St. Martin's Care Limited

Park View Care Home

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

Park View Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Park View Care Home can accommodate up to 65 people in one adapted building across three floors. At the time of the inspection 59 people were resident, some of whom were living with a dementia.
We last inspected Park View Care Home on 29 July 2015 and rated it good overall. During this inspection we found Park View Care Home continued to be 'good.'

People and their visitors were very complimentary about the caring nature of the staff team. We were told people were well cared for, respected and treated with dignity. We observed warm and compassionate relationships between people, visitors and the staff.

There was a culture of mutual respect across the staff team and management. Senior management were positive about the team approach. The registered manager was supported to develop the team and improve the quality of the care and support provided.

Staff understood how to safeguard people from abuse, and were able to explain circumstances which would lead them to raise concerns. Complaints were recorded and investigated and people told us they would be comfortable raising any concerns. Accidents and incidents were logged and analysed, and action had been taken to minimise the risk of reoccurrences. Lessons were learnt in relation to concerns and new systems had been introduced to improve the quality of the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems in the service support this practice.

A new chef was in post and work was being completed with people to develop a new menu to ensure they received a well-balanced diet, which also met their preferences.

Medicines were managed safely.

Staff worked with other health care professions to ensure people received ongoing health care. Advice was included within care plans and people and visitors told us GP's were accessed when needed.

People and visitors told us they were involved in care planning and making decisions about the care they would receive. Care records were personalised and included information on people's life history, preferences, interests and hobbies. This information was used by the activities co-ordinators to develop activities that were of particular interest to people.

Ensuring people received appropriate and respectful end of life care was important to the staff team. The deputy manager explained how important it was that people's wishes were respected and that the person and their family were well supported.

Risks were appropriately assessed and people were supported to take positive risks such as playing football. Environmental risks were assessed and appropriate measures were in place to prevent and control infection.

A refurbishment plan was in place to develop each floor and ensure the environment was suitable to meet people's needs. This was especially important for those people living with a dementia. People told us they had been included in the decision making about the décor and were able to personalise their rooms as they chose to.

Staffing levels were maintained above the 'safe' level indicated by the dependency tool. Recruitment processes were robust and people living at Park View Care Home were included in interview panels and making decisions about employing new staff.

There was a shared vision for the future of Park View Care Home, which included the ongoing provision of high quality, person centred, specialist care and support. People, their relatives and staff were engaged and involved in service improvement. The governance framework was effective in driving improvements.

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 remains good.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service has improved to good.

A registered manager was in post who was well thought of by people, relatives, the staff team and the senior managers.

There was a shared vision for Park View Care Home which included continuous improvements.

A quality assurance framework was in place which was effective in developing the service, alongside the inclusion of people, relatives and staff.

Park View 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 was 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 comprehensive inspection took place on 11 December 2017 and was unannounced. This meant the provider did not know we would be visiting. A second day of inspection took place on 15 December 2017 which was announced.

The inspection team was made up of one adult social care inspector, a specialist advisor who was a nurse and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority commissioning team, Clinical Commissioning Group and the safeguarding adult's team. We contacted the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with 12 people living at the service and five visitors. We spoke with the registered manager, the deputy manager and the nominated individual. We also spoke with ten care staff, including three senior care staff, the activities co-ordinators, a kitchen assistant, the maintenance officer and the training manager.

We pathway tracked four people, including their care and medicine records, and also reviewed medicine records on the Daffodil unit. We reviewed six staff files including recruitment, supervision and training

information. We also reviewed records relating to the management of the service.

We looked around the building and spent time in the communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

We spoke with people and visitors about whether they felt safe. Comments from people included, "Oh yes, we are safe," "I do feel safe here, they are caring," and "Oh yes, definitely safe, it is a lovely place." Visitors also confirmed this and said, "[Family member] is safe here" and "I think so because they (carers) are very caring." People and their visitors told us they knew how to raise a concern and would feel comfortable to do so if necessary.

One care worker told us they kept people safe by, "Getting to know the person, reading their care plans and observing them." They explained what would lead them to raise concerns. They said, "I would look for changes in character, if they weren't eating, any bruising or marks. I would trust my gut, query it, tell a senior and be factual."

