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# Parr Care Home

## Inspection report

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Date of inspection visit:  
16 September 2016

Date of publication:  
23 December 2016

### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This unannounced inspection took place on the 16 September 2016.

We last inspected the service in January 2014 and we found the service was meeting all the legal requirements which were assessed at that time.

Parr Care Home is situated in the residential area of Parr, St Helens. The service is close to local amenities and is served by a local bus route. It has a large well maintained garden area and car parking facilities. The service can accommodate up to 60 people requiring accommodation with nursing and care needs. The service also offers end of life care and support to people which is commissioned by St Helens Clinical Commissioning Group. At the time of our visit 60 people were using the service.

A registered manager was in post. 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.

The registered manager demonstrated outstanding leadership around the service and to the staff team. We found excellent aspects as to how the service was led and the development of relationships within the community.

People were extremely happy with the standard of care and support they received. Family members commented that they felt that the level of care delivered was outstanding. They told us that staff went above and beyond their role to make people comfortable. We found examples of how exceptional care was provided to people being supported with end of life care. The service had for the second consecutive time achieved the highest rating and had been accredited Beacon status, of the Gold Standards Framework for providing end of life care. This resulted in the service being nominated for a care home of the year award by the Gold Standards Framework.

Family members and friends of people in receipt of end of life care had facilities available to them to make their visits as comfortable as possible. Pull out beds, linen and toiletries were available for those staying overnight to spend quality time with their relatives. Having these facilities available helped ensure that family members and friends could spend private, comfortable and quality time with their relatives prior to them dying.

All of the staff were extremely proud of the service they provided at Parr Care Home. We found a culture of mutual respect, openness, transparency and commitment within the staff team that was exceptional.

An area in which the service particularly excelled was that staff supported people in a manner that very clearly promoted their independence, and maintained their dignity. People were supported and

encouraged to dress in a manner that promoted their individuality and to maintain their physical and psychological health.

Interactions between people, family members and staff were extremely good. It was evident that positive relationships had been formed and staff had got to know people's personal preferences as to how they wanted to be cared for.

People had the opportunity to move around the service freely and they had access to extensive garden areas. People were seen to enjoy all of the open spaces available and benefited from having many differing environments to visit and spend time around the service.

The service had developed very strong, positive, inclusive relationships had been formed with local schools that resulted in the school children visiting the service and joining in activities with people such as arts, crafts and baking. These relationships promoted social inclusion and the opportunity for people to interacted and form relationships with children and young people from the local community.

Other activities in the service included afternoon tea which provided a positive mealtime experience for people and helped prevent people becoming socially isolated. People told us that they enjoyed the activities available to them.

Good systems were in place to minimise risks to people from harm. Appropriate policies and procedures were in place to safeguarding people from abuse. Staff were knowledgeable in how they would manage any safeguarding concerns they were made aware of.

Qualified, competent and very experienced staff were on duty to meet people's needs. Staff received regular training and supervision to carry out their role safely. Members of the staff team had taken on specific leading roles within the service. For example, several staff took the lead on pressure areas care, diabetes and infection control. Staff spoke proudly of the work that they did in ensuring that the service delivered up to date best practice to people.

Care plans were in place that detailed people's needs and wishes and they enabled staff to deliver care in a manner that people wished. Staff knew people well and their personal preferences, likes and dislikes. People told us that they had great trust in the staff that supported them and felt that staff knew them well.

People had access to health care professionals on a regular basis to assist with the management of their health and comfort. People approaching their end of life had all of the medication they may need readily available to ensure they experienced a pain free and comfortable death.

People were very happy with the quality of meals they received. People's dietary needs and wishes were assessed and recorded to ensure that they received foods of their choice and that their specific dietary needs were met. Alternative foods were available for people wishing to have something different from the menu.

People and their family members knew how to raise a concern or complaint about the service they received. They were confident that any complaints would be dealt with appropriately. The registered manager had a system in place to acknowledge and respond to any complaints made. The details of any complaints would be assessed and when an area of improvement was identified, action would be taken.

People rights were maintained under the Mental Capacity Act. People unable to make specific decisions

were included in any best interest decisions made on their behalf. Staff offered people choices of what they wanted and respected their decisions. People were encouraged to make advanced decision about what care and support they wanted as they approached their end of life. People's wishes were well recorded to ensure that their needs were clearly known.

People's faith and spiritual needs were met by the service. A number of services were held each week for people to take communion. In addition, people had access to several weekly 'rosary meetings' to offer support to each other in maintaining their faith.

