Prime Life Limited

Peaker Park Care Village

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

Our inspection took place on 25 and 26 April 2015. The first day of the inspection was unannounced, we informed the registered manager we would return the following day to complete the inspection.

Peaker Park Care Village is registered to provide care for up to 137 people who require personal or nursing care. The service consists of five self-contained units comprising of accommodation, dining areas, lounges and other communal areas. Facilities include a cinema, games rooms and hairdressing salons. People have access to landscaped gardens. At the time of our inspection 108 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe because staff knew how to recognise and report signs of abuse. People were supported to be as independent as possible. The registered manager and team leaders of the five units calculated staffing levels based on the needs and dependencies of the people using the service.

Equipment was used safely and was regularly maintained.

The provider had robust recruitment procedures that ensured as far as possible that only staff suited to work at Peaker Park Care Village were employed there.

People received their medicines on time. The provider had effective procedures for the safe management of medicines. Medicines were safely stored and there were effective arrangements for the disposal of medicines that were no longer required.

People using the service told us they felt staff were knowledgeable about their needs. Staff received relevant training and support to be able to meet the needs of people using the service. Training was delivered by the provider's own trainers and by externally sourced trainers. Relatives of people using the service consistently told us they felt staff were well trained.

The registered manager and senior staff had a good working knowledge of the relevance of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Other staff had an awareness of the legislation. All staff understood that no forms of restraint were permissible without authorisation by the local authority.

People's nutritional needs were met. People had a choice of foods and drinks and were satisfied with the quality of the meals that were provided. Staff were attentive to people's health needs and supported people to access health services when they needed them.

Staff were caring. We saw lots of examples of staff showing kindness and compassion. Staff often made extra special efforts on their days off to bring happiness into people's lives. People using the service and their relatives had opportunities to be involved in decisions about their care and support. Relatives of staff working at the service or for the provider organisation used the service. This showed the service passed it's `mum's test' that staff were happy for the loved ones to use the service. People were treated with dignity and staff respected people's privacy.

People received care and support that was centred on their needs. They had access to social activities. An activities coordinator had developed activities that supported people to follow their interests and hobbies. People had opportunities to make suggestions and raise concerns. They told us they were confident about raising concerns and that they would be listened to. The provider had acted upon people's comments and feedback, for example in relation to social activities and meals.

The management team were clearly visible and available to people using the service. The management team had clearly defined aims and objectives about what they wanted to achieve for each of the five units and the service as a whole. Staff shared those aims and objectives and were motivated by and fully supportive of them. Staff felt well led. The provider had effective procedures for monitoring and assessing the service that drove continuous improvement.

Under the direction of the registered manager Peaker Park Care Village had increasingly become an integral part of the Market Harborough community and worked with and supported local organisations for the benefit of people using the service and the local community.

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.

Staff supported people to understand how they could stay safe. The provider deployed enough staff to ensure that people's needs were met. Premises and equipment were well maintained which provided a safe environment for people.

People were supported to receive the right medicines at the right times and medicines were safely stored.

Is the service effective?

Good

The service was effective.

Staff had received relevant training and development to be able to meet the needs of people using the service. A particular focus had been training staff about dementia. Relatives of people using the service were invited to the training so that they could understand more about dementia.

The service worked within the requirements of the Mental Capacity Act 2005.

People were supported with their nutritional and health needs, and to access health services when they needed to.

Is the service caring?

Good

The service was caring.

Staff understood people's needs and developed caring and supportive relationships with people. They often took special steps to help people feel they mattered. People were encouraged to express their views in ways that best suited them and staff were trained to understand different ways that people communicated.

Three staff had relatives that used the service because they were confident that they would be well cared for.

Staff were motivated to provide compassionate care and a

homely environment for people.

Is the service responsive?

Good

The service was responsive.

People received care and support that met their individual needs. Staff supported people to lead active lives based around their hobbies and interests. The provider sought and acted upon people's views.