A safeguarding log was in place which provided a summary of any concerns and the action taken. Internal monitoring ensured all appropriate people had been informed of the concern, the outcome, investigation and any lessons learnt.

Care records included a document titled, 'Keeping safe and free from abuse.' This advised staff on the key areas of risk for the person and provided some specific information such as, 'hourly observations to ensure safety and whereabouts.'

Risks to people were identified and risk assessments were in place to manage and minimise the risk of harm. These included an assessment of falls, choking risk, moving and handling and bed rails. Recognised tools were used for the assessment of skin integrity and pressure care and the management of risks of malnutrition and dehydration. We saw positive risks were also assessed, for example for one person who chose to play football.

Falls diaries were kept for each person so there was a very clear and accessible history of any falls the person had experienced. A review of each fall was documented to ensure the appropriate care plan and risk assessment was in place. It also identified whether any equipment was required or used and whether there had been referrals to the GP, hospital or falls team. The outcome of referrals was recorded.

We looked at the management of medicines. People told us they were happy with the support they received with their medicines. People said, "I get my medication when I need it" and "I get the right medication cream at the right time." A visitor said, "I see them giving him his medication when I visit. It is given with water and they make sure he has taken it." We observed staff administering medicines and saw they always brought the person a drink of their choosing and stayed with them whilst they took their medicines. The staff member said, "I would never leave them (whilst taking medicines)."

Medicine records included good practice guidelines in relation to medicine administration, as well as a copy of the medicine policy. Front sheets had summary information including GP contact details, allergies and sensitivities. There was specific guidance in place for the administration of anti-coagulants and protocols

were in place for people with a diagnosis of diabetes.

Medicine administration records (MARs) were completed when medicines had been administered and coding was used if people had refused their medicines. Some people had hand written MARs which had not been signed by two staff. It is good practice to ensure this happens to ensure the records are correct. We checked the MAR against the prescribing instructions and the information was correct and appropriately detailed. We raised this with the registered manager who offered assurances it would be addressed.

Some people were prescribed medicines which are controlled under the Misuse of Drugs legislation because they may be liable to misuse. These medicines are called controlled medicines or controlled drugs. All medicines, including controlled medicines, were managed safely and in line with The National Institute for Health and Care Excellence guidelines (NICE).

We spoke with the registered manager about lessons learnt if things had gone wrong. They said, "We have changed the medicine process and the pharmacist. We use NICE guidance and do a daily check and a full audit on a monthly basis. This is going well."

Premises safety was managed appropriately. Relevant safety certificates were in place such as an electrical installation condition report and gas safety checks. Annual servicing and inspection had taken place for the fire system, emergency lighting, nurse call and lifting equipment. Risk assessments were documented and the registered manager explained there were plans to improve this and develop an approach which was more specific to Park View Care Home. The maintenance officer said, "I did a risk assessment course and I'm going to be the health and safety champion. All new risk assessments will be rolled out."

A business continuity plan ensured staff had access to support with regards to the action they needed to take in the event of an emergency. This included the fire evacuation procedure and action to take for gas leaks and power cuts. It included safe working practices should the electricity supply to air flow mattresses be disrupted. This meant the risk to people was mitigated.

An infection control champion was in place and a range of personal protective equipment was available and used by all staff. An infection control file contained all the necessary information needed in the event of an infection breakout. For example, information from the public health agency and NHS in relation to the management of any infectious outbreaks such as norovirus. There had been a recent case of an infection which had been well documented and managed. A compliment on the management of the breakout had been received from the infection control team.

We reviewed the staffing levels. People told us they thought the staff knew them well, although there were some mixed views. One person said, "The carers all have time to talk to me and know what I like." Another person told us, "They come when you press the button no bother, they are marvellous." However another person said, "They have not really got time to chat." A visitor said, "Generally speaking yes (there's enough staff) only on the odd occasion they are short staffed." Another told us, "My [family member] presses the buzzer and they are here in a maximum of one or two minutes." Our observations were that staff had time to sit with people and have a chat. People's needs were met at their pace and we did not see anyone waiting to have their needs met.

