Yorkare Homes Limited

Beverley Parklands Care Home

Inspection report

Beverley Parklands
Beverley
North Humberside
HU17 0RA

Tel: 01482866166
Website: www.yorkarehomes.co.uk

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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?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

This comprehensive inspection took place on 17 and 21 September 2018. The first day was unannounced. This was the first rated inspection of the service since it registered with the Care Quality Commission (CQC) in September 2017.

Beverley Parklands 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.

The service is a purpose-built home and is registered to accommodate a maximum of 77 people who require personal care. The home has four floors and accommodation was provided over three of these during the inspection. The second floor provides care to people who live with dementia. Each bedroom has en-suite facilities. There were 59 people living at the home when we inspected.

At this inspection we rated the service as 'Outstanding' overall.

The home had a manager who was registered with the Care Quality 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.

There was a warm and open atmosphere upon entering Beverley Parklands. The service had a clear management structure, with an experienced registered manager and two unit leaders. They worked closely with staff, and observed the care being provided. People, their relatives and staff were confident in the leadership of the service which they described in terms such as, "A very well run place", "Having high standards" and "Very family orientated."

During our discussions with activities staff and review of records we saw detailed information which demonstrated an exceptional understanding of the importance of activity and stimulation for people. Activity staff went to great lengths to understand people's wishes. People were encouraged to do things they enjoyed and found meaningful, and this included social activities based on people's past hobbies and occupations. The range of activity available meant that people enjoyed a life with their social needs extremely well met. Assistive technologies were used creatively and innovative technologies enhanced people's experiences.

The registered manager had strong values relating to the quality of the care being delivered. There was great emphasis on continually striving to improve the service. Improvements were identified through consultation with people, relatives and healthcare professionals involved with the service through informal chats, meetings, reviews, and surveys. This showed that the registered manager and provider placed a high value

on meeting the needs of people and their relatives.

We saw evidence of a co-ordinated approach to peoples care delivery with other professional organisations. This meant the care people received was person-centred and specific to each individual living at Beverley Parklands.

The service strove for excellence through reflective practice at all levels. There was a variety of checks of different parts of the service to ensure people received a high quality, safe service, and to bring about any improvements that were needed. The home worked in partnership with other organisations to make sure they were following current best practice and providing a high quality service.

The staff we spoke with were familiar with the needs of people living at the home. The registered manager and dementia unit leader kept up to date with best practice in dementia care and ensured this was adopted by the staff. The second floor environment had been designed to promote the independence and wellbeing of people who lived with dementia. There was plenty of communal space, lounges, and a dining area available to people, as were quiet areas where people could sit in peace. There was access to outside space and fresh air on an enclosed balcony with seating areas and various plants.

It was clear that staff were passionate and committed to support people to live a fulfilling life. We saw people and staff laughing and smiling together. Staff responded to their colleagues with equal respect and kindness. People were given choices and offered opportunities to spend their time however they wished. Staff treated people with dignity and respect and were genuinely warm in their interactions with people. Relatives were greatly involved in the service and were encouraged to use the variety of facilities available.

There were enough staff to ensure people's needs were met safely and staff had time to spend time with people. Staff were aware of infection control measures and the service was clean and well maintained. Accidents and incidents were monitored by the provider and used as an opportunity for learning. Medicines were managed safely, and people received good access to other healthcare services when required.

The provider's recruitment process had evolved and improved since the home had opened. People who used the service were encouraged to participate in the interviewing process for potential employees.

We saw that people were cared for and supported by qualified and competent staff who were regularly supervised and appraised regarding their personal performance. Staff told us they felt well supported by the registered manager through training, and meetings where their views were listened to.

People enjoyed the meals provided and the choices available to them. People were encouraged to stay well hydrated and eat well.

People's ability to make decisions was assessed and where people lacked the mental capacity to consent to their care and welfare actions were taken in their best interests. The registered manager had taken appropriate action when people did not have the capacity to consent to their care or treatment. Applications had been made to authorise restrictions on people's liberty in their best interests.

Care plans were personalised and individual to the person. Staff developed life history documents with people and their families. This helped staff to understand what was important to people. Care records were reviewed regularly, or when people's needs changed.

The provider ensured the building was safe by completing a number of safety checks on a regular basis.

