

Park Manor Limited

Park Manor Limited

Inspection report

Park Manor
8 St. Aldhelms Road
Poole
Dorset
BH13 6BS

Tel: 01202764071

Date of inspection visit:
11 September 2019
12 September 2019

Date of publication:
01 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Park Manor is a residential care home providing personal care to 32 older people. The service can support up to 37 people. There are 19 bedrooms split across three floors in the main house and 12 apartments linked to the home via a corridor.

People's experience of using this service and what we found

Medicines at Park Manor were not always managed safely. We found that the necessary quantities were not always available and that staff administering medicines did not always follow instructions detailed on people's Medicine Administration Sheets. This meant that people sometimes went without their prescribed medicine.

Quality monitoring systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. The management were not always clear about their roles and did not always make staff feel valued or appreciated. Concerns were raised about the operational managers approach.

People told us they were happy and felt safe living at Park Manor. Relatives said staff had a good understanding of their loved ones needs and preferences. Risks had been identified and measures put in place to keep people safe.

Staff listened to what people wanted and acted quickly to support them to achieve their goals and outcomes. Staff looked to offer people solutions to aid their independence and develop their skills.

Staff were trained and skilled. They worked with people to overcome challenges and promote their independence. Equality, diversity and human rights (EDHR) were promoted and understood by staff.

People, professionals and their families described the staff as caring, kind and friendly and the atmosphere of the home as relaxed and engaging. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received pre-admission assessments and effective person-centred support. The service was responsive to people's current and changing needs. Regular reviews took place which ensured people were at the centre of their support.

People, relatives and staff spoke highly of the registered manager and felt they led the home well. They described the registered manager as; "Firm, fair and approachable".

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 17 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified two breaches in relation to the management of medicines and quality monitoring systems at Park Manor.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Park Manor Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one inspector and an Expert by Experience on day one and one inspector on day two. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and met with three relatives and one professional.

We spoke with the registered manager and three senior care staff. We met with eight staff including maintenance, care staff, activities and the head chef. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality audits, the service improvement plan and complaints.

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.

We walked around the building and observed care practice and interactions between support staff and people.

After the inspection

We asked for training records, data and policies.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely;

- Medicines at Park Manor were not always managed safely. We found that over the last four weeks four people had run out of prescribed medicines. This meant that these people went without medicines for between three and 10 days.
- Medicine was not administered as directed by the GP for one person. This medicine should have been administered twice a day. On review of the persons Medicine Administration Record (MAR) sheet we found that this was only administered once a day.
- Two senior staff told us they did not know the person was prescribed the medicine twice a day. This indicated that staff did not always read MAR sheets prior to administering medicines.
- The registered manager told us that senior staff should know who is prescribed which medicines and that it was the senior's responsibility to reorder medicines before people run out of stock. The registered manager said they had overlooked that the person had not been administered their medicine twice a day when doing their audit.
- Where people were prescribed medicines they only needed to take occasionally (typically referred to as PRN), guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

We were told that as a result of the person not receiving their medicines for 10 days they had become uncomfortable and agitated. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they would ensure they met with the senior staff and discuss our findings. All senior staff would complete a competency refresher led by the registered manager. Medicine administration times would be highlighted on people's individual MAR sheets. The registered manager also mentioned that they would introduce a daily MAR sheet and stock check.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse

- Staff told us there were not enough staff. However, people, relatives and professionals told us there were. The registered manager told us that staffing numbers had dropped by one each shift because the number of people in the home had reduced.
- People, relative and professional comments included; "Staff are always popping their head into my room to check if I am all right", "I am never rushed, the staff always support me with a smile, the staff cannot do enough for me, always willing to help me when I need it" and "There always seems to be plenty of staff for [relative] which is reassuring".

- The provider operated a safe recruitment process. Recruitment checks were in place and demonstrated that people employed were safe to work with vulnerable adults, had satisfactory skills and the knowledge needed to care for people.
- People, relatives, professionals and staff told us systems were in place to keep people safe. For example, external doors were secure, policies were in place and care plans were clear.
- People and relative's comments included; "I feel very safe, the staff know what they are doing and look after me very well", "Having lovely staff that pop in to check on me makes me feel safe and not forgotten. I know I am well cared for" and "I used to worry all the time about my loved one. Them being here gives me peace of mind. I now know they are safe and well looked after".
- Staff could tell us signs of abuse and who they would report concerns to both internal and external to the home. There were posters around the home giving the telephone numbers of the local safeguarding team.
- There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes and learning.
- Relatives, professionals and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to.