Two staff members told us they thought the Daisy floor needed an extra member of staff. They said, "Staff will come up and give you a hand. Two people need one to one support with meals so if the senior is doing meds it doesn't leave anyone else." We raised this with the registered manager and director of care. The director of care said, "The activities co-ordinators support at meal times as there are no activities then. They

are fully trained the same as care staff."

A dependency tool was used to provide the registered manager with a calculation of a 'safe' level of staffing. The registered manager said, "I can override the safe level if I feel more staff are needed. The senior management team say it's our home, we are responsible so we have the autonomy to do this." We saw that staffing levels were above the safe level indicated on the dependency tool.

Safe recruitment practices were followed which included an application form and interview. People were included on the interview panel and the registered manager confirmed that their views were taken into consideration in the decision making process. References were sought and verified and a disclosure and barring service check (DBS) was completed before any one commenced in post. DBS checks are used to enable employers to identify people with a criminal record and make appropriate decisions to ensure only suitable people are employed to work with vulnerable adults.

Good

Is the service effective?

Our findings

People's needs and choices were assessed and care and support was delivered in line with current legislation. For example, specific guidance was in place from recognised organisations to ensure best practice was achieved. This included guidance from the Health and Safety Executive, and the Medicines and Healthcare products Regulatory Agency in relation to the use of specialised equipment, such as bed rails and profiling beds.

A training manager was in post, who explained how they kept up to date with legislation and best practice and used this in their training. For example, they explained how safeguarding training included modern day slavery and self-neglect. A care worker said, "There's more than enough of it. It's good training and it's necessary." The deputy manager said of their training, "It's all up to date, I'm doing leadership training, I will do anything really as it changes so much. The staff always turn up for training, as we all want to know about it." The registered manager said, "They (training manager) provide late training for the night shift so they all attend. It can be difficult sometimes for night staff so this is much better."

A training matrix was in place and we noted some areas of training such as first aid, food and nutrition, and mental capacity and Deprivation of Liberty Safeguards (DoLS) had low attendance. The registered manager explained that the matrix was only updated once certificates had been received. They were able to show that the training had been completed and that mental capacity and DoLS were included within the safeguarding training.

Inductions for new staff included the completion of the care certificate self-assessment tool which led to the development of a personal development plan. The care certificate provides a set of standards that that all social care practitioners should adhere to. Staff completed a six month probation with review meetings held at one month, three months and a final review at six months. Following probation staff attended supervision meetings to discuss their performance and development. The training manager said, "Our passion is progression for staff. We do personal development plans to understand where people want to develop their skills. We offer a full day shadowing a deputy if people are interested in management progression."

A supervision and appraisal log was in place which evidenced staff attended supervision, however they were not evenly spaced throughout the year. The registered manager said, "We aim for every couple of months for supervision but it depends on what staff need. They are doing a good job and will come and see me if there's concerns. My door's always open." The staff we spoke with confirmed they felt well supported and able to approach managers with any concerns or queries. One staff member said, "Management are very approachable. They have worked their way up from care staff so know what it's like on the floor. It makes a big difference as they understand."

The deputy manager explained that they were not on the rota to deliver care but they did work on the floor. They said, "I work the floor so people can go out. I also like to know about people and I can see changes and see what they are doing day to day." By doing this it meant staff felt appreciated but also that the deputy manager was aware of people's needs and could work with care staff to deliver effective care and support. A

care worker said, "People get the best care, nothing is a bother. We have understanding management who work on the floor, a good team and we pull together."

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Appropriate applications had been made and authorised, and the registered manager confirmed there were no conditions on authorisations.

One visitor said, "[Registered manager] notified me about Deprivation of Liberty. I was concerned as I wasn't sure about this. They and social services explained it to me and I am happy with it." Another visitor said, "We had a meeting about DNR (Do Not Attempt Cardio Pulmonary Resuscitation order DNACPR) and it's on the records."

We observed people were actively supported and encouraged to make day to day decisions wherever possible. Staff were very natural in their approach in seeking the consent of people before any intervention was made. One staff member said, "It's about people making decisions for themselves." The deputy manager said, "It should be their home, obviously some people have DoLS in place but if they are trying to leave they obviously want to be somewhere so I say to the staff get your coat on and take them out."

