Park House Residential Care Limited

Park House Residential Care Home

Inspection report

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Lancashire
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Tel: 01616260802

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This was an unannounced inspection which took place on 16 August 2017. Park House Residential Care Home (referred to as Park House throughout the report) is registered to provide accommodation and personal care for up to 28 older people. On the day of the inspection there were 26 people living in the home.

The service had a manager in post who had registered with the Care Quality Commission in January 2016. They had previously been the deputy manager at the home. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers ('the provider'), they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last comprehensive inspection carried out in June 2015 we found the service was meeting all the regulations we reviewed.

People told us they felt safe in Park House. They were cared for by staff who were kind, caring and respectful of their dignity and privacy.

Care records needed to be improved to ensure they included more detailed guidance for staff to follow in order to meet people's needs in a safe and appropriate manner. Some staff did not always use best practice when supporting people to mobilise within the home.

Staff had completed training in safeguarding adults and knew the correct action to take if they witnessed or suspected abuse. Staff told us they would be confident to use the whistleblowing policy that was in place should they witness poor practice in the service.

There were sufficient numbers of staff available to meet people's needs, although communication between staff could be improved to avoid people waiting for the support they wanted. Most staff had been safely recruited although one person only had one reference on their personnel file; this was not in accordance with the provider's own recruitment policy which stated staff would not start work at Park House until two references had been received.

Some improvements needed to be made to ensure people always received their medicines as prescribed and that medicines were stored at the correct temperature to ensure their effectiveness.

People were cared for in a safe and clean environment. Procedures were in place to prevent and control the spread of infection. Systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity or gas supply. Personal emergency evacuation plans were in place to help ensure people who used the service received the support they required in the event of an emergency at

the home.

Records showed staff had received the necessary induction, training and supervision to help them to deliver effective care. The registered manager completed regular observations of staff in order to help ensure they were competent in delivering the care people required.

Staff had received training in the Mental Capacity Act (MCA) 2005. The registered manager had taken appropriate action to safeguard the rights of people who were unable to consent to their care in Park House. Six people's care arrangements were authorised under the Deprivation of Liberty Safeguards (DoLS) at the time of this inspection.

Systems were in place to help ensure people's health and nutritional needs were met. Staff worked in cooperation with health professionals to help ensure that people received appropriate care and treatment.

People were provided with the opportunity to engage in a range of activities to promote their well-being.

People were encouraged to provide feedback on the care they received in Park House. The registered manager met with people on an individual basis to discuss whether they were happy with the way staff supported them.

Staff told us they enjoyed working in Park House. They told us the registered manager and owners were approachable and supportive. Regular staff meetings meant that staff were able to make suggestions about how the service could be improved. Staff told us their views were always listened to.

There were systems in place to monitor the quality and safety of the service. The registered manager demonstrated a commitment to continuing to drive forward improvements in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People told us they felt safe within the home.

Staff did not always use best practice when supporting people to mobilise or transfer within the home. Improvements needed to be made to care records to ensure they contained enough information to guide staff on providing safe care to meet people's mobility needs.

People were cared for by sufficient numbers of staff in a clean and safe environment. Some improvements needed to be made to the systems in place for the safe handling of medicines.

The recruitment records for one staff member contained only one reference from a previous employer. This was not in accordance with the provider's own recruitment policy which stated two references should be obtained before a person started work in the service.

Is the service effective?

Good

The service was effective.

Staff had received training in the MCA and understood their responsibility to support people to make their own choices and decisions wherever possible. Appropriate action had been taken to safeguard the rights of people who were unable to consent to their care in the home.

Staff received the induction, training and supervision required to help them deliver effective care.

Systems were in place to help ensure people's health and nutritional needs were met.

Is the service caring?

Good

The service was caring.

People who used the service spoke positively about the kind and

caring nature of staff.

Staff demonstrated a commitment to providing high quality care. Staff respected people's rights to privacy, dignity and independence.

Care records were stored securely to protect people's confidential information.

Is the service responsive?

Good

The service was responsive.

Care plans were reviewed and updated to help ensure the information contained within them was fully reflective of each person's needs.

A range of activities were provided to promote the well-being of people who used the service.

People were encouraged to provide feedback on the care they received in Park House.

Is the service well-led?

Good

The service was well-led.

A new registered manager had been appointed since the last inspection. They demonstrated a commitment to continuous improvement within the service.