People using the service and their relatives had access to a complaints procedure.

Is the service well-led?

Good

The service was well led.

People's views and experience were used to improve the service and staff were involved in decisions about the development of the service.

The service was committed to continual improvement. The registered manager and management team provided staff with the support they needed to provide quality care.

Under the direction of the registered manager the service was developing into being an integral part of the local community and it worked in collaboration with other services.

Staff had clear lines of accountability and responsibility. Quality assurance procedures ensured that the service strove for excellence.

Peaker Park Care Village

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.

An unannounced inspection took place on 25 April 2016 and we returned announced to complete our inspection on 26 April 2016.

The inspection team consisted of an inspector, a specialist nurse advisor 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. Our expert by experience had expertise in caring for older people.

Before our inspection we reviewed the information we had received about the service since our last inspection in April 2015. This included notifications from the provider about injuries people had experienced and allegations of abuse. We looked at information we had received from the local authority adult safeguarding team about investigations they had carried out.

Before the inspection, the provider completed 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.

We spoke with 13 people who used the service and seven relatives of other people using the service. We observed a `medications round' when people were supported with their medicines. We also observed staff interactions with people using the service throughout our inspection, including lunchtime on two of the units.

We spoke with staff including a regional director, the registered manager and deputy manager, a team leader, a nurse, three care workers, the activities coordinator and the cook. We looked at six people's care records, staff training records and three recruitment files.

We contacted the local authority who paid for the care of some of the people using the service. We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services. We reviewed comments that relatives had made about the service on www.carehome.co.uk. which is a website for people to post feedback about social care services.

Good

Is the service safe?

Our findings

All the people using the service we spoke with told us they felt safe. Comments included, "I feel safe here. It's perfect", "I feel safe when the carers support me" and "I am safe living here".

Relatives of people using the service also felt the service was safe. One told us, "We have peace of mind knowing [person] is safe". Another told us, "What makes me confident the service is safe is that there is a strong sense of people being cared for and the upkeep of the place".

We asked people why they felt safe and they gave a variety of reasons. Some told us they felt safe because they received the care and support they wanted; others because staff were kind and understood their needs. Others told us it was because they liked their rooms and because their rooms were always clean. However, a relative told us cleaning of bedrooms was not always effective. They told us, "There was a pair of tights on the floor outside the bathroom and they were still there four days later when we came". Our observations were that corridors, communal areas, bathrooms and the bedrooms we saw were cleaned to a high standard.

People told us they felt safe because staff responded quickly whenever they used call alarms to request assistance. During our inspection we heard call alarms being used and they were always responded to quickly. The service had an electronic call monitoring system which showed that 85% of calls were consistently responded to in less than five minutes. Staff were attentive to people's needs.

The provider had policies and procedures for safeguarding people from abuse and avoidable harm. The provider took prompt action to report and investigate allegations of abuse. Staff we spoke with were aware of the provider's policies and described how they would identify and report abuse. They knew about the different types of abuse recognised by the Health and Social Care Act. They told us how they would identify signs of abuse, for example changes in a person's behaviour, eating, sleeping patterns and how they reacted to people. They knew that they could contact the local authority safeguarding team or the Care Quality Commission, but they emphasised that they were confident that if they raised any concerns about people's safety with the team leaders and registered manager they would be taken seriously.

Staff used the provider's procedures for reporting accidents and incidents, for example falls that people had or any incident where a person suffered harm or been at risk of harm. All reports were investigated by one of the management team. The quality of staff reporting of accidents and incidents was good. Staff reports provided a basis for the registered manager's investigation of incidents. We saw that actions had been taken to protect people from the risk of a similar incident recurring. For example, people who had falls were referred to a NHS Falls Clinic and fall mats were placed in people's rooms at night. We saw evidence that team leaders, nurses and the registered manager engaged with specialist health services to support people who sometimes displayed behaviours that challenged. Those people were supported to reduce the risk of harming themselves and others without undue restrictions being used..