People told us they felt their day to day health care needs were met and they had access to health care professionals. One person said, "Yes, they look after me if I am off colour. If you need one a doctor will turn up and someone comes to do my feet." Another person said, "I had a cough last week, they called the doctor to check everything was clear. I also get cream when I need it." Visitors said, "They do take care of [family member's] health needs" and "Everyone is involved in their health care."

Records documented any concerns in relation to people's health and we saw health care professionals had been contacted as required. If people had the involvement of consultants, the district nurse or speech and language therapy professionals, records were kept of each visit and any guidance provided was included within care plans.

People's nutritional needs had been assessed and, where relevant, dieticians were involved. The registered manager said, "The meal time experience is very important, if you get good food it makes it more enjoyable." They added, "It's a social occasion as well." People were complimentary about the food. One person said, "I get a choice of meals, it is all very nice." Another person said, "It is nice and they come and talk to you when they are serving the meals." Another person said, "I find the food good and you have a good choice of afters." Another person commented they were putting on weight because the food "Is great!" Visitors were also complimentary. One visitor said, "At meal times I have seen people rush to get in (to the dining room). It looks good, Sunday lunch looks beautiful and for a fee you can sit and eat with them. I have never seen [family member] leave anything." Two people told us they were not enjoying their meal. The registered manager told us they were in the process of changing the menu and consulting with people about their

choices.

We saw two people were enjoying eating their meal with their fingers. We asked if any specialised equipment was available for the two people. A care worker said, "We have foam cover cutlery and angel cups (cups with handles) but they haven't been assessed for them yet." Staff communicated throughout meal times about people's needs and preferences. Staff also checked with the person whether their meal was okay and offered alternatives if requested.

Menus were being reviewed with the head chef and the people living at Park View Care Home to ensure their preferences were met. Once the menu was finalised we were told pictorial menus would be available for people to support them with choosing what they would like. Meal times were well spaced out throughout the day and mid-morning snacks, afternoon tea and supper were available.

A refurbishment plan was in place. One person said, "I am getting new curtains for Christmas and I am going to ask the maintenance man to help with the curtain rail." Another person said, "It is warm here, they have underfloor heating and I got a new carpet on Monday." The registered manager said, "Upstairs is to be dementia friendly, we have memory boxes and bedroom doors look like front doors, we are also trying to get relevant murals, it's a work in progress."

There were three floors, each named and themed after a flower. This supported people with orientation and added a bright and summery feel to each floor. We saw some rooms, dining areas and lounges had been refurbished to a high standard with the needs of the people taken into consideration. A schedule of works was in place and some improvements were also tracked on the service improvement plan.

People were able to personalise their rooms as they chose to with family photographs, personal pictures and furniture of their choosing. One visitor said, "They both have a Christmas tree in their rooms."

Good

Is the service caring?

Our findings

We spoke with people and their visitors about the care they received. Everyone we spoke with felt they mattered, that staff listened to them and that they were spoken with appropriately and in a way they understood. Comments from people included, "The carers are nice to me," "I settled in straight away," "The carers are all lovely" and "They (staff) are all very good here, always understand you, they are smashing." One person said, "It's all good stuff, they look after me very well." They added, "The staff are lovely and kind, it's canny in here. The girls are good, we are well cared for." Another person told us, "The staff are brilliant, they know all about us and they do talk to us." Comments from visitors included, "They are all good, go the extra mile. If you ask for anything they always get it for you", "They (staff) are brilliant. They have a good sense of humour, it's brilliant" and, "I didn't think [family member] would stay here, but she has settled in very well." Another visitor said, "You can't fault their friendliness, to be truthful they love [family member] to bits" and "The staff are brilliant as they are caring."

The atmosphere was warm and welcoming, and staff had a positive and caring approach. Staff clearly knew people well and engaged them in a range of conversations dependent on the person's interests and needs. We observed there were lots of smiles and laughter and appropriate touch and gestures of kindness and care. People and staff were relaxed with each other and care was provided in an unhurried and gentle manner.