People's views on the service were sought on a regular basis; any improvements identified were addressed quickly.

People were included in interviewing candidates for positions at the service. This demonstrated that people's opinions were respected, and that they were involved in decision making within the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People's medicines were managed safely.

Procedures were in place to protect people from abuse.

Safe recruitment procedures were in place to ensure that only suitable people were employed.

### Is the service effective?

Good ●

The service was effective.

People's nutritional needs were assessed and planned for.

People's rights were maintained under the Mental Capacity Act 2005.

People received care and support from staff who received regular training and support for their role.

### Is the service caring?

Outstanding ☆

The service was very caring.

People received an exceptionally high standard of end of life care which meant their dignity was promoted at all times. People's advanced decisions were sought and respected.

People's privacy and dignity were respected by the staff team who were committed to their role of delivering outstanding quality care and support.

The service had received the highest award for the care and support people received at the end of life.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed, planned for and reviewed on a

regular basis.

People and their family members knew how to raise a complaint about the service they received.

Activities were available to offer physical and psychological stimulation.

**Is the service well-led?**

**Outstanding** 

The service was exceptionally well led.

The registered manager provided strong clear leadership to the staff team which promoted and encouraged staff to develop and deliver an outstanding service..

Staff had a very clear understanding of what was needed to deliver the service people required. There was a clear ethos of developing staff roles to increase their accountability and responsibility within the service.

Very effective systems were in place to monitor the quality of the service.

People were asked their opinions on the service they received.

Excellent links had been made with the local community

# Parr 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 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 the 16 September 2016 and was unannounced. The inspection team was made up of one adult social care inspector and a deputy chief inspector for adult social care.

We reviewed the information we held about the service prior to our inspection. This included notifications we had received from the registered provider which they are legally obliged to send us following significant events and incidents which occur at the service.

During the inspection we spoke with 17 people who used the service and spent time with a further 10 people during lunch time. We spoke with 11 visiting family members, the cook and the handy person. In addition, we spoke with and spent time with five members of the care staff team, the registered manager and two registered nurses.

We reviewed the services policies and procedures, the care plans of eight people, the recruitment files of six staff and other records relating to the management of the service. These records related to medicines, staff training, accidents and quality monitoring systems.

Before the inspection we contacted the local authority who commissions the service, the local authority safeguarding unit, Healthwatch and Merseyside Fire and Rescue Service.

Prior to the inspection the registered manager had sent us a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, including what the service does well and any improvements they plan to make. The PIR contained all of the information we requested.

# Is the service safe?

## Our findings

People told us that they felt safe living at the service. Their comments included "It's very safe here, they look after you very well" and "I'm a lot safer here than I was at home". People commented on the cleanliness of the service. Their comments included "They work hard to keep it nice and clean" and "It's always lovely and spotless".

Family members said they had no worries when they left their loved ones and they felt they were safe and in "Excellent hands".

Safeguarding policies and procedures were available within the service. These documents gave clear guidance and information as to what actions needed to be taken by staff in the event of an incident of abuse or suspected abuse. In addition, the policies gave guidance on the protection of children visiting the service. Staff told us that they had completed safeguarding training and records confirmed this. During discussions, staff knew what action to take if they thought that a person was at risk from any type of abuse. They gave examples of the different types of abuse and the signs and changes in behaviour that could indicate that a person may have experienced abuse. Staff knew that all safeguarding concerns needed to be reported to the local authority without delay and they were aware of how to do this.

A dedicated room was available on each floor for the storage of people's medication. We looked at the arrangements for people's medication on the ground floor. The storage facility was secure and contained locked cupboards, and medicine trolleys. Fridges were available to store medication that needed to be kept cool and a system was in place to record when refrigerated items had been opened. Controlled drugs (CDs) were stored securely and appropriate records were maintained. Controlled drugs are medicines prescribed for people that require stricter control to prevent them from being misused or causing harm. Medication for people in receipt of end of life care was stored in a separate cupboard and a system was in place to ensure that all medication for people was available immediately when they needed it. The room was clean and well organised and staff demonstrated that safe processes for ordering, storing and disposing of medication were in place. However, we found that the room was warm in temperature. We placed a thermometer in the room and when later checked, the temperature was recorded as 28c, which was above the recommended guidance for the safe storage of some medicines. In order to maintain their effectiveness medication is required to be stored below a specific temperature. Following this inspection the registered manager had continued to monitor the temperature of the medicines room to ensure that people's medication was being stored at the correct temperature.