We observed that staff used hoists safely when they transferred people. A care worker told us, "Our training

about how to use hoists was really good". They and other staff told us that when they were trained to use hoists they themselves played the role of a person using the service which helped them experience what it felt like. The provider ensured that sufficient equipment was available to assist people with their mobility which meant that people were not kept waiting when they required support with their mobility. This was another factor why people using the service could feel safe.

We observed people moving around the home throughout the day. They had the necessary equipment to move around easily and safely. When needed, they were seen to use the handrails on the walls. Other people were supported by staff either with a wheelchair or by accompanying them while walking. We observed that people were safely transferred from seating to wheelchairs or to be assisted with walking. Staff explained what they were doing when they supported people.

People's care plans included risk assessments of activities associated with their care routines. The assessments provided information for staff about how to support people safely whilst at the same time encouraging people to do as much for themselves as they could. A person told us, "I feel safe when staff support me to wash. Sometimes I want them to stay close by when I'm in the shower, at others times I don't need them to do that".

None of the people or relatives we spoke with raised any concerns about staffing levels. A person who used the service told us, "There are usually enough staff for my care needs but when its busy there isn't enough". Relatives we spoke with felt there were enough staff. A person who was visiting a friend told us that a reason they felt the service was safe was that there were enough staff to make it "secure and safe".

The provider had procedures for regularly assessing staffing levels which were based on people's assessed needs and dependencies. Staffing levels were decided by the registered manager and the team leaders of the five units at Peaker Park Care Village. A care worker told us, "We have the right ratio of staff. We manage. If we asked for additional staff and explained why we needed more we would definitely be listened to". Care workers told us that team leaders and nurses assisted them with providing care and supported them when they needed help, for example to ensure that people were not kept waiting when they needed support with personal care. Another care worker told us, "There are enough staff. The team leaders and managers are very approachable and will help if necessary. They are very approachable". When nurses, team leaders and managers were involved there were 32 staff providing care and support to the 108 people using the service.

Recruitment files showed that the provider had effective recruitment procedures. These included assessment interviews for people who were selected for interview after submitting an application to work at the service. A care worker told us, "I was impressed by the interview. It was really challenging, not at all easy. It came across that the service really cared about the residents". All the necessary pre-employment checks were carried out before a person joined the service. These included Disclosure and Barring Service (DBS) checks. These checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce. People using the service could be assured as far as possible that only people suited to work at the service were employed.

Arrangements for the safe management of medicines were effective. We saw from people's medicines administration records (MARS) that they received their medicines at the right times. Those records were audited for accuracy by a nurse or registered manager. A person using the service told us, "They [staff] keep on top of medications". Only staff trained in medicines management and who continued to demonstrate their competence to administered people's medicines did so. Only nurses administered medicines to people with continuing health care needs. People We observed a medication round. This was safely performed. The medicine's administrator always locked the trolley on leaving it and did not sign the MARS

until the person had taken the medicine.

Medicines were safely stored in `treatment rooms'. Daily checks of temperatures in those rooms were made to ensure that medicines were stored at recommended temperatures. Medicines that required storage in medicines refrigerators were correctly stored. Records of medicine stocks were accurate and there were effective procedures for the disposal of medicines that were no longer required. We found that medicines were safely stored.

Good

Is the service effective?

Our findings

People using the service told us that they felt staff had the necessary skills and knowledge to be able to meet their needs. A person told us, "I'm well looked after. I get the care I need". Another told us, "I think the staff are well trained". A relative told us, "The staff appear to know what they are doing". Another told us, "There are some really good individual carers. All the staff work well. The quality of staff is good". Another relative explained what pleased them about the staff team. They told us, "What's really good is that the carers are across all age groups. It makes for a dynamic staff that suits the needs of the people living here".