Two members of staff said that a member of their family was resident at Park View Care Home. The deputy manager said, "My [family member] is here. I trust the staff wholeheartedly. You can't get a better recommendation than that."

Everyone we spoke with felt their dignity and privacy was respected. We heard one member of staff say, "Shall we just go and powder your nose?" and added to others in the room, "We'll be back soon." We observed staff knocking on bedroom doors and asking if it was okay to enter before going into people's rooms. One person told us, "They always knock on the door. They are very nice and very good like that." Another person said, "Yes, when I had shower this morning the carers closed the curtains for me. It's a lovely place." We were also told, "I feel they treat me with respect and dignity." Visitors confirmed this view and comments included, "Definitely respectful, they knock on the door and they ask me if they can have five minutes while they change him. I wait outside. They are very respectful, even the domestic staff, they ask is it okay for us to hoover today." Another visitor said, "At the beginning [family member] didn't like having a wash or a shower. I was amazed how they looked the next day when I came in; the carer had given them a wash and got them to have a shower, now they do so happily."

We observed lunch time was a relaxed occasion. Some people chose to eat in their rooms and were served their meal on a tray and other people attended the dining room. The support offered to people was appropriate to their needs and they were not hurried in any way.

People told us their family and friends could visit them anytime. One person said, "My family comes here nearly every day." Another person said, "Definitely, they are very welcoming." Visitors said, "I can come

anytime and they always greet you and talk to you." Another said, "This is my [family member's] home, I can be here 24 hours a day if I wish. They always keep me informed of everything."

Other visitors also told us how they were kept up to date and involved. Comments included, "I am involved in everything and they call and inform me" and "Since [family member] has come here the carers have called the doctor, I gave my permission and I am kept up to date." Another visitor said, "I am kept up to date with everything. They gave me all the files, I read them to him so he knows everything and has signed them." We were also told, "The staff come in and talk to us" and "Sometimes they have time for a chat, we had a chat this morning about Christmas." Another visitor said, "Since [family member] first arrived a carer took him under his wing and devotes time to him. They do take care of him."

A comments log was in place which documented any feedback from people, relatives and visitors. Examples included, 'Person not positioned correctly' it was recorded that action was taken and staff had been spoken with. Other comments were positive, for example, a visiting professional had written 'A very pleasant visit, staff warm, friendly and knowledgeable' and a relative had written, 'Thank you for your quick thinking and rapid response.' There was a record of any actions and outcomes, such as feedback being shared with the staff team.

Good

Is the service responsive?

Our findings

People told us how they were involved in care planning and that their independence was encouraged and maintained. One person said, "Yes we talk about my care and what I would like." Another person said, "When I came from the other home we talked for two hours about my care. We have a file with everything in it." Another person said, "It's not long since we had a review." A visitor said, "Yes, he has a care plan, we both talked with them (the staff) about this."

Some care plans included the signature of the person and/or a family member who had been involved in the development of the plans. The registered manager explained that they had recognised that asking family members to sign each plan was a big task. They had developed one form for family to sign to say they whether they had been consulted and involved in their loved ones care plan. The same form was also used to record whether the family member wished to be involved if there were any changes needed to the care plan.

Pre-admission assessments had been completed and contained details of people's needs and preferences. This information was then used to develop care plans and risk assessments which were appropriate to meet people's needs.

Care plans were person centred and included information on 'what you need to know' and 'what you need to do to meet my needs'. They were specific to each person and their level of independence. People's preferences for how they wanted to be supported were recorded and this was appropriately balanced with how they needed to be supported.

Care plans were in place for areas included personal hygiene, continence, medicines, nourishment and movement and mobility. Communication care plans guided staff on how to ensure understanding and include people in decision making. Relationship circles were used so staff understood the person's family and friend connections. There was also information on how to support people to maintain their relationships and friendships. Care plan summary documents were completed to give an overview of the care plans which were in place. We saw this was also used to review the person's needs, and if there were any changes the information was updated on their care plan and risk assessment.

The registered manager said, "We are in the process of changing all the care plans to make them more person centred. They will be more focused on the resident and have more detail. It's a work in progress as there is always room for improvement." They went on to explain that senior care staff wrote the care plans with the involvement of the care staff, the person and their family, if appropriate.