Each person had a medication administration record (MAR) that detailed each item of their prescribed medication and the times they needed it administering. We looked at the MARs and saw that they had been completed appropriately. For example, staff signed the MARs when medication had been administered and a record was made in the event of a person refusing their medication. A number of audits had taken place to ensure that people's medication was managed safely. For example, weekly checks were carried out on controlled drugs in use and each person's medication was reviewed and audited every two months or more frequently if there were any changes. People told us that they received their medication at the prescribed



times.

Risk assessments were in place to help ensure that risks to individuals were identified and minimised. For example, people's care planning documents considered risks relating to falls, moving and handling and skin pressure areas. Risks to people were reviewed on a regular basis and care planning documents were updated as required to take account of any changes. This helped to ensure that people's needs in relation to risks were planned for and minimised.

A system was in place for recording accidents and incidents experienced by people. All recorded incidents and accidents were reviewed and monitored by the registered manager on a regular basis to minimise the risk of the incident reoccurring.

Procedures were in place to ensure that people could be safely evacuated from the service in the event of an emergency. Each person had their own personal emergency evacuation plan (PEEP) which considered their specific needs for example, their mobility. This information helped to ensure that people were safely supported out of the building in the event of an emergency.

There were sufficient staff available to safely meet people's needs. Throughout the inspection we observed people's needs being met in a timely manner, for example call bells were answered quickly. People told us that they had never had to wait very long for staff to respond to any requests and that there were always staff available to meet their needs. Family members said they found staffing levels to be appropriate and that staff were always available should their relatives require any assistance.

The environment was clean, fresh and well maintained. Equipment in use was safely stored away and within easy reach when it was needed. People and their family members all commented that the service was "spotless" and that the staff worked hard to keep it clean. Systems were in place to ensure that people's bedrooms were regularly cleaned, beds changed and mattresses turned. Records demonstrated that pressure relieving mattresses were regularly checked to ensure that they continued to provide the support people needed.

To help ensure people were protected from the risk of infection, infection control policies and procedures were available around the service. These documents gave clear written and pictorial instructions on infection control best practice. A member of staff had the role of infection control and hand washing champion. They were clear as to how they promoted good practice within the service. For example, regular checks were carried to ensure that staff were following best practice procedures within their role. As part of their role the infection control champion routinely asked staff to demonstrate how they are washing their hands and scored staff practice accordingly. Staff told us that people who used the service occasionally joined in these hand washing sessions.

Stocks of personal protective equipment (PPE) were available throughout the service and they were used appropriately. For example, staff used disposable gloves and aprons when they assisted people with personal care and when they handled soiled laundry. People told us that they felt their laundry was well managed and returned to them quickly and laundered to a professional standard.

A handy person was employed to maintain and carry out checks on equipment in use. For example, on hot water temperatures, fire detection equipment, hoists and wheelchairs to ensure that they were safe to use. All of these checks were recorded and any identified repairs were made. On our arrival to the service the handy person was carrying out a check on all lighting to ensure the service was well lit for the weekend.

Safe recruitment procedures were in place. We looked at recruitment files of the six most recently recruited staff. An appropriate application form had been completed and written references had been applied for and received. In addition, a Disclosure and Barring Service (DBS) had been carried out. Carrying out these checks minimises the risk of people being employed who are not suitable to work with vulnerable people.

## Is the service effective?

### Our findings

People told us that they were happy with the service they received. They said they thought that staff were trained enough to meet their needs and that staff knew them well. People told us that staff continually encouraged and motivated them to ensure that they maintained their independence wherever possible.

People were happy with the food served at meal times. They told us that they always had a choice of what they wanted to eat. One person told us "I was very thin when I moved here as I had lost all interest in life, I've now gone up three dress sizes as I now enjoy my food" and another person commented "Its decent food, you can have as much or little as you want". People told us that they chose to have their breakfast in their bedrooms.

The majority of people chose to have their lunch and evening meal in the dining rooms. We joined people for lunch during this inspection. Tables were set with glasses, crockery and all of the condiments needed. People were sat in seating that ensure that they could have their meal in comfort. Staff were attentive and explained the meal to people as it was offered to them. We saw that people chose different combinations of the menu available. For example, one person chose to have sandwiches instead of a hot meal. Another person had initially ordered battered fish but when it was served they asked for steamed fish. Staff were seen to carefully listen to people's requests to ensure that people received what they wanted. Staff explained the importance of promoting mealtimes as a social experience to encourage people to eat and maintain a healthy diet. People were seen to enjoy their food whilst chatting with others around the table and various choices of drinks were offered. Throughout the day people were offered a selection of hot and cold drinks. In addition, cold drinks were available in the communal lounges and people's bedrooms.