Staff we spoke with told us they felt they received effective training. One told us, "The training is really good". They were especially enthusiastic about the training they'd had about dementia. They told us, "Oh my goodness, I learnt so much. It put me in a situation of knowing what it was like". Speaking of other training they told us, "I'm definitely well supported through the training I've had". Another care worker told us, "My training has prepared me for my role. It has taught me a different perspective, especially the training about dementia and mental capacity".

A director for learning and development at the provider's head office kept abreast of the latest developments in adult social care and sourced external trainers to provide training. Since our last inspection the provider had invested in additional training for staff about dementia. The training was provided by an external provider and had received positive media coverage. The training, called `virtual dementia' trained staff to understand what it was like to live with dementia. It did this by including equipment and aids that took away trainee's primary senses of touch, sight, sound and reduced their mobility to that experienced by people living with dementia. The provider had offered the training to relatives of people living with dementia. We spoke with a relative who attended the training who described it as "great". They added, "It gave me such insight into dementia".

The service had a training plan that was overseen by the deputy manager. They ensured that staff received the training they required, including refresher and update training. Staff had opportunities to develop their careers. Some team leaders had started as care workers and had progressed to their current position. One told us that when they joined the service as a care worker they lacked some confidence because they did not speak English as a first language. However, because of the support they'd received through training and supervision they had developed their skills sufficiently to work as a team leader. The provider offered a `leadership programme' for staff identified as to potential team leaders and managers.

Staff told us they felt supported through effective supervision and every day support from their managers. Supervision meetings where staff had one to one meetings with their line manager, took place regularly. Care workers told us they had regular supervision meetings with their team leaders every four to six weeks, and team leaders had supervision meetings with the registered manager. A care worker told us the supervision meetings were useful because "we discuss the organisation's vision and the standards we want to achieve".

Staff at all levels communicated effectively with each other. By doing so they shared essential information

about the needs of people using the service. Communication was through short but informative meetings each morning.

The Mental Capacity Act (MCA) 2005 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 who lack mental capacity can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Managers and senior staff, for example team leaders and nurses, had a good working knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Senior staff understood and implemented their responsibilities under MCA and DoLS. At the time of our inspection there were people using the service who were under a DoLS authorisation and applications for authorisations had been made for other people Care workers we spoke demonstrated an awareness of MCA and DoLS. Most staff had received training about the legislation. We saw and heard care workers ask and obtain people's consent before they supported them, for example before they supported people with their medicines or before weighing people as part of monitoring their health. A relative told us, "They [staff] never do anything without asking".

We saw staff supporting people at times when they displayed behaviour that was challenging. Staff told us they were able to do this because of the training they had. We saw staff support people to overcome anxiety by talking to them, diverting their attention from what made them anxious and offering them tactile objects. A relative told us, "Their (staff) greatest strength is how they deal with [person] when they exhibit difficult behaviour. They do it in a very caring way". Another relative told us that staff had skills to support a person who sometimes displayed behaviour that challenged that staff in other homes lacked. What we saw of staff interactions with people showed that they had put their training into practice.

People who used the service told us they were mostly satisfied with meals and snacks they were provided with. A person told us, "The food here is very nice. They have things I like. I had a good breakfast today". Another person told us, "The food is very good. They give you something else though if you don't like what they have". A relative told us, "My [person using the service] gets the food they need. I know staff monitor [person's] food to help manage their weight".

People with special dietary requirements were supported with their needs. Their specific dietary requirements were detailed in their care plans. A person who had difficulty swallowing food had their meals in a softened form that they could swallow. People who required them had fortified drinks. People's food and fluid intake was recorded by staff after each meal or snack and those records were monitored by team leaders. Records we looked at showed that people had sufficient to drink and that staff followed NICE guidelines about the amount of fluids people should have daily.

We saw that a variety of drinks and snacks were available for people throughout the day. People had access to jugs of juice and water in their rooms. A tea trolley was taken around during the morning and again in the afternoon. People were able to help themselves to snacks from a dining area and we saw people do that.