Learning lessons when things go wrong; Assessing risk, safety monitoring and management

- Risk assessments were in place for each person for all aspects of their care and support. These were reviewed regularly and in response to people's needs changing. People's repositioning, food and fluids records were accurate and in line with the persons agreed risk plan. Staff had a good knowledge of people's risks.
- Assessments included clear instructions for staff on how to minimise the risks for people. Each assessment was arranged to show the care the person needed, what the risks were and the outcomes. The assessment then gave instructions to the staff of safe ways to work to reduce or eliminate risks.
- Learning was shared through staff meetings and handovers. Staff told us they communicated well together, and they were supported with this by the registered manager.
- Regular fire and health and safety checks were completed by the home's maintenance person. A person said, "The handy man will pop in every few days to make sure everything is OK. He even makes sure that my grandfather clock is wound up".
- We found that the home did not have a business continuity plan in place. These inform staff what actions to take should a situation occur such as; a gas leak, flooding, severe weather or multiple staff sickness. The registered manager told us they would put one in place. During day two the registered manager had started to put one in place.
- Annual safety checks were completed by external professionals such as gas safety and portable appliances.
- People had Personal Emergency Evacuation Plans (PEEPs) which guided staff on how to help people to safety in an emergency.

Preventing and controlling infection

- The home was visibly clean and odour free. A person said, "They [domestic staff] keep the home and my room very tidy".
- There was a domestic team, infection control policy and cleaning schedule to ensure risks to people, staff and visitors from infection were minimised.
- Staff had received infection control training and understood their responsibilities in this area.
- There were hand washing facilities throughout the home and staff had access to personal protective equipment (PPE) such as disposable gloves and aprons. We observed staff wearing these during both days of the inspection.
- The service ensured a high level of hygiene was maintained and checks were completed. Regular infection control audits were completed by the management the next audit was due to be completed. The registered

manager told us this will be completed by the end of September 2019.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The registered manager told us staff supervisions were out of date and were currently being scheduled. However, staff told us that they felt supported and that they could request meetings with the registered manager or senior staff at any time.
- Staff told us they received appropriate training to enable them to fulfil their roles. A staff member told us, "We do a lot of training for example, dementia, infection control, first aid and fire. We are all doing our diplomas in health and social care too. I'm doing my level two".
- We met with the in house moving and assisting trainer who also worked as a carer. They said, "I have completed my train the trainer course. In addition to training the staff I complete people's moving and assisting assessments".
- There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- A new staff member told us, "My induction involved shadow shifts for about a month. It was good, and everyone has been welcoming". A person said, "the staff are very knowledgeable and know what they are doing and the way I like things done".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There was a clear referral and admissions process in place which ensured people received pre-admission assessments and effective person-centred support during transition between services.
- We met with a relative who was complimentary about the transition of their loved one from their home to Park Manor. The relative said, "Transition went very smoothly and [relative] has settled in well. The registered manager came out and assessed [relative's] needs and was very nice, helpful and professional".
- The home had recently started to use an on-line paperless system which staff told us was effective. A staff member took us through how they recorded care delivered and support given via a tablet. The registered manager showed us that alerts could be sent to all staff which kept staff up to date.
- People's needs, and choices were assessed, and care, treatment and support were provided to achieve effective outcomes.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food at Park Manor. One person told us, "The food is very good, the choices are the things I like". Other comments included, "There is a good variety. I get three good meals a day and I don't have to cook them" and "I am a very fussy eater and they do their best to accommodate me".
- We observed a positive meal time experience where people were supported respectfully to eat. For

example, one person was not showing any interest in eating, a member of staff came and sat with them and using hand over hand, encouraged the person to eat. After being shown what to do the person carried on eating their meal independently.

- Staff understood people's dietary needs and ensured these were met. Where nutritional needs had been assessed, clear guidelines were in place. The home had recently reviewed people's food likes and dislikes.
- The home employed a chef and a kitchen assistant. They were aware of people's needs and safe swallow plans were in place. The chef told us they sought feedback from people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. Recent health visits included GPs and district nurses.
- A professional said, "I visit people and then discuss it with the senior staff or registered manager who record it".
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.
- Staff were knowledgeable about people's needs and the importance of working with others. A relative told us that their loved one's hand had recently swollen. They went on to explain that the staff were quick to contact the GP who visited, and it is all fine now.