We spoke with the cook who demonstrated a good knowledge of people's likes, dislikes and specific food needs and wishes. Information was available in the kitchen relating to people's dietary needs, for example, people who had diabetes and people requiring a diet of a particular consistency. One member of staff held the role of diabetes champion. They explained that this role involved meeting with the cook and looking at different recipes. The staff member also told us that they involved people who used the service in baking a desert suitable for their diet.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest 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 for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were. The registered manager and staff demonstrated a detailed knowledge of the Mental Capacity Act 2005 and what the service needed to do to ensure that people's rights under the MCA were maintained. When required, applications had been made to the local authority in relation to Deprivation of Liberty Safeguard authorisations on behalf of people. A register was maintained by

the registered manager of all DoLS applications made, authorisations made and specific dates as to when the authorisations required reviewing or renewing. This register was important as it ensured that all DoLS in place were monitored, and reviewed at appropriate times to ensure that they remained within their legal obligations.

Where appropriate, staff had carried out assessments of people's ability to make specific decisions. Any decisions made in a person's best interest were recorded. In addition to the decision, the record also demonstrated people's involvement in the decision making. For example, what efforts had been made to involve the individual in the actual decision being made. Whenever possible, people's views on the decision made were also recorded. The use of these records demonstrated that people's rights were being maintained in line with the principles of the Mental Capacity Act 2005.

People told us their health care needs were being met. Records demonstrated that regular visits from the local GP services took place. In addition, people told us that they had access to a dentist, optician and chiropodist when needed. Records showed, and people confirmed that their weight and blood pressure was monitored on a regular basis as required. People in receipt of end of life care received checks on their comfort and health at planned times to meet their individual needs.

In order for people to receive appropriate health care, staff attended local meetings with local tissue viability specialist nurses, infection control nurses and end of life forums at the local hospice. Staff were encouraged and empowered to have lead roles within the service. For example, staff had lead roles for tissue viability, oral health, continence and infection control. This meant that people received up to date care and support from staff who were knowledgeable in current best practice.

Staff told us training was always available and that they were encouraged to attend. They spoke enthusiastically about the training opportunities they had been given. For example, one member of staff told us that they had completed a course at the local hospice in hand massage which they had found really beneficial as people enjoyed it and found it relaxing.

In addition to bespoke training for staff, training records demonstrated that staff had received training which included safeguarding, care and communication, Mental Capacity Act 2005, fire safety, infection control, client handling and continence.

Staff received regular opportunities to sit with their line manager to discuss their role. In addition staff received an annual appraisal which gave them the opportunity to discuss their development for the next 12 months. Staff told us that they felt very well supported by the registered manager and felt that they could approach her at any time for assistance or guidance.

## Is the service caring?

### Our findings

People told us that they felt they were extremely well supported by a caring team of staff who were dedicated to providing an excellent service. They told us that they were always treated with respect and that they had developed excellent relationships with staff over time. People's comments included "They are lovely to me, very caring and considerate", "You just need to mention something and it gets done" and "I couldn't ask for a better service, they are wonderful".

One person told us that prior to moving into the service they were socially isolated, disinterested in food and felt like they had "Given up". The person told us that after just a short time of living at the service they had gained weight, and had made many friends. They told us that they could not have done this without the continual support of the staff team.

Family members commented "The service is outstanding", "Staff are fantastic, great and they can't do enough". Three family members told us "Staff are outstanding". One family member told us that they had visited the service unannounced on three occasions prior to their relative moving in. They told us that on each visit they were welcomed and found all staff "Knowledgeable, transparent and such a help at a difficult time". All family members told us that the staff team went above and beyond their role to ensure that people were comfortable.

Throughout our visit we found a very relaxed, friendly and calm atmosphere throughout the service. People were sat in groups chatting amongst themselves and with staff and visitors.

We were told of many examples which showed elements of outstanding caring practices. For example, we were told that staff supported a person during the night to contact their family members on the other side of the world by telephone. People were encouraged to bring their own personal books, photographs and personal keepsakes with them when they moved into the service, this was to help people create their own individualised living area within their bedroom. For example, a kettle or small fridge. Visiting family members told us that this encouragement had helped their relative to settle into their new living environment quickly having their own person cherished things around them. Another family member told us of the emotional support she had received from the staff team when her relative had moved into the service. They told us that staff had made both them and their relative very comfortable from day one and offered constant support in talking through everything that was concerning them. The family member explained that they had found the whole process of their relative needing to move into a care home extremely difficult and the staff team, with their actions and reassurance had made it a positive experience.