We observed meal times on two units. In one, the atmosphere was laidback and relaxing. Dinner commenced at 12.30 and lasted for an hour. People were offered glasses of wine, beer or cold drinks. Each

person was offered a choice of a main meal and a dessert. People were asked if they would like to wear protective clothing which showed that staff made no assumption that everyone would wear one. There were 12 people in the dining room and four care workers supporting them. The food looked appetising and people ate most of their food. The other meal time we observed was in another area of Peaker Park Care Village where we saw staff support people with dementia to have their lunch. People were offered the same quality of food. They were shown plated meals from which they chose which meal they wanted. People who showed signs of not enjoying their meal were offered and provided with an alternative meal. Staff were attentive to people's needs which were at times challenging.

People were supported to maintain their health and nurses and team leaders made referrals to healthcare agencies as appropriate. For example, we saw a referral had been made to a dietician because a person had difficulties with swallowing food. Referrals to chiropodists, dentists and opticians were also made. A team leader had telephoned a person's GP after staff had reported they were showing signs of lethargy which was unusual for that person. A relative told us, "The staff have always called for a GP when it's been necessary". People with diabetes had their blood sugars checked daily prior to insulin administration. We saw from care records that staff acted on the advice they received from health professionals. Staff were aware of people's health needs because they were detailed in people's care plans. They kept each other informed of people's health through communication at handover meetings when staff finishing a shift briefed staff starting a shift about people's needs.

Good

Is the service caring?

Our findings

People told us that staff treated them kindly and with compassion. Comments from people included, "The staff are very good to me", "The staff are very kind to me", "They are super, if you want any help, you only have to ask" and "I can't fault them". A relative of a person using the service told us, "I'm eternally grateful for how the staff have helped me deal with my situation". Another told us, "The staff are extremely supportive and sympathetic who go an extra mile to provide the care [person] needs". We were told that on occasions staff who were off duty supported people to attend hospital appointments and brought their pets to the service for people to enjoy. Staff attended funerals of people. A family wrote to the service thanking them for that.

We saw 12 `thank you' cards that relatives of people who used the service had sent thanking staff for their kindness.

Staff were caring. They knew about what people liked and what mattered to them. We saw staff show people that they mattered to them. For example, a care worker knew that a particular person liked to be hugged when they saw each other and we saw a warm and friendly greeting between the two people that was clearly enjoyed by the person using the service. Throughout our inspection we saw staff and people using the service having friendly interactions. Care workers we spoke with told us that it was an ethos of the service to provide a warm and friendly environment for people. One told us "We try to help people feel at home, it is after all their home". Another told us, "We provide people with company so they are not lonely. The people know us and are comfortable with us". Another explained, "We have time to talk with people. It's important to them. It's their home and we try to make them comfortable." A relative told us, "The staff here care more about [person] than in any place they have ever been". They added, "My [person's] GP told me they thought the staff not only cared for [person] but they also cared about them". Another relative told us, "My [person] relates well to the carers". We saw and heard staff talking to people and complimenting them about how nicely dressed they were or how they looked. We saw several people use the hairdressing salon at the service and staff remarked afterwards how nice their hair looked. What we saw and heard showed that staff went out of their way to try and help people feel that they mattered to them.

People were involved in planning their care as much as they could or wanted to be. One person told us, "I discuss my care with the staff. I feel involved because I can express my views and opinions". Relatives we spoke with told us they were involved in decisions about their family member's care. A relative told us, "I feel involved and very well informed by staff about how [person] is". Another told us, "I'm very much involved in decisions about [person's] care." They added that they were kept informed of things like planned reviews of the person's care plan. Another relative told us, "We've [they and staff] talked about little things which are important and matter to [person using the service] and they have done these things". Care plans we looked at included information about how people wanted to be supported. Our observations throughout our inspection were that staff respected people's wishes and preferences.

People's care plans included information about their communication needs. The service provided people using the service with visual aids they could use to communicate. The registered manager arranged for a

service specialising in supporting deaf people to provide communications training for staff. This included tips on how to interpret body language and use basic sign language so that they could communicate with people who had limited verbal abilities.