Adapting service, design, decoration to meet people's needs

- Park Manor was a large manor house which had several features. However, the registered manager told us the home was tired in areas and required updating. We were told that resources had been made available for refurbishing and updating the environment.
- The home was accessed by people across three floors using the stairs or a lift. It had been adapted to ensure people could use different areas of the home safely and as independently as possible.
- Rooms were split across the main house and in adjacent apartments. All rooms had en-suite shower rooms. The apartments were larger spaces with sitting areas and balconies. One apartment had a kitchen area.
- The main home had a large lounge, two separate dining areas, and a quiet room on the ground floor. There was a large patio and garden area which all had level access. One person said, "I go out in the garden when it's really warm, the carers are lovely to me".
- People were encouraged to bring their own belongings and furniture into the home. Notice boards around the home displayed information and matters of interest.
- During the inspection we observed instruction posters which had been printed, laminated and stuck on walls and doors around the home. These did not add to the homely feel of Park Manor. We discussed these with the registered manager who took them down.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The home met the requirements of the MCA. MCA assessments had been carried out for people in relation to their care needs and consent for photographs. This meant people's rights were protected.
- MCA assessments had been carried out, the home held best interests' meetings for people. Records showed involvement of the person, family members and professionals.
- Applications had been made under DoLS as necessary. The registered manager had a DoLS tracker in place to ensure applications were made before authorisations expired.
- People and their relatives told us staff asked their consent before providing them with care. A person said, "The staff always ask me before they help me".
- Staff had received MCA training and were able to tell us the key principles. A staff member said, "Nothing is done without their [people's] permission".

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People, professionals and relatives told us staff were kind and caring. One person said, "The staff are lovely. They are very caring and polite, I could not ask for more" another person told us, "The staff always come down to my level to talk to me. This shows respect and kindness".
- Relatives and professionals' comments included; "I've been coming here for a year now. Staff are attentive to needs and respectful", and "Staff are lovely, really caring. [Relative] say's such lovely staff look after me".
- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. Training records showed that all staff had received training in equality and diversity.
- The registered manager told us they had received several compliments. We read some that were recorded. One, from a relative read, 'Thank you all Park Manor staff for your patience, love and care. You are an amazing care team. Another read, 'Thank you [registered manager name] and your staff for the wonderful care you gave our [relative]'.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were able to express their needs and choices and staff understood their way of communicating. A staff member said, "We give people options to support them to make decisions. For example, show them different items of clothing".
- Relatives were pleased with the care their loved ones received. One relative said, "I am very happy with the level of care. Everyone is so lovely".
- People were treated with respect. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately.
- A staff member said, "During personal care we close doors and curtains. We always talk people through tasks like washing and dressing".
- Promoting independence was important to staff who supported people to live fulfilled lives. A staff member told us, "It's all about enabling and supporting people to keep their independence. I would hate to take that away from them".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs. A relative said, "When my loved one arrived, they were not very mobile and only able to walk a few paces. But with the support of the registered manager and staff, they are now able to get around the home, with a walker. It has improved their wellbeing and they are more independent".
- The registered manager told us that they were working with the online systems provider to make plans more personalised and relevant to people.
- We found that outcomes for people were clear and guidance for staff was in place to enable people to meet those outcomes.
- Staff explained how they put people at the centre of their care and involved their relatives in the planning of their care and treatment.
- The registered manager told us that regular review meetings took place with the local authorities, families and people. A relative said, "We all get together once a year and my loved one and I have the opportunity to discuss any changes".

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home had a programme of activities for people to enjoy. This was organised into a daily planner with additional activities for people to take part in once a month. The activities were advertised in the home.
- People and staff told us they enjoyed the activities. A person said, "I know what activities are on and can chose if I want to take part".
- We observed an activity that involved people sitting in a circle and using racquets to hit a balloon to each other. Everyone taking part had a big smile on their face. The Activity coordinator told us that apart from having fun it helps to keep people active.
- People were supported to develop and maintain relationships to avoid social isolation. This included contact with those important to them including family, friends and other people living at the home.
- The registered manager told us that they welcomed couples and had double rooms within the apartments and in the main house.
- Family members were welcomed, and people were supported to make friendships. A relative said, "We are always made to feel welcome. We are offered drinks and can meet with [relative] in any of the many reception rooms".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that people's identified information and communication needs were met.
- Staff understood people's communication needs and ensured that glasses were clean and hearing aids were maintained.

Improving care quality in response to complaints or concerns

- The registered manager told us they welcomed complaints and said, "I see complaints as positive. They are a learning opportunity".
- The service had a complaints procedure in place; this captured the nature of complaints, steps taken to resolve these and the outcome. At the time of our inspection there were no live complaints.
- We found that complaints had been fully investigated, outcomes discussed with the complainant and where necessary improvements made.
- People and relatives told us they knew how to raise concerns and make complaints. One person said, "I know who to talk to, but I haven't had any reason to complain. It is so nice here". A relative said, "I would discuss any concerns with the registered manager. They would definitely listen".