People had the freedom to move around the service and they had access to all communal areas both inside and outside the building. This helped people make and maintain friendships with others and experience the different environments within the service, increasing stimulation and minimising the risks of social isolation.

A new outside garden area on the first floor ensured people had safe and easy access to the outside. The garden area contained plants and flowers which people tended to and in addition they grew their own

vegetables and fruit. A selection of seating areas were available to meet people's needs. This area allowed people and their visitors to enjoy the outside space, experience fresh air, the elements, different smells and textures to stimulate their senses in comfort and safety. People were seen to access this area independently during our visit and one person was seen to pick a strawberry to eat. People also had access to extremely well maintained gardens stocked with beehives, trees, flowers and shrubs to offer a relaxing but stimulating environment to sit. People told us that they enjoyed sitting in the garden when their family members visited and one person told us that they visited the garden daily. A family member told us that they regularly walked around the gardens with their relative to have private time whilst enjoying scenery.

Throughout the day we saw staff were extremely kind, gentle and caring in their approach when supporting people. They spoke to people in a respectful and calming manner. Staff were seen at all times to respect people privacy and dignity. For example, when a person requested to visit the bathroom urgently, staff responded quickly and in a manner that maintained the person's dignity. Another person was experiencing some confusion and had forgotten the name of their friend they wanted to go and sit with. A member of staff gently calmed the person and offered reassurance by putting their arm around them, they then proceeded to name all of the people sitting in the lounges whilst slowly walking around until the person was able to identify who they wanted to sit with. Staff demonstrated a detailed understanding of their need to at all times offered a caring and compassionate service to people. It was evident throughout our visit that staff were proud of their role that they had in ensuring people received care and support of a very high standard.

People's needs and wishes in relation to expressing their individuality were respected by staff. We saw that people were extremely well dressed. For example, gentlemen were wearing shirts and ties and it was evident that others had spent time co-ordinating their outfits. People wore their jewellery, broaches, perfume and make-up. Staff knew how important it was for people to look their best at all times whilst at the same time respecting their choices and individuality. People told us that staff assisted them to coordinate their clothing and always supported them to "Look and feel nice". A manicure set was available in each person's bedroom which helped people to care for their nails whenever possible. People's nails were nicely manicured and they told us that staff always supported them in keeping their hands well-manicured and "Soft to touch".

People were treated with respect and dignity during mealtimes. Staff were seen to offer this support to individuals' requiring support to eat their meals in a gentle encouraging manner whilst maintaining the person's dignity. For example, staff positioned themselves next to people around the table so that they could offer the support needed in a discreet and unobtrusive manner. People were not rushed and staff engaged in conversation whilst offering support. Staff sat with the people and spent time encouraging them to eat and talking to them.

The majority of people using the service were in receipt of nursing care. We saw that most people were ambulant and independent moving around their home throughout the day. Staff were proud to share how they supported people to maintain their independence. They told us that a large emphasis of the care and support they delivered was based on encouraging people to maintain their physical abilities and psychological health. They told us they did this by promoting self-worth, encouraging people to dress for the day and to have a purpose in life.

People had the opportunity to continue to follow their faith and religious denomination whilst living at the service. We saw that several services were held each week with representatives from local churches that offered people the opportunity to take communion. In addition, several 'rosary meetings' were held each week. In addition, another person was supported by the local community and staff to attend a weekly Jehovah's Witness meeting. People told us that they were able to attend any of the faith services as they

were always welcomed.

People were encouraged to discuss any advanced decisions that they had made about the care and support they wanted as they approached their end of life. These decisions were recorded in people's care planning documents so that staff were aware of people's wishes. In addition, people's information in relation to decisions relating to DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) were contained in care planning documents and the information was available in people's bedrooms. Having this information readily available helped ensure that people's wishes were known and respected at their time of death.

The service had been awarded the Gold Standards Framework (GSF) Beacon status for the second time and had been short listed for the GSF Care Home of the Year 2016. Five bedrooms were designated for people who were in receipt of end of life care. We saw that these bedrooms were spacious, light and airy. Dimmer switches had been added to enable people to have the lighting in the rooms at a level that was comfortable for them. The rooms contained additional chairs and pull out beds with bed linen for family members to stay in comfort with their relative as and when they wished. Staff had designed and made small bags that contained toiletries, tissues, toothpaste and toothbrushes that were given to family members spending time with their relative. This enabled them to shower and 'freshen up' at the service whilst spending precious time with their relatives. The rooms were also equipped with hot drink making facilities and a fridge for their convenience.