People using the service and relatives were provided with an information pack about the service. The pack included information about independent advocacy services available to people using the service and relatives. `Residents meetings' took place regularly and were a forum where people and relatives were kept informed of latest developments at the service.

The provider had introduced a new way for managers to monitor whether staff put their training about treating people with dignity into practice. This was called `sit & see' and was a means of helping an observer to identify examples of compassionate care and to review and share their findings with staff who had been observed. The intention was to consolidate and build upon compassionate care. We saw a report of such an observation where positive interactions were identified, for example `a gentle hold of the hand', `speaking in a lovely calming manner' and `banter between people and staff'. This innovation showed that the provider was promoting a person centred culture at the service. Their confidence that this was being achieved was that a senior manager in the organisation and staff had relatives that used the service. This showed the provider believed the service passed the `mum's test' that the service was one they were happy for a loved one to use.

Special efforts were made to help people celebrate their birthdays. A person who was a past member of an organisation that meant a lot to them was supported to attend an event at the organisation on their 102 birthday. Another person used to be an orchestra conductor. The service arranged for the orchestra to visit the home and be conducted by the person on their birthday. These efforts showed that the service was both caring and creative in supporting people with things that were a key part of their lives and meant a lot to them.

All relatives we spoke with told us they could visit when they wanted to and were made to feel welcome. One relative told us, "I'm always kindly welcomed by staff when I visit. They've been so understanding". When we looked at the visitor's signing-in book we saw that relatives visited the service throughout the day into early evening.

People's privacy and dignity was respected. People told us they could spend their time where and as they wanted. People had quiet areas they could go to and we saw people do that. One person went to a relatively secluded area where they told us, "I like to come here for a quiet time and to read my newspaper". They added, "No one tells me what to do. I spend my time as I want". Other people told us they liked to spend time in their rooms. A person told us, "I like my room. It's comfortable and I like to spend time there, but I can go anywhere in the place". We saw from when we walked around the service that people's rooms were spacious and furnished to reflect people's individual tastes. People's rooms were places where they could enjoy privacy.

People told us that staff respected their privacy and dignity when they supported them with personal care. A person told us, "They [staff] always close the curtains in my room when they help me dress".

The training staff received about supporting people with dementia and supporting all people with dignity and compassion was highly valued by staff. They told us their training had given them an entirely new perspective and left them feeling motivated to put their training into practice. One told us, "It has helped us understand people. The training tips have made it easy to get to know people. I love coming to work". Another told us that staff regularly came to work on their days off to support people with activities that they

themselves enjoyed, for example bringing their children and pets to the service for people to meet and enjoy their company. Another told us, "It's so nice here. We've pulled together to make this a home-from-home for people here". Our observations of how staff interacted with people using the service and each other and what they told us showed that staff were motivated and inspired to provide the best care and support they could.

Good

Is the service responsive?

Our findings

People using the service who were able to be, were involved in the assessments of their needs and in decisions about their care and support. We saw that to be the case because of evidence we saw in people's care plans. A person told us, "I've seen my care plan, I know what care to expect". We saw from the content of people's care plans, for example from information about people's preferences, likes, dislikes and life history that they had been involved. Relatives or representatives had been included were people were less able to be involved. A relative told us, "I have power of attorney for health and social care and I've been involved in decisions about [person's] care from the beginning".

People's care plans were individualised and contained information about people's assessed needs and how they needed to be cared for and supported. The plans contained guidance for staff about how to support people safely. A relative told us, "[Person using service] gets the personal care she needs". Another relative told us, "I visit at different times of the day so I would notice anything to the contrary, but I can say I feel confident about the care [person] receives". All the people we spoke with told us they felt well cared for. Care records showed that staff completed people's personal care routines in line with their care plans.

People's care plans were reviewed each month. We saw evidence in care plans that when reviews identified changes in people's needs or health referrals were made to the appropriate health professionals to support people.