End of life care and support

- People's end of life wishes had been explored by the service.
- At the time of our inspection no one was receiving end of life care.
- The home had received a compliment from a relative following the loss of their loved one. It read; 'Staff who supported [name] during the end of their life were fabulous. They treated them with dignity, respect and compassion'.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Senior care staff, the registered manager and operations manager were not always clear about their responsibilities. Senior care staff were not all clear about their role in re-ordering medicines and there was no deputy manager support for the registered manager.
- The registered manager covered all roles on a weekly basis, from day to day management and running of the home to covering for care staff and senior staff during sickness, annual leave or vacant shifts.
- The registered manager told us that at times they struggled to juggle all these roles and keep on top of her general home manager duties. We were told that the provider had frozen the deputy manager vacancy.
- We were told the operations manager came in six times a month and can sometimes take over the daily running of the home as appose to the general oversight. Staff told us that this caused confusion and anxiety at times.
- The operations manager told us they attempted to work one shift a month on the floor. This allowed them to observe staff practice and provide staff support.
- There was no clear provider oversight from the nominated individual or operations manager of Park Manor to ensure improvement actions had been completed by the registered manager. This meant quality monitoring systems were not always robust or effective and did not identify gaps which were found during the inspection.
- Actions were not always set following shortfalls found in audits. For example, the health and safety audit found over the past 12 months that the service did not have a business continuity plan in place however, no action had been set to complete this.
- The service worked from individual action plans which meant there was no clear paper trail to reflect action had been completed in a timely way. This meant some actions may be overlooked and improvement not made.
- A positive culture was not always promoted by the senior management. Staff did not always feel valued or motivated in their roles but told us that the people they supported at Park Manor kept them there.
- There were concerns raised about the operation managers approach and interpersonal skills. Comments included; "[Operations manager name] puts staff down in front of other staff and people. This at times can involve shouting at them". "If [name] takes a dislike to certain staff they will pick on them" and "The operations manager is hard to approach. Great with people but not respectful to staff".
- The operations manager told us they felt the feedback was untrue and believed that they were "firm but fair in their approach".

We found no evidence that people had been harmed however, quality monitoring systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. The management were not always clear about their roles and did not always make staff feel valued or appreciated. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that they would look at senior care staff roles and responsibilities and meet with the operations manager to determine clear roles between them. We were informed that a service improvement plan would be created which would pull all actions into one working document and that the need for deputy management support would be discussed with the provider.

Following the inspection, we received an action plan from the registered manager. This demonstrated a responsive approach and commitment to wanting to improve.

- The registered manager knew about their duty to send notifications to external agencies such as the local authority safeguarding team and CQC where required. This is a legal requirement to allow other professionals to monitor care and keep people safe.
- People, relatives and staff were complimentary about the registered manager. Comments included, "The registered manager is really lovely and great with people. They never shut themselves in the office and communicates really well with us", "I love [registered manager name]. they are firm but very fair. Very approachable and great with people who live here. They always acknowledge good work and have time to say thank you" and "The registered manager is lovely. Very friendly. Seems to manage the home well and be a good manager".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of duty of candour. The registered manager said, "Duty of candour is about being open and honest, owning up to mistakes. Apologising and learning from mistakes. We have done this recently".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People informed us that there were residents meeting every month. During these people are kept up to date with events and can voice their opinions.
- A family member told us that there are family meetings although they do not attend.
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- Regular staff meetings took place which gave staff an opportunity to discuss topics, follow up on actions set in previous meetings and discuss the people they were supporting.
- The service sought people's feedback through questionnaires. The registered manager showed us that this year's questionnaires were printed and about to be sent out to people, staff and stakeholders.

Working in partnership with others

- Park Manor worked in partnership with other agencies to provide good care and treatment to people.
- Professionals fed back that partnership working was positive. A professional said, "I work well in partnership with Park manor. Information is always available, and people know why I am here".
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines at Park Manor were not always managed safely. We found that the necessary quantities were not always available and that staff administering medicines did not always follow instructions detailed on people's Medicine Administration Sheets. This meant that people sometimes went without having their medicines.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality monitoring systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.</p> <p>The management were not always clear about their roles and did not always make staff feel valued or appreciated. This meant staff did not always feel valued or motivated in their roles.</p>