Prior to a person moving into the service to receive end of life care the registered manager insisted that all anticipatory medication (medication that people may need as they approached their end of life) was available at the service. The registered manager told us that this was essential so that people could receive all the support they required to remain pain free. In addition to prescribed pain management a number of staff had received training in alternative therapies to relieve people's stress and promote their comfort. These therapies included massage, relaxation and reiki. Staff spoke with passion and dedication about the need to ensure that people experienced a calm, relaxed pain free death.

People's bedroom doors had a coding system to ensure that staff were aware of a person's needs and wishes. For example, a red dot on a person's bedroom door demonstrated that a DNAR CPR was in place for the person. People in receipt of end of life care had the symbol of a swan on their bedroom door. A member of staff had carried out research to identify an appropriate symbol to indicate end of life. The swan was chosen as it is a symbol of 'good life' on another continent. This demonstrated staff commitment to ensuring people received the care and support they required at the end of their life.

Staff took an active interest in helping people to have a peaceful, dignified death. They told us that it was important as this was the last thing you can do for someone. Staff spoke with care and compassion and explained that when someone died they dressed the body appropriately and always placed a flower on the sheet. Staff spoke strongly of ensuring that whenever a person died they always accompanied them as they left the building.

The registered manager gave presentations at the local Hospice to specialist nurses about the end of life care provided at the service, and was an active member of the area end of life forum where best practices was shared amongst others. Other care homes had also visited the service to learn good practice and was seen as a learning forum for others.

Each year a Forget me Not service was held at Parr Care Home for family members and friends to remember their loved ones. The service for 2016 had taken place in August and had included hymns, poetry and prayers in celebration of people's lives. In addition, on the anniversary of each person's death a card was

sent to family members from the staff at the service. One member of staff had the responsibility for keeping a remembrance book up to date to maintain a memory of all of the people who had died. There were a large amount of letters and cards from people praising the service and staff and the file for the Gold Standards Framework demonstrated how the service had achieved this for the second year running.

Following the death of a person, other people living at the service and family members had access to bereavement counselling to support them in their loss. Information relating to this counselling service was available around the service.

We saw that staff respected people's confidentiality. Personal care records were kept securely in locked cabinets to ensure that people's information was kept safe. When not in use, these cabinets were locked.



## Is the service responsive?

### Our findings

People and their family members confirmed they knew about their care plan and that they were involved with discussions and reviews relating to their care and support.

People told us that they had a choice of whether they wished to get involved in any activities and outings planned.

People who used the service and their family members knew who to speak to if they had a complaint about the service.

Prior to a person moving into the service a needs assessment was completed by the registered manager or a member of the nursing staff. The purpose of this assessment was to ensure that the service had the facilities to meet the needs of the individual. The assessment gave the opportunity to assess and record people's physical, nursing and personal care needs. Information from this assessment contributed to the person's care plan. People moving into the service to receive end of life care had their needs assessed by the registered manager. This assessment included ensuring that the person met the requirement of the Clinical Commissioning Group (CCG) and in addition, that end of life medicines were prescribed prior to the person being admitted. This helped ensure that people's needs could be met as soon as they moved into the service.

Each person also had a care file that were extremely well organised. Each file contained the relevant documentation for DNACPR directives, risk assessments in relation to moving and handling, pressure sores, falls and nutrition. People's care plans were clear, simple with the majority of information being person centred. For example, clear information was recorded in relation to people likes and dislikes, whether they wore glasses or a hearing aid, the most effective place to stand when communicating with a person, how they liked to be bathed and equipment needed to support the person when care was being delivered. People's care plans were reviewed on a monthly basis or more frequently if a person's needs or wishes changed. Records demonstrated that people and where appropriate, their family members had been involved in regular care reviews.

A 'This is my Life' booklet had been completed by people. The booklet gave people the opportunity to record their life journey, important relationships, previous working life and family members. Staff told us that they found completing this information with people had given them an insight into individuals' life before they moved into the service.

A small traditional sweet shop at the service was stocked with jars of sweets which people could buy. In addition, a mobile shop that was managed by volunteers was taken around the service on a regular basis which included sweets, chocolate and toiletries for personal care. Both these facilities enabled people to make their own choices to purchase things they may like.