The service had a full time activities coordinator who arranged activities. Some activities were designed to support people to maintain everyday skills such as making themselves drinks in kitchenette areas. However we found one kitchenette had not been adequately supplied with milk and there were no cups for people to make drinks. Other people were supported to rebuild skills and confidence through specially designed activities. They were supported to go shopping for clothes which was something they hadn't done for a long time. If they decided they didn't like the clothes, staff supported them to go back to the shops to exchange the clothes. Staff had reported that the people had grown in confidence as a result of the activity. Other people who expressed that they would like to go dancing were supported to attend a monthly dance at a venue close to the service. People who had faith needs were supported to attend faith services.

The activities coordinator arranged social activities in and outside the service that had been chosen by people. We saw seven people playing bingo and smaller groups of people playing dominoes. Other activities included singers, entertainers and brass bands that regularly visited the service. People were supported to maintain hobbies such as knitting and baking. Many people enjoyed solitary activities such as reading books and newspapers and staff supported them to do that. People had newspapers of their choice delivered. A person told us, "I know about the activities and I choose which to participate in". They knew about the activities that were scheduled on the first day of our inspection but they chose to spend their time reading their newspaper.

The activities coordinator used information in people's care plans about their life history to plan activities for people. For example, a person who had an interest in aeroplanes was supported to visit an airfield where

famous aircraft were displayed. A person interested in trains was told about television programmes about the restoration of the Flying Scotsman and it's planned journey close to the service in June 2016. Other trips were organised for groups of people, for example to shopping centres, places of interest and tourist attractions.

Some activities were especially designed for people living with dementia. The activities coordinator had found information about those activities on the internet and had been supported by the provider to purchase equipment they needed. This included dolls, tactile and sensory objects and musical instruments. Some activities included exercises to maintain dexterity, for example large piece jig-saw puzzles, putty and objects people could assemble and dismantle.

People we spoke with knew how to make suggestions or raise concerns about the service. People were confident anything they said would be acted upon. A person told us, "I'd go to the person in charge if I had a concern." A relative told us, If I had a concern I'd raise it with the manager, though I've never had occasion to do that". People's information packs included information about the provider's complaints procedure and we saw that the procedure had been used by relatives of people using the service. We saw that relatives had made complaints and these had been investigated by the registered manager and managing director of the provider. Complaints were used to identify improvements that could be made to the service, most often by reminding staff of good practice or retraining staff. We found that although the complaints procedure included information that people could refer their complaint to the local government ombudsman if they were not satisfied with a response to it, the letter of response did not. It was evident from one complaint we looked at that a person was not satisfied with the response they received. We discussed this with the registered manager who told us they would write to the complainant to advise them about the local government ombudsman and would arrange for future complaint response letters to include that information.

Good

Is the service well-led?

Our findings

People who used the service and their relatives had opportunities to be involved in developing the service through involvement in `residents meetings' and annual surveys. Their feedback had influenced the types of activities that were provided by the service. A full time activities coordinator began to introduce new and fresh activities that catered for people's social and individual needs. These included more activities for people living with dementia. The registered manager supported the activities coordinator to implement their ideas which, with regards to activities for people living with dementia, were often based on research by organisations specialising in dementia care.

Feedback from annual surveys was analysed and reported on to the provider's operational board. This meant that the most senior managers in the provider organisation knew what people using the service thought about it. The latest annual survey was in progress at the time of our inspection. The registered manager had engaged the support of an organisation specialising in supporting people with hearing impairment to find ways of supporting those people to voice their opinions. An outcome of that work was the introduction of a new way of monitoring how staff supported people with dignity and care by observing how staff interacted with people using different forms of communication.

At the time of our last inspection the provider was in the process of designing a staff survey aimed at inviting all staff to provide feedback anonymously about the service including how it could be improved and developed. The survey design had been discussed at board level and was ready to be trialled at Peaker Park Care Village before it was implemented at all the services run by the provider. This showed a commitment at the highest level within the provider organisation to continuous seeking staff's views about the service and how it could be improved.