People were positive about the leadership and management in the home. Staff told us they enjoyed working at Park House and found the registered manager and the owners of the service to be supportive and approachable.

Systems were in place to monitor the quality and safety of the service provision.

Park House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

We visited Park House on 16 August 2017 and the inspection was unannounced. The inspection team consisted of an adult social care inspector 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. The expert had experience of residential care services for older people and was a full member of the inspection team.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR within the agreed timeframe and we took the information provided into account when we made the judgements in this report.

In preparation for our visit, we reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required by law to tell us about). We also contacted the Local Authority safeguarding team, the local Healthwatch organisation and the local commissioning team to obtain their views about the service.

During our inspection visit we spoke with 11 people who used the service, six relatives and a visiting health professional. We also spoke with the registered manager, the two owners of the service, three members of care staff and the kitchen manager.

We had a tour of the premises and carried out observations in communal areas of the home. We reviewed the care and medicines administration records for six people who used the service. In addition we looked at

a range of records relating to how the service was managed; these included four staff personnel files, training records, a sample of policies and procedures, meeting minutes as well as records relating to the monitoring of the service provision.

Requires Improvement

Is the service safe?

Our findings

We asked people if they felt safe in Park House. All the people we spoke with told us they had no concerns about their safety in the home. Comments people made to us included, "Yes, I do feel safe, I'd tell the people who attend to me if I didn't", "Yes, if I didn't I'd tell [name of staff member] or a member of my family" and "I do, yes. I like it here, they [staff] look after you".

During the inspection we observed some instances when staff did not follow best practice when supporting people to mobilise or transfer in the home. We therefore looked at the care records for six people to determine what guidance was included for staff to follow when supporting people with their mobility needs. All the care records we reviewed advised staff that people required support from staff to mobilise safely and included some detail about the equipment to be used. However there were no detailed instructions for staff to follow in order to ensure they provided people with safe and appropriate care when assisting them to mobilise or transfer. We discussed this with the registered manager who told us they would ensure care plans and risk assessments were changed to provide more detailed information. They told us they would also arrange for all staff to receive refresher training in moving and handling.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. We found the staff understood their role in safeguarding people from harm. They were able to describe the action they would take if they became aware of or suspected abuse had occurred. All staff spoken with said they would not hesitate to report any concerns to the registered manager or the owners if necessary and were confident appropriate action would be taken. Staff also told us they were aware of the whistleblowing policy in place and would always report any poor practice they observed. We noted the whistleblowing policy also advised staff of other agencies they could contact should they feel the provider had not taken the necessary action to deal with their concerns.

We reviewed the arrangements in place for the recruitment of staff. The provider had a recruitment policy in place which stated staff should only be appointed once two references had been received and a check carried out with the Disclosure and Barring Service (DBS).The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We looked at the personnel files for four staff. We noted all the files contained an application form which required staff to document their full employment history and confirmation of each person's identity. However we noted one of the files only contained one reference although there was evidence of attempts to obtain a written reference from the person's previous employer. The provider told us their e-mail requests for a reference had been ignored by the previous employer. However we did not see any evidence to show that the provider had contacted the previous employer by telephone in order to obtain a verbal reference to check the person's conduct in this employment.

All the staff we spoke with told us they considered a strength of the service was the amount of time they had to spend with people when providing care. One staff member told us, "I never have to worry how long I

spend with people in their bedrooms when I am providing care. I never feel rushed." However, three of the people we spoke with told us they did not feel there were always enough staff on duty during the day, particularly at mealtimes; this meant people reported they sometimes had to wait for their meal to be served.

We observed that people chose to spend time in the four different communal areas of the home. We saw that staff constantly moved throughout the home to check that people had the support they needed. However, we saw a lack of communication between staff on two occasions. We saw one person asked four different staff to take them to their bedroom after lunch and were given a different response by each staff member. This meant there was a delay in them receiving the care they had requested. Another person had to wait a significant period of time while two different staff responded to their request to be taken to their room to use the toilet.

We noted that call bell buzzers in communal areas and in bedrooms were not always easy to access or identify. Two of the people who used the service told us they were unaware of having a call bell in their bedrooms and told us they would shout for staff should they need support when in communal areas. We discussed with the registered manager how calls bells could be made more visible and accessible to people. They told us they would give consideration as to how the current arrangements could be improved.