A small tea room had been recently developed. Each afternoon a number of people were invited to attend

afternoon tea. The purpose of this was to provide a quiet environment for people to enjoy each other's company and to alleviate loneliness of people who may choose not to socialise in the larger communal lounges. People who had attended afternoon tea told us that they had enjoyed the experience and the opportunity to sit speaking to people.

People told us that they enjoyed the activities available, both inside the service and planned trips out in the community. On the day of this inspection we spoke with people who had received hand massages. People were pleased at how soft their hands were and told us that they had found the experiences very relaxing. Other people told us that they enjoyed the art, craft and baking sessions. In addition to planned activities, other items were available to stimulate people both visually and psychologically. For example, one lounge had a rummage box containing fabrics of different textures. Another lounge had a large portable electronic photograph album that people were seen to watch and another room had a fish tank. People told us that a 'Pets as Therapy (Pat) dog visited the service and they enjoyed spending time with the dog as it brought back memories of animals they had previously owned.

Communal lounges had a number of televisions for people to watch. To ensure that people could watch comfortably a hearing loop system was in place and all of the televisions were synchronised to avoid people experiencing a distortion in sound. We spent time in the lounges and were able to experience the clear sound from the televisions.

A monthly newsletter was produced for people that included information about what was happening in and around the service, articles for the season for example, the up and coming harvest festival, puzzles, a diary of activities and 'getting to know your neighbour'. This section of the newsletter gave people the opportunity if they wished, to share their life story and events with others.

People who used the service and their family members knew who to speak to if they had a complaint about the service. They felt that they would be listened to and that their complaint would be investigated quickly. Copies of the service's complaints procedure were available around the building. The registered manager had a system in place to acknowledge and respond to any complaints made. The details of any complaints would be assessed and when an area of improvement was identified, action would be taken. No formal complaints had been received by the service within the past 12 months.

## Is the service well-led?

### Our findings

The registered manager had been in post for over 10 years. She demonstrated an in-depth knowledge of the needs of people who used the service as she was involved in the initial assessment of individuals' needs through to the planning and reviewing of people's needs. In addition, she had an excellent knowledge of the abilities and skills of the staff team. The outstanding caring approach at the service was underpinned by the strong leadership of the registered manager.

People and their family members knew who the registered manager was and told us that they could approach her at any time. People comments included "She's lovely", "Always around and about" and "She's smashing". One family member told us they thought the registered manager "Was a gem" and another told us she "Mucks in".

There was a strong ethos of caring throughout the service which was demonstrated by all staff. This ethos was driven by the registered manager and staff team who continually explored ways in which the service could improve people's day to day life. For example, the development of the sweet shop enabled people to identify with items from their past and gave them the opportunity to purchase their own items independently. In addition, the introduction of the tea room was based on the recognition of people wanting a small quiet area to sit with others, chat and enjoy the afternoon experience. The development of the upstairs balcony garden gave people further opportunity sit and enjoy fresh air safely.

The registered manager shared her detailed knowledge both within the service and to other local services. For example, she had delivered training to the local hospice staff in relation to end of life care. In addition, other services within the area had visited to observe the level of service delivered at Parr Care Home.

A clear line of accountability was in place. The registered manager had a clear ethos in giving the staff team an opportunity to develop in their roles, by delegating responsibility and accountability to all staff at all levels. She felt this was important as this gave them important things to do to improve and develop the service. The registered manager had a rewards scheme for staff which was used to acknowledge work staff had carried out. The registered manager sent letters of thanks to staff for their achievements.

Staff provided us with excellent feedback as to how the service was managed. They praised the registered manager for her commitment and drive in supporting the staff team to provide an excellent service. In addition, staff told us that they were always supported to develop their skills, specialisms and education with the full support of the registered manager.

The registered manager recognised and promoted the importance of robust monitoring systems within the service. Quality monitoring systems were in place to continually assess and develop the service people received. Regular audits were carried out within the service to ensure that people received safe and effective care. These audits included people's care plans, infection control, safety of the environment and medication. All audits were checked by the registered manager and where required changes were made to improve the service. The quality monitoring systems were under pinned by current best practice. It was

evident that these regular checks and audits were extremely effective in maintaining a safe, comfortable place for people to live and that people's care and support was planned and delivered effectively. In addition to the monitoring systems in place, the registered manager had a commitment to sharing current best practice within Parr Care Home and to other local services and health care professionals.