Continuity plans were in place to ensure staff knew what actions to take in the event of an emergency.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff demonstrated a clear understanding of the signs of neglect and abuse. They knew what action to take if they suspected potential abuse was taking place.

There was an open culture of learning from mistakes. Incidents, accidents and safeguarding concerns were managed promptly and investigations were thoroughly completed and recorded.

Risks to people's health and wellbeing had been assessed and reduced in the least restrictive way possible.

People were supported by sufficiently deployed numbers of staff who had time to spend with people.

Medicines were managed and stored safely, and people received them as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by suitably trained staff and care was delivered consistently.

Staff worked in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were clearly understood and correctly applied.

People's needs were thoroughly assessed and support plans were in place to ensure people's needs were met effectively.

People received on-going healthcare support from a variety of healthcare professionals. Staff supported people to eat and drink enough.

Is the service caring?

Outstanding

The service was outstanding.

People and their relatives told us that staff went above and beyond their expectations to provide them with person-centred care. People were made to feel they mattered.

Staff were compassionate and kind and had built strong relationships with people they supported.

Staff took an approach which respected people's dignity and human rights. This had been well embedded in the service. Staff demonstrated empathy and an understanding of the different needs of people living at the service.

Staff showed great respect for people's privacy and dignity.

Is the service responsive?

Outstanding ☆

The service was outstanding.

People were supported to enjoy a wealth of activities which improved their wellbeing. Staff were always willing to go that extra mile to help ensure people fulfilled their wishes.

The range of activities, events and excursions and that took place were well thought out and tailored to people's individual aspirations and preferences. People enjoyed their life at the home and were supported to live it to the fullest.

People received extremely person-centred care from staff that treated them like family. Staff had the skills and knowledge to understand people's health conditions and responded to people in a positive way.

People's well-being and individual needs were actively promoted. People were fully involved in planning their care and support, and their views and wishes were listened to and acted on.

People and their relatives were greatly involved in day to day life and changes at the service. Concerns and complaints were listened to, respected and acted upon.

Is the service well-led?

Outstanding ☆

The service was outstanding.

The provider, registered manager and staff were committed to providing outstanding high quality care. The registered manager promoted strong values which was supported by a passionate

and committed staff team.

There was a strong emphasis on striving for excellence, and to continually improve the service. The management team had led by example, and provided leadership which had created a positive culture within the home.

There were clear lines of responsibility within the home's management team in relation to monitoring quality and performance. Auditing systems had been developed and were operated to help drive improvement across the service.

The service was an important part of the community, and had developed good community links to ensure people could live as full a life as possible.

Beverley Parklands 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 17 and 21 September 2018 and was unannounced. The inspection was carried out by four inspectors on the first day, and one inspector on the second day.

Before the inspection, we checked the information we held about Beverley Parklands Care Home. This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived at the home. We also contacted the contracts and safeguarding departments at the local authority, and Healthwatch East Riding. Healthwatch is an independent consumer champion for health and social care. This helped us to gain an overview of what people experienced living at this service.

We reviewed 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.

As part of the inspection we spoke with eight people who lived at the home to find out about their experiences of the care and support they received. 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 spoke with three visiting relatives, ten staff members including the operations director, registered manager, residential and dementia unit leaders, quality assurance manager and the clinical lead for the organisation. We discussed care with a visiting healthcare professional, and received feedback from another

professional after the inspection. In addition, we spoke with a further five relatives over the telephone.

Good

Is the service safe?

Our findings

People we spoke with told us staff supported them to keep safe whilst living at the service. Comments included, "One night I was quite ill. The staff were very good and prompt and got me help" and "They [staff] have asked if I will consent to having my skin checked every week [as self-caring]. I have agreed to this."

Relatives we spoke with said they felt their loved ones were safe. We were told, "[Name of person] had big issues with their skin [before they came to live at the service]. Staff have creamed their skin every day and do their back. Their skin is now healthy" and "Without a doubt [person is safe]. They have been there [service] around nine and a half months and are loads happier in themselves – [person's name] was calling us and others to do things for them all the time before they went into Beverley Parklands – on a recent visit I passed [name] the mobile phone and they said, "oh I don't need that now."