Staff were supported to raise any concerns they had about care practice. A care worker told us, "The management team is very good. We get a lot of support and it means we have confidence to report concerns if we have them. I'm very confident about doing that". Care workers told us they had regular team meetings and we saw from records of meetings that this was the case. A care worker told us, "We are not afraid of asking questions at meetings". The provider's procedures for staff raising concerns was that they raised them with their team leader or line manager, but they could go direct to the registered manager if they wanted or they could use the provider's whistle blowing procedures. Those procedures guaranteed to protect staff who used them to raise genuine concerns.

At our last inspection we found that the service had links with businesses, schools and organisations in the local community. Since our last inspection those links had grown to include more organisations some of which collaborated with the service to organise events for people living at Peaker Park and in the local community. A care worker we spoke with told us they had applied to work at the service because they heard so many positive things about it in the community. The service hosted events and `open days' so that people living in the Market Harborough area could visit the service. Some relatives we spoke with told us their loved ones came to use the service because of what they had seen of it. All of these things happened under the leadership and direction of the registered manager.

Leadership at several levels was evident throughout the service. The service was made of five `units' each with a team leader. The team leader's decided how their areas were run and they made decisions about referrals to health professionals. Some decisions, for example those that modified existing procedures or forms, had to be approved by the registered manager. We saw examples of improvements that were made to forms that staff used to keep records about people's care and support as a direct result of staff suggestions.

Care workers we spoke with were clear about the structure of the service and the management tiers. This facilitated an effective two-way communication between the registered manager and staff. A care worker told us, "I feel very well informed about what is happening". Another told us, "We have regular staff meetings. We are kept very well informed." The service's regional director visited the service at least once a week and spoke with staff at all levels. They supported staff during their visits and encouraged them to give their views about the service. The chairman of the provider organisation also visited the service. When they visited they acted as a `critical friend' if they saw something that could be improved and mentioned it to the registered manager. The chairman also spoke with people using the service, their relatives and staff. Care workers we spoke with told us they felt the service had improved since our last inspection. A relatively new care worker told us, "It's a great place to work. The management are great". Relatives told us they felt the service was very well run. One told us, "[Person using service] has been in four different care homes before this one. This is by far the best". We saw feedback that 15 relatives had made to www.carehome.co.uk about the service since our last inspection in April 2015. With one exception, all relatives rated the management of the home as excellent. This was an improvement on the situation before our last inspection when out of 13 relatives nine though the management was excellent and four though it was good. Relatives ratings of the service, feedback from a local authority and staff and the information we received about the service since our last inspection all indicated that the service was continually improving.

The service had a registered manager who understood their responsibilities in terms of ensuring that we were notified of events a provider had a legal responsibility to notify us about. The registered manager had a clear understanding of what they wanted to achieve for the service and they were supported in that regard by staff, their regional director and the operational board of the provider organisation.

The provider had introduced a `tool kit' for registered managers called `Quality Matters'. This included the latest guidance from CQC for providers and information from other organisations such as the National Institute for Clinical Excellence (NICE). The tool kit was used to develop the service procedures for monitoring the quality of the service using our guidance and best practice as promoted by NICE.

Since our last inspection the procedures for monitoring and assessing the quality of the service had evolved to operating at three levels. At one level, team leaders carried out scheduled checks and monitoring of people's care and support in their area of responsibility. Their checks were effective because they had in depth knowledge of the people using their part of the service and they were therefore able to identify lapses in care. Team leaders reported their findings to the registered manager who carried out sample monitoring to verify the team leaders reports. The registered manager's checks were subject to the scrutiny of a regional director who reported their findings to the board of directors. This meant the board of directors knew about what the service was doing well and where it was aiming to improve. The involvement of board members with services meant there was a connection between them and staff working at the services.