We checked the arrangements in place to help ensure the safe handling of medicines. We saw that staff responsible for the administration of medicines had received training in how to carry out this task safely. Policies and procedures were in place to guide staff about the ordering, administration and disposal of medicines. In addition regular observations were carried out to check the competence of staff in the safe handling of medicines. The registered manager showed us a formal competency assessment tool which they intended to introduce in the service.

We noted the medicines trolley was stored in a room under the stairs which had no ventilation. The temperature of the room was not being monitored. This meant it was not possible to confirm that medicines were being stored as recommended by the manufacturer. Medicines incorrectly stored have the potential to be less effective.

We received mixed feedback from people about whether they received their medicines at the correct time. Comments people made to us included, "I have morning meds but I haven't had today. I think they vary. I don't know why", "Yes I get my medicines on time" and "I have them morning, afternoon and evening. It depends if they are busy. They try to get round as soon as they can. I have had my breakfast and have not had my medicines." During the inspection we noted the senior member of staff on duty commenced the morning medicines round at approximately 10am. We asked the registered manager about this and were told this was the usual time to allow for people to get up and have their breakfasts. They told us arrangements were in place to ensure night staff would give any medicines which were required to be administered before breakfast. They were also aware of the need to make sure a safe period of time passed between doses of certain medicines, including those prescribed for pain relief.

We reviewed the medicines administration record (MAR) charts for six people. Although we saw that all the records were fully completed, with no missing signatures, there were occasions on which two people had not been given their prescribed medicines because they were asleep. The registered manager told us there was a '15 minute' rule in place which meant staff were required to return to a person every 15 minutes if they had been unable to administer medicines or deliver care for any particular reason. We did not see evidence that this had happened on the occasions we identified; this meant some people had not always received all their prescribed medicines. The registered manager told us they would discuss this with the staff concerned

and remind them of the need to take appropriate action to ensure people always received their medicines as prescribed.

We noted that a person recently admitted to the home had their medicines recorded on a handwritten MAR chart. However the entries on this chart had not been signed or countersigned to confirm their accuracy.

We noted that that all medicines that require stricter controls by law were stored securely and accurately documented.

We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. We looked around all areas of the home and saw the communal areas, bedrooms, bathrooms and toilets were clean. All the people we spoke with told us they had no concerns regarding the cleanliness of the environment. Comments people made included, "My room is kept clean", "Oh yes its clean" and "Yes its clean, there are no smells." We saw a notice board contained information for staff regarding infection control. A staff member had been appointed as infection control link person; this meant they were responsible for sharing best practice with the rest of the staff team.

The provider showed us the plan in place for the on-going maintenance and refurbishment of the premises. During the inspection we noted corridor areas on the first floor were being redecorated and people's bedroom doors were being furnished with the photograph of the occupant.

Records we reviewed showed that the equipment used within Park House was serviced and maintained in accordance with the manufacturers' instructions. We saw that regular maintenance checks were carried out and action taken where necessary to address any issues found.

We looked to see what systems were in place to protect people in the event of an emergency. We saw a business continuity plan was in place to advise staff of the action to take to deal with utility failures and other emergencies that could affect the provision of care. Inspection of records showed that a fire risk assessment was in place and regular in-house fire safety checks had been carried out to check that the fire alarm, emergency lighting and fire extinguishers were in good working order and the fire exits were kept clear. Staff had completed annual training to ensure they were able to take appropriate action in the event of a fire as well as six monthly evacuation drills. Records were also kept of the support people would need to evacuate the building safely in the event of an emergency as well as a 'grab bag' which contained items such as a torch and high visibility jackets for staff to use should they need to respond to an emergency.

Good

Is the service effective?

Our findings

People we spoke with told us they considered staff had the required skills to be able to deliver effective care. Comments people made to us included, "I think the staff are well trained", "The staff are fine, we have no concerns" and "Staff seem to know what they are doing."

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of this inspection six people had their care and treatment arrangements authorised under DoLS.

Care records we reviewed contained information about the decisions people were able to make for themselves and the actions staff should take to ensure they were acting in people's best interests when providing care. Staff spoken with confirmed they had received training in the MCA. They were able to tell us how they ensured people were able to make choices about their day to day lives such as what to wear, where to sit and what they wanted to eat.