People were safeguarded from harm. Staff followed the provider's guidance for the safeguarding of vulnerable adults and we saw concerns were referred where necessary following the local authority safeguarding procedures. All staff had received training in safeguarding vulnerable adults as part of their induction training.

Staff had a good understanding of how to protect people from abuse. They were aware of their responsibilities to report any concerns about people's safety, and knew who to report to. One member of staff told us, "Any safeguarding alerts are currently done by [name of unit leader]. Senior staff are to have training on completing safeguarding alerts." Another said, "Concern forms are submitted online [to the local authority]. We will document concerns or ring up the safeguarding team."

Staff had the skills and abilities to recognise when people were at risk from behaviour that could challenge them and others, or that they needed positive support from staff and other healthcare agencies. One member of staff told us, "If there have been any issues between people we have allocated one to one staff and started 15-minute observations. Safeguarding protection plans have been put in place for some people. Others can be easily distracted by gaining their attention and redirecting this." Records we reviewed confirmed this.

Risks to people were assessed and managed in the least restrictive way possible. We saw examples where the service had supported people to take positive risks to maintain their independence as far as possible, such as continuing to smoke and enjoy safer levels of alcohol. Risk assessments covered areas such as moving and handling, falls, malnutrition, risks of pressure sores developing and the use of bed rails. Risk assessments were reviewed regularly.

When we spoke with members of the management team they openly gave us examples about how themselves and staff had learned and made improvements to practice when things had gone wrong. For example, we saw an issue had been raised in terms of staff signatures for medicines on the dementia unit. This process had been reviewed and a decision made to continue with two staff signing the medicine schedules to ensure service user and operational safety. As this process differed from the residential unit,

supervisions were completed with all senior staff to ensure they were aware of this change to improve practice.

Individual accidents and incidents were recorded and reviewed each month by the registered manager. These were analysed with the preventative action taken to reduce the risk of recurrence. Summaries were completed so that any trends would be highlighted.

The provider was proactive in managing the health and safety of the environment. An external safety manager from the local authority had visited the service at the providers request to oversee the health and safety systems in place. We reviewed a comment left by the external safety professional which said, 'You contact my health and safety enforcement team and request an advisory visit to undertake a hazard inspection of your home. I consider this to be proactive in nature and good practice.'

The premises and equipment were well maintained. The environment and its décor was in very good order. Equipment and facilities throughout the home had been serviced regularly. For example, bath hoists and mobile hoists were checked on a six monthly basis, and we saw regular checks of fire alarms and firefighting equipment. Environmental risks were managed safely, regularly reviewed and updated. There were risk assessments for parts of the home and for systems such as gas and electricity supplies. Maintenance and servicing records for all equipment and fire prevention were in place.

Domestic staff told us they received appropriate training to support them in keeping the home clean. One staff member told us, "We have all had the same training as the care staff, such as fire, dementia and first aid. I completed a full week of training which included infection control and control of substances hazardous to health." There was an infection control audit system that ensured all infection control was checked regularly. We looked at the laundry which was located on the third floor and saw this was managed in an orderly and well-maintained way. There was a door into the area for dirty laundry, leading through to the separate clean clothes area, and an exit door out. This ensured a clear flow of dirty to clean items to ensure risks of cross contamination were reduced.

Staff had access to plentiful supplies of personal protective equipment (PPE) such as gloves and aprons. We saw hand gel dispensers and bottles were readily available for people and any visitors to use throughout the home. Staff told us, and records we reviewed, confirmed they received infection control training. Staff were observed during the inspection to use their PPE and dispose of it appropriately.

People who lived at the service and their relatives told us there were enough staff on duty to meet their needs; this was confirmed by our conversations with staff, review of staff rotas, and the observations we made during the inspection. Comments included, "There is immediate response from staff when I press my call bell", "There aren't call bells ringing all of the time here. There are enough staff" and "[Name's] door is open and staff pass every 20 minutes and say hello. They make a point of going in to see [name] every hour. [Name] doesn't sleep well at night and they always keep an eye on them. Always offering a cup tea and checking if they need the bathroom."

Staff records we looked at showed the provider had robust recruitment processes in place. These included checking employment history, previous experience and identity. They also obtained references from previous employers and completed Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

Medicines were safely managed. Systems were in place to ensure medicines were ordered, stored and administered safely. Staff received training in medicines management and we saw a minimum of four

documented observations, which were carried out to ensure staff understood their training and knew what it meant in practice.