The deputy manager spoke with us about end of life care and told us they were the end of life champion at Park View Care Home. They explained how they had attended training with the palliative care team and had a special interest in ensuring people were treated with dignity and respect at the end of their lives. They said, "People shouldn't be left alone, I slept here for three nights as one gentleman said to me, 'you won't leave me alone will you?' I made sure they had everything they wanted." They added, "It isn't a job, we genuinely

care. It's about what they want, when and how. I will try and re-arrange the rota so the person's favourite staff can be with the person." They also explained that as soon as they were aware a person was nearing the end of their life a meeting would be arranged so staff could put whatever the person wanted into place.

We saw end of life care plans were in place, where appropriate. They were written in a very empathetic, caring way and were clear and concise, guiding staff on the care for the person, and their family, in the ways they wanted.

Care records included information on people's life history, including the people and places that were important, their likes and dislikes. One page profiles were used to provide a summary of the things that were important to the person, how best to support them and what others liked and admired about them. The information from people's life histories was used by the activities co-ordinators in planning activities. The registered manager said, "We have three activities co-ordinators, they cover weekends, bank holidays and evenings." They added, "One is also coming in on Christmas Day."

We saw some people had therapy dolls which are used for comfort and support. The registered manager said, "It works wonders." They also said, "There are plans to have a mural of the outside, we have someone who is going to build kites with some residents so this can be included in the mural."

One of the lounge rooms was being converted into the Wagon Way Pub. The registered manager explained this was being developed for people who did not want to go out to the pub so they could still have the experience. This room looked out over the locality and had views of the local community which people also enjoyed.

One person said, "The school children are coming in for the choir service, I like the Christmas Carols." Another person said, "We made things for the Christmas stockings." Another person said, "We have been doing exercises, singing for the brain and Christmas Carols." A fourth person said, "We are always going on outings." A relative said, "The activities lady came yesterday and talked to us for about two hours, to find out about [family member] and what they liked to do." Another relative said, "[Family member] is never bored here, they give them things to do." Another visitor told us, "There is singing, movies, music and pantomimes." We noted one of the staff member's children was involved in the Saturday tuck shop which people enjoyed. One of the activities co-ordinators said, "I love my job here, I'm always ready to provide activities and entertainment for our residents and I have great support from the manager and the team is brilliant."

A weekly edition of The Daily Sparkle was available to support the activities co-ordinator and for people to read and reminisce. The paper included reminiscence articles including 'On this Day,' 'The way we were' and 'Do you remember.' The Weekly Sparkle is a framework around which people and staff can bond and discuss shared experiences and past memories.

People told us they would feel comfortable to raise a concern or complaint with the manager. Those who had done so told us they were happy with the outcomes. One person said, "At first they didn't get the time of my medication right, my relative complained and now they get it right." Another person said, "We have a book which tells you about complaints. I raised a complaint about a carer and it was sorted out." Another person said, "I haven't had any need, I would go to the manager and talk to them if I had any problems." People's visitors also confirmed that they knew how to raise a concern and if they had done so they were happy with the outcomes.

A complaints log was in place that documented whether the concern was a safeguarding issue or a dignity

issue in addition to being a complaint. Complaints were investigated and outcomes recorded, for example a care plan had been reviewed in response to a concern around dignity.

Compliments were also logged and shared with the staff team. There were many thank you cards and acknowledgement letters, which included comments such as, 'Thank you for looking after [family member] so well, their second home' and 'Thank you for all the care, help and support you gave to [family member] and to all of us.'

Good

Is the service well-led?

Our findings

At the time of the last inspection, well-led was rated requires improvement. A manager was employed however they had not made an application to register. This meant the registration condition to have a registered manager was not met, so although the service was well-led, this condition limited the rating to requires improvement.

At this inspection a registered manager was in post and was registered with the Commission. 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 was aware of their responsibilities and had a clear vision for Park View House. This included the continued provision of personalised care, positive outcomes for people and specialised care for people living with a dementia. Some staff were attending additional training to become 'champions' in various aspects of care such as dementia and skin integrity.