We asked people who used the service if staff asked permission before providing care or assistance and we were told, "I can't say I've noticed", "Yes, sometimes" and "No, not always." During the inspection we observed one staff member remove a protective apron from a person who was sleeping without asking them; this startled the person and caused them to wake up. On another occasion a staff member noted one of the protective foam boots a person was wearing had come undone. The staff member adjusted the footwear without asking permission and again the person was startled. In contrast, we heard many occasions during the inspection on which staff reminded people that they were able to make choices about the care and support they received.

We looked at the induction, training and support staff received to help them deliver effective care. We spoke with two staff members who had recently been appointed to work in the service, one of whom was still in their induction period. They told us the induction had included a review of policies and procedures, required training and shadowing more experienced staff. Both staff told us the induction was thorough and had prepared them well for working without close supervision.
The registered manager told us all new staff were registered for the Care Certificate. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care.

Staff we spoke with confirmed they had received training to help support them to deliver effective care. Records we reviewed confirmed staff were provided with a range of training courses including fire safety, safeguarding vulnerable adults, MCA and DoLS, health and safety, food hygiene, first aid and moving and handling. The registered manager told us most training was delivered by an external provider who was flexible in order to meet the needs of staff, including those recently appointed to work in the service.

Records we reviewed showed staff received regular supervision and a detailed review of their personal development needs. In addition staff received an annual appraisal of their performance during which they were encouraged to reflect on their achievements and goals.

During the inspection we observed the lunchtime experience in two of the communal areas. We saw that tables were set with tablecloths and condiment. A copy of the day's menu was also on display on each of the tables. We observed people were offered a choice of two meals for both the lunchtime and evening meals. In addition people were provided with alternatives if they did not like either of the choices on the menu.

We noted people received support and encouragement to eat. However we noted several people did not appear to enjoy one of the meals on the menu. We discussed this with the kitchen manager who told us they were aware of this and would ensure this particular meal was removed from the menu due to the negative feedback received. Records we reviewed showed that people were asked on a daily basis to provide feedback about the quality of the food. Comments people had made on the days prior to the inspection included, "Really nice fish pie. I had two plates", "It was delicious (cottage pie). The gravy was to die for" and "It was lovely. I even had more."

We spoke with the kitchen manager who demonstrated a good understanding of the nutritional needs of people who used the service. They told us they tried to improve the nutritional intake of people by using fortifying foods with cream, butter etc. They also prepared milkshakes for people to encourage them to eat fresh fruit.

We noted the kitchen was clean and well stocked. The service had received a 5 rating from the national food hygiene rating scheme in September 2016 which meant they followed safe food storage and preparation practices.

We asked staff how they kept up to date with people's changing needs to ensure they provided safe and effective care. All the staff told us they attended handover meetings at the start of each shift. They told us each person who used the service was discussed in detail during the daily handover meeting and staff were made aware of any changes to their needs or health condition.

Care records we reviewed showed that people received regular visits from health professionals including district nurses, GPs and opticians. The registered manager held twice weekly meetings at the home with the practice nurse from the GP surgery where most people were registered. These meetings were used to discuss any changes to people's health needs in order to ensure these were dealt with quickly.

We looked at how the environment met the needs of people living in the service. We noted communal areas of the home were decorated and furnished in a homely fashion. Bedrooms we visited had been personalised to people's tastes and contained sufficient furniture to enable people to remain in their rooms in comfort. The registered manager told us all people had access to a locked cupboard in their room to store valuable items should they so wish. A secure garden area was also available for people to use.

We spoke with the registered manager about the on-going plan of refurbishment in the home. They told us

that, although the service was not offering specialised dementia care, they recognised it was important to ensure the environment supported people to remain as independent as possible. In view of this they intended to consult with people about possible changes such as painting bedroom doors different colours and the use of 'memory boxes' outside bedrooms to help orientate people to their own room should their condition deteriorate in the future.

Good

Is the service caring?

Our findings

People we spoke with told us staff were kind and caring. Comments people made included, "Oh yes, the staff are kind", "Yes, the girls are kind", "I am very happy with the care. [Name of person] was lonely and depressed in the flat" and "I can't tell you how wonderful the staff are. I call them my angels; nothing is too much trouble."

Relatives spoken with confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting throughout the inspection and noted they were offered refreshments.

