition. These profiles helped staff and other professionals understand people's needs, preferences, likes, dislikes and interests, so that person-centred care could be planned and delivered. The registered manager told us the home's activities organiser had identified that one person had relatives living in four different care homes and had organised a meeting for them.

People were encouraged to take part in activities or attend events and entertainment. There was a full time activities co-ordinator who had developed many new activities. People were supported to go shopping, or for a walk locally. A mini bus was hired when planning a day out. People said care assistants were happy to accompany them and often came in on their days off. .

Good

Is the service responsive?

The registered manager told us, “We keep things on the go. We have monthly visiting entertainers, days out, pottery, baking. We have someone who brings animals –snakes, guinea pigs, an owl – even spiders. People love the animals.”

Most people we spoke with said there were always activities happening. One person commented, “The activities are brilliant; the co-ordinator really puts themselves out.” A care assistant told us, “We all get stuck in with activities; it’s not just the co-ordinator. We always support them – care staff do the weekend activities.” A visiting professional told us, “They are doing a lot more activities with the residents which I think is a massive benefit to keep them engaged and stimulated.”

People told us they were encouraged to make decisions about how they spent their time. They said they were pleased that they could go to bed or get up when they chose, and they could stay in their rooms or their beds if they wished, and were free to move about the home. People were encouraged to sit outside when the weather permitted.

The complaints procedure was displayed on notice boards in the home, and the service kept a record of all complaints received. Complaints records detailed the investigation of the complaint; the findings; actions taken; and feedback to and comments from the complainant. Where appropriate, the service gave apologies and explained how they would work to avoid the same issue occurring again. People told us they knew how to make a complaint, and felt they would be listened to. One person said, “If I needed to complain I would, I think they would respond to my complaint”.

The registered manager told us they always tried to make the transition of people into and out of the home as stress-free as possible. People considering moving into the home were able to visit and have trial periods if they wished, before making a final decision about living in the home. The majority of admissions were NHS patients admitted as part of their ‘continuing care’ arrangements. NHS liaison nurses supplied the service with assessment and other documentation before they entered the home, and visited on the day the person was admitted to talk to staff and ensure the person’s needs were fully understood. Any person being admitted to hospital from the home was accompanied by their full care records and a ‘hospital transfer form’, giving their personal and care details.

Good

Is the service well-led?

Our findings

We saw that, in the minutes of meetings held for people in the home, satisfaction was expressed with the leadership of the service. Comments seen included, "The management is very good", and, "No worries at all. Things are run well."

A visiting health professional told us, "I feel Park House has improved a lot recently. The registered manager has put a lot of time into trying to improve the experience for the residents and they have employed more staff." A second health professional said, "The manager is very good, and very supportive of staff."

Some people we spoke with said that they did not know who the registered manager was and they did not think they had met with them. We asked the registered manager about this. They told us they did a daily round of the home, talking with people, but accepted they may not have made their role clear to everyone.

We asked staff about the culture in the service. Most responses were very positive, one staff member commenting, "There is a good culture." Staff told us they were listened to. A care assistant told us, "We are asked in supervision how we can improve the home." This staff member told us their suggestion for improving meal times by introducing sugar bowls and small milk jugs, so that people could pour their own milk had been accepted and implemented. When asked about the approachability of the registered manager, staff told us they were always available. One care assistant said, "I knock on their door, the door's always open". Staff told us they were encouraged to question practice in the service.

Many of the staff we spoke with felt there had been significant improvements to the service in the previous year. They told us there was now better training, and that staff were putting this training into practice. They said staffing levels had improved, that staff teamwork was better and staff morale was now high. One staff member told us, "The standard of the home has gone up. It's improved a lot. The whole place is working better as a team. We help each other across job roles wherever we can. General morale has improved." A nurse said, "I'm happy with the way things are, now. You can see the difference. There's better care."

Staff spoke highly of the registered manager. Comments included, "A good manager. Strict but fair"; "Clear in what they want"; "Gets things done and doesn't ignore problems"; and, "The manager is very fair and reasonable and treats you with respect." They told us the registered manager's door was always open, and they were given a fair hearing with any issues they raised.

The registered manager told us they had weekly meetings with the heads of departments and with nursing staff. They said, "We also have monthly staff meetings where we discuss what they want from us, any problems, health and safety, queries and equipment." This meant that mechanisms were in place to give staff the opportunity to contribute to the running of the home, together with communicating key information to staff to ensure standards of care were maintained or improved. We asked how these meetings had led to improvements in the service. The registered manager told us a 'key worker' system (a system whereby individual staff members take on particular responsibility for monitoring the well-being of a small group of people) had been introduced. Other ideas implemented included monthly outings for people; themed days (such 'cowboy' and 'wrong trousers' days); food satisfaction surveys; and using music and pets as therapy.

When asked what the vision and values of the service were, the registered manager told us "I want this home to be the best, to be outstanding. We aim to meet people's dreams." Other staff spoke of treating people with "comfort, dignity and respect" and one said, "We are told to treat everyone as you'd want your own parents to be treated."

A survey of staff views had been carried out in January 2015. The registered manager had drawn up a plan for acting upon areas where the need for improvements had been identified. These included arranging further training and talking to individual staff about how their work experience could be improved.

We asked staff how comfortable they felt raising concerns or questioning practice. They told us they felt they could. One staff member said, "Yes, I'd go the registered manager." A care assistant told us, "The registered manager wants to be informed of things." When we spoke with one senior staff member about how comfortable they felt putting forward views for making improvements they told us, "I don't need to, because the registered manager has already done everything."

Good

Is the service well-led?

A range of quality assurance systems were in place to assess and monitor the quality of service that people received. These included monthly audits by the registered manager and senior staff of people's care files, medicines, people's weights, pressure ulcers, infections, accidents, complaints and safeguarding. These audits were robust and picked up omissions and other anomalies, which were clearly documented for staff to follow up. The registered manager followed up action plans to ensure staff had taken the required corrective actions, such as obtaining people's written consent to care, completing regular re-assessments of needs, and updating people's photographs on the medicine records.

The registered manager also reported monthly to head office with the results of the key indicators in the above audits, and the actions taken to improve the service. Examples seen included, "Person X: monthly weight loss over 2kg/resident on food chart – under General Practitioner, fortified diet and daily calorie boost", and, "Person Y: pressure ulcers – (dietary) supplement prescribed and care plan reflects supplements."

A six monthly audit of the service was carried out by senior managers of the company. These covered all aspects of the service. The findings were used to inform the 'home development plan', which the registered manager reviewed and updated at least weekly.

The registered manager shared the key areas of these audits, and the lessons learnt from them, with staff in a regular staff newsletter. This newsletter gave information about issues such as new staff, training, infection control, safeguarding, complaints, activities and planned improvements to the home, allowing all staff to be fully informed and engaged in the home's running. Staff were also given access to the Care Quality Commission 'providers' handbook', to gain a better understanding of what the Care Quality Commission look for when regulating and inspecting services.

Feedback from professionals who worked into and supported the service was very positive, and indicated there was effective partnership working.

The registered manager reported getting excellent support from their line manager, and said they visited regularly and were always there when needed.