There was a culture of information analysis to look at lessons learnt and identifying areas for improvements. This included analysis in relation to any safeguarding concerns, complaints, accidents and incidents as well as looking at the experiences of people and staff. For example, there was an increased understanding of mental capacity and safeguarding following one incident. There was positive engagement with the training manager to ensure training was bespoke to Park View Care Home. This meant staff were better equipped to meet the needs of the people they were supporting.

There was also engagement and partnership working with other agencies. For example, work was ongoing with a charity that works with people living with early onset dementia to develop their life history and life story. The senior managers had also attended training run by Helen Sanderson Associates who describe themselves as, 'A social enterprise, working to create person-centred change by transforming how we think, plan and meet together. We work internationally to embed person-centred practices into the heart of organisations and communities – creating better lives together.'

Relatives and residents meetings were held which gave the opportunity for people and their family members to share feedback and ideas about the care that was provided. Relatives were involved in activities, fundraising and developing community involvement. People and their relatives had been involved in discussions around the menus, staff uniforms, activities and the décor and refurbishment of the home.

We spoke with people, visitors and staff about the management. People told us, "Yes, [registered manager] is really good" and "[Registered manager] and [deputy manager] who are here now have done marvellous." People also commented, "I see [registered manager], he is around if you want to see him" and "I was throwing snowballs with [registered manager] earlier in the week!"

Visitors also confirmed that the registered manager and deputy manager were known to them and had a presence around the home. We observed the registered manager and the deputy manager spent a

significant amount of their time with people and care staff, and people very clearly knew the management team well. People told us of the staff team, "Yes, they work well together" and "They communicate well with each other." Visitors said, "They work well together and they communicate and all read the reports."

We also spoke with staff about the approach of the senior management team. The deputy manager said, "Their heart's 100% in it for us to be the best we can be." They added, "Senior managers are fantastic. They are always there and do whatever is needed. They always have the answer for things as well." The registered manager said, "Senior managers are very supportive and always available." The maintenance officer said, "It's a lovely home to work in. [Registered manager] and staff are lovely, so are the residents, I get on well with them."

We asked staff what the best things were about Park View Care Home. The deputy manager said, "Everything! I can't fault anything, the team work, the passion. If the staff are happy it means we have happy residents. We are proactive in dealing with things, there are no faults."

No one we spoke with thought any improvements or changes were needed. The deputy manager said, "It's the best place I've ever worked, the building is happy and the staff are happy."

A range of audits were completed in line with the provider's quality assurance framework. Areas for improvement had been identified and we were able to see that the required improvements had been made.

Clinical governance reports were completed on a monthly basis which included an audit of falls, bed management and weight loss. The individual action taken in relation to each person was documented and we saw the responses were appropriate. For example, referrals had been made to the dietician, GP or speech and language therapist.

In addition, a continuous improvement plan was in place which included all the required actions from the audits. This was updated on a monthly basis. A risk indicator was used so it was easily identifiable if the actions taken had decreased the risk, or if circumstances had changed and the risk had increased. In this way actions were able to be prioritised so those of higher risk were addressed first.

A range of meetings were held to engage the people using the service, their relatives and the staff in the involvement of the service. Meetings called '10 to 10' meetings were held twice a week with the heads of departments to discuss admissions, people with priority needs, catering, house-keeping and maintenance issues. This served to ensure any concerns were discussed and actioned in between the routine staff meetings. Handovers were also discussed at each shift change and each person's health and wellbeing was discussed.

The deputy manager said, "We show the importance of paperwork by using examples. If there are concerns we look at them together in terms of the paperwork so we all have the same information and can identify improvements." The director of care said, "We are really proud of the staff. We have a 'task and finish group'. They are involved in the documentation and how it works for them as they are the people who have to use it." The management team as a whole said they were most proud of, "The homely environment thanks to the staff and the team." They also said, "100% progression, positive feedback, the communication, it's a positive environment and we are confident any concerns would be raised with us." The director of care said, "The turnaround is down to [registered manager], [deputy manager] and the team. There's no turnover of staff, the quality is second to none, we train the staff and there's senior management support and presence, including form the owner."

The registered manager said, "We have a good team, a new head chef who has had some nice comments. I have an administrator which makes the job a lot easier."