During the inspection we observed interactions between staff who used the service were warm and friendly. We saw that staff knocked and waited for an answer before entering bathrooms, toilets and people's bedrooms. This was to ensure people had their privacy and dignity respected. We also noted that staff spoke in a discreet manner to people when they noticed they required support to meet their personal care needs. People who used the service confirmed they considered staff were respectful of their dignity and privacy. One person told us, "Oh, yes they always knock before they come in." Another person commented. "Yes, staff would leave the room. If I needed to get undressed, they knock on my door." A visitor told us, "Staff treat [name of the person] with dignity. They knock before going into the room."

Some of the care records we reviewed contained information about people's likes and dislikes as well as recording details about their social history, important relationships and interests. This information helps staff to develop caring and meaningful relationships with people. The registered manager told us they had a plan in place to ensure 'life stories' were included in each person's care record.

Staff also demonstrated a commitment to providing high quality, personalised care. One member of staff who had recently joined the service told us they had noticed, "It's different from where I have worked previously. It's not regimented." A visiting health professional told us, "I like this care home. There is a feeling of warmth and love. I would be more than happy for a member of my family to live here."

The registered manager had implemented a 'keyworker' system. This system linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. However, most of the people we spoke with who used the service were unaware of the identity of their keyworker.

Staff who had worked at the service for some time were knowledgeable about people's individual needs, backgrounds and personalities. The two staff members who had recently been appointed told us they were beginning to learn about people's backgrounds, wishes and preferences. One of these staff commented, "I try and read care plans on every shift. I like finding out about people's backgrounds."

Staff we spoke with demonstrated a commitment to maintaining the independence of people who used the service. One staff member told us that they always asked people how much support they wanted as they

recognised this could change from day to day.

We were told representatives from local churches visited the home on a regular basis to meet the spiritual needs of people who used the service.

People were encouraged to express their views by means of daily conversations, residents meetings and satisfaction surveys. The resident and relatives' meetings helped keep people informed of proposed events and gave them the opportunity to be consulted and make shared decisions. We saw records of the meetings during the inspection and noted a variety of topics had been discussed including planned trips, menus and the refurbishment of one of the bathrooms. However, not all the people we spoke with during the inspection were aware of these meetings. The registered manager told us they would give consideration to how they could be better advertised, particularly to relatives.

People were provided with information in the form of a service user guide. This provided an overview of the services and facilities available in the home and the philosophy of care.

We asked the registered manager about how they supported people who required end of life care. The registered manager told us they had completed the 'Six Steps' training programme. This programme helps to provide staff with the skills and confidence to ensure that people are supported to have a dignified and pain free death.

We found that care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.

Good

Is the service responsive?

Our findings

People told us they generally received the care they wanted. Relatives we spoke with told us they were happy with the care and support their family member received. One relative commented, "I can't thank staff enough. [Name of person] is a lot happier and calmer. There has been a massive improvement in her health and well-being since she came here."

We asked the registered manager to tell us how they ensured people received care and treatment that met their individual needs. The registered manager told us that they always completed a detailed assessment of the support people required before they were admitted to the home. This was to help the service decide if the placement would be suitable and also to ensure the person's individual needs could be met by staff. We noted that the service provided respite care which could be used to help people to decide if they wished to remain at Park House on a permanent basis.

We saw that the initial assessments completed by the registered manager were used to develop care plans and risk assessments. These included information about people's needs in relation to personal care, mobility, communication and eating and drinking. We were told care plans were updated on a monthly basis or when a person's needs changed to ensure they accurately reflected the care staff should provide. However we noted the care plans on one person's records had not been updated for two months. The registered manager told us this was an oversight and they would arrange for the records to be updated as soon as possible.

The registered manager told us they regularly invited people who used the service and their relatives to participate in care reviews. However we saw limited evidence of this involvement on the care records we reviewed. One person we spoke with told us, "I was involved in the care plan but have not been to any reviews. We had a meeting about a living will so there's one in place." Another person commented, "We agreed that the care plan shouldn't be regimented and staff can change it from day to day as they need." The registered manager told us they would ensure all discussions with people who used the service regarding their care were included in the review forms. We noted they also asked individuals to regularly complete a satisfaction survey about the care they received. All the responses we saw were very positive.