An effective system was in place to ensure that people received a consistent and effective staff team to deliver care and support. The registered manager told us that in the event of staff sickness, the team changed their shifts to ensure that the required number of staff were on duty at all times. They felt that this system helped provide continuity for people and it had resulted in the service not needing to employ agency staff during the day for the past 15 years. The registered manager spoke proudly of the flexibility, adaptability and caring approach of the staff team.

Daily meetings took place with the registered manager and nursing staff to ensure that important information relating to people's care needs was communicated. These meetings helped ensure that any changes to people's needs and wishes were planned for to ensure that individuals received the care and support they needed at all times. Monthly meetings took place for all staff for current issues to be discussed along with any changes in best practice that needed to be incorporated into the service. Staff having access to up to date information and changes to best practice helped ensure that people received safe, effective care to meet their needs.

In the event of a death of a person who used the service, the registered manager had a clear system in place to offer support to the staff team. This included reflection of the person's death on the day with the staff involved in supporting the person. A further discussion took place the day after the death to support each other further. In the event of staff requiring some time due to being affected by a person's death, a quiet area was available for them to go and sit.

All of the staff were extremely proud of the service they provided at Parr Care Home. We found a culture of mutual respect, openness, transparency and commitment within the staff team that was outstanding. The quality of the service was important to all staff spoken with. They all described the vision and values of the service and there was a common sense of ownership and pride.

The registered manager and staff had a clear direction and knowledge of what they needed to do and how they needed to behave to deliver a quality service to people who used the service and their family members. Staff were eager to share what their roles entailed and how they had developed this. For example, one staff member had undertaken a university course to improve their learning in relation to their nursing role.

The registered manager had autonomy in the overall management of the service. She felt very well supported by the registered provider who visited the service often. The registered manager formally met the registered provider once a year to discuss and plan the budget for what was required for the forthcoming year. The budget included redecoration and refurbishment of identified areas and for 2016 the development of the upstairs balcony garden which had been achieved.

To promote the inclusion of people in decision making within the service a number of people had participated in interviews for the recruitment of new staff. We spoke with two people who had carried out interviews and they both said that they had enjoyed the experiences. One person told us that they had told the candidate a joke at the beginning of the interview and they appeared nervous. They said that it was good to be able to assess and comment on a person's ability to deliver good care. One person told us that following one set of interviews two candidates were "Neck and neck". They told us that they were involved in the deliberations about which of the two people to employ. A decision was made between all members of

the interview panel to employ both people.

The service had outstanding links with the local community. This included working closely with local GP services, religious institutions and undertakers. We saw that health care professionals had written complimentary letters about the service delivered at Parr Care Home. For example, one local GP had written to the registered manager about the service one of his patients had received at the service. Their letter included "I attended the nursing home on a few occasions and would like to congratulate you on the level of nursing care and compassion that was displayed to our patient" and "It's is refreshing to see such high levels of excellence in nursing home care". Another GP had written in relation to the end of life care delivered at the service "During the last year several of our patients have died after terminal illnesses at Parr Nursing Home and in each case their care has been exemplary".

Outstanding links had been formed with three local schools. For example, children from a local high school visited the service regularly and joined in activities with people such as sewing and textile designs. People who used the service and the children had recently designed, made and presented blankets with pockets for use by people living with dementia for them to store their personal effects. This school was working with the service to design and create a sensory garden area on a piece of land currently unused next to the service. Another local school visited the service on a regular basis to run baking and bingo sessions with people. A further local school often invite people who use the service for a coffee morning.

To gather people's views and suggestions about the service individuals are sent an annual survey. The last completed survey demonstrated that 84% of the surveys were completed. People were invited to comment on areas which included the overall quality of service they received, respectfulness of staff, the level of privacy, the amount of choice people have, staff, the environment and security of the service. Most of the feedback rated the service as either excellent or good. A summary of the findings of the survey was available for people and their family members to read.

Comprehensive policies and procedures were in place which offered direction and best practice guidelines within the service. These procedures were reviewed on as regular basis, or whenever there was a change in best practice guidance or legislation. The registered manager understood the importance of having up to date procedures to ensure that people received their care and support in the safest way possible, Staff were able to access these documents around the service. All staff spoken with were aware of where to locate these policies and procedures.

By law services are required to notify the Care Quality Commission of significant events. Our records showed that the registered manager always informed the Commission of all notifiable events in a timely manner. This information was always detailed and demonstrated what actions the registered provider had taken to keep people safe.