We received mixed responses when we asked people about the activities available to support their health and well-being. Several people told us they did not think there was much to do other than watch TV while other people confirmed a number of different activities took place. The registered manager told us they did not employ an activity coordinator but care staff were expected to deliver activities on a daily basis. We saw photographs around the home which showed people taking part in trips and activities. A log of activities provided was also kept and showed people were offered the opportunity to participate in reminiscence sessions, arts and crafts, board games, hand massage and movie sessions. During the inspection we observed people were involved in ball games, bingo and karaoke. We also noted staff supported individuals to access the local park on a number of occasions, particularly when one person became anxious and restless.

We looked at how the service managed complaints. People told us they would feel confident talking to the staff or the registered manager if they had a concern. We noted information about the complaints procedure was included in the service user handbook which people received on admission. A complaints policy was also in place which provided people with information about how complaints would be responded to and investigated.

The registered manager told us there was no complaints log in place as there had not been any complaints received since the last inspection. However, when we spoke with one person who used the service they told us they had complained about the temperature of the hot water in their en suite bathroom. The registered manager told us the complaint had been investigated and the issue was that the hot water took time to run to the taps in the person's bedroom due to the layout of the home. They told us they had investigated the complaint and explained the reasons for the delay in the hot water to the person but there was no documented evidence of the action taken. The registered manager told us they would ensure a complaints log was put in place to show how they had addressed any concerns raised.

We saw there was a system in place for people who used the service, relatives and visiting professionals to provide feedback on the care provided in Park House. Blank and completed satisfaction surveys were on display on a notice board in the hallway. We looked at the responses received and saw that most of these were very positive. Comments people had written included, "Park House is a very caring home. Staff are friendly and always here to give a helping hand", "Staff at Park House are very friendly and helpful. They are always happy to do anything I ask" and "Some of the nicest staff you could wish to meet. One of the best homes I have seen."

Good

Is the service well-led?

Our findings

Not all people we spoke with who used the service were aware of the identity of the registered manager. However this could be explained by the fact that the registered manager wore the same uniform as care staff with only the colour of the trim being different. However, all the visitors we spoke with told us they considered the registered manager was helpful and approachable. Comments people made included, "This home is more than well-led. The leadership and guidance we have received has been brilliant from everyone. It's a wonderful home and wonderful staff" and "The manager is very approachable and will always ask if everything is ok."

The registered manager had previously been the deputy manager at the service. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. During the inspection we saw they were visible and provided direction and support to staff as necessary.

The registered manager told us they spent a great deal of time working alongside staff in order to observe their practice and provide feedback in order to improve their performance where necessary. We saw that their observations had been documented and were used to inform discussions with staff in supervision sessions and personal development plans.

We spoke with both owners of the service who were present during the inspection. They told us they spent most days at the home with one of the owners regularly supporting staff in tasks such as engaging people who used the service in activities or giving out meals and drinks. They told us they regularly spoke with staff, people who used the service and visitors to check that they were happy with the care provided in Park House. They also carried out regular environmental audits of the home alongside the registered manager. This owner told us, "We are not faceless. We get involved. I love it. I am a sounding block for the registered manager. It's a good thing that people know the owners are interested."

Records we reviewed showed regular management meetings took place between the providers and the registered manager. We saw there was an ongoing plan of improvements the management team wished to make to the service with timescales documented as well as any actions taken.

All the staff spoken with told us they thoroughly enjoyed working at Park House and that the staff team were motivated to ensure people received high quality care. They told us they found the registered manager, senior staff and the owners of the service to be approachable and supportive. One staff member told us, "[Name of registered manager] is firm but fair. I never feel scared to ask for feedback." Another staff member commented, "I know I can always go to the manager for support. [Name of owner] is also here every day and very approachable."

We saw that regular staff meetings took place, the most recent of which had been in June 2017. Records we reviewed showed these meetings were used to ensure staff understood the high standards expected by the

registered manager. Staff were also asked for their opinions and suggestions as to how working practices could be improved. Staff we spoke with who had been employed at the service for some time, and had therefore attended staff meetings, told us their views were always listened to.

Before our inspection, we checked the records we held about the service. We found that the service had notified CQC of any incidents as required by law. This meant we were able to see if appropriate action had been taken by the service.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating in the home. This was to inform people of the outcome of our last inspection.

We looked at the systems in place to monitor the quality and safety of the care people received. We saw that a regular system of audits was in place, including those relating to the environment, infection control, the safe handling of medicines and food safety.

The registered manager demonstrated a commitment to improving the service people received. They had plans in place to improve the personalisation of care records and were utilising best practice guidance from a leading expert in this field to assist them in this process.