There was evidence that people had been consulted about their involvement of the management of their own medicines if they chose to do so. People had their allergies recorded and guidance on the use of 'as and when required' medicines was recorded. If people were unable to verbalise their pain levels, staff had used an independent pain management tool to advise them if they needed additional pain relief.

Some people were prescribed creams that were administered by staff. There was a system in use to ensure prescribed creams would be applied correctly. Creams and eyedrops we saw were marked with the date they had been opened which helped to ensure they remained safe and
effective to use.

Staff used an electronic medicine administration records (eMAR) system to administer people's medicines. The system contained electronic records of each person, their photograph, date of birth and age. Each medicine the person was prescribed was listed under their individual details accompanied by the required time of administration, or if the medicine was 'as and when required.' Medicines had an individual bar code on the system which when scanned with the correct medication in its packaging brought up the directions for use. We saw the system alerted the user if the incorrect medicine had been scanned. This helped to reduce the risk of errors occurring.

We observed a member of staff administering medicines and saw the eMAR alerted staff using a traffic light system which appeared red to start, amber when the administration process began, and green when completed appropriately. The system alerted staff if a person had not received their medicine. The registered manager was able to check at any time that people had received their medicines.

Good

Is the service effective?

Our findings

People and their relatives told us they were happy with the service they received. One person told us, "The staff are very good at contacting a GP or a district nurse if I need one. They respect my privacy and are genuine." Another said, "I am very happy living here. The girls [staff] are lovely, all of them. They understand my personality and my likes and dislikes."

Relatives commented, "[Person's name] has put on a stone in weight, we were concerned about this as they weren't eating. Now [name] has a very good appetite, staff take them back and forward for lunch, and I know they are really happy" and "The staff we have met seem competent to care for people."

All of the staff we spoke with, and records we reviewed demonstrated that staff received sufficient induction, training and regular supervisions to support them in their role. One member of staff told us, "I am supervised by [name of registered manager] every six weeks. This is beneficial and we talk about my work life balance and any issues I may have."

New staff members completed an induction when they first started to work in the service which included the care certificate. The care certificate covers the fundamental standards of care expected of all health and social care staff. The provider had implemented a programme of regular training that included the required core subjects for their roles such as safeguarding adults, infection control, moving and handling and first aid.

In addition, the registered manager had sourced additional training to support staff and people's relatives. For example, some staff had attended a lesbian, gay, bi-sexual and transgender awareness course, and a dementia tour bus had visited to the service. The dementia tour gives workers an opportunity to walk in the world of people living with dementia. We reviewed some feedback about this experience that was given by staff and peoples relatives who had attended. One comment said, "The bus was a minefield of sensory experiences all of which made me feel vulnerable. I found it very enlightening to be given the chance to experience some of the feelings that [name of relative] may be having every minute of their day."

Staff were encouraged to develop themselves by becoming leads in different topic areas such as moving and handling, innovation, end of life care, nutrition and hydration, dignity and dementia. These roles gave staff a specific area to focus on and we saw from the monthly reports created that the knowledge they gained from sources such as the internet, healthcare professionals and during work experiences, were shared with their colleagues. We saw that a relative completed the role of 'relationship champion' and completed a monthly report that recorded any issues between people and positive relationships that had been observed.

We saw that the registered manager and unit leaders monitored staff's practice and tracked their development within their specific roles through the use of observation, competency checks, live supervisions and '6C' reviews. We saw these '6C' reviews (care, compassion, competence, communication, courage and commitment) had been introduced with people, their relatives and staff at the service to record

and provide information and discuss various topics. Some examples of these reviews we saw included information given to staff on modified diets, the introduction of new referral forms, discussion with people about meals, new technology and healthcare input.

People's individual needs were met by the adaptation, design and decoration of Beverley Parklands Care Home. One person told us, "I am happy with my room. I have a nice view of the garden with a door leading out. I go out and have a daily walk." The environment and its facilities promoted people's independence and social stimulation. The home was decorated to a very high standard, and had a warm and homely feel.

The provider had created a dementia-friendly environment to maximise each person's wellbeing and memory skills. A pre-loved items shop located on the dementia unit contained second hand items for people to pick up and touch such as clothes, handbags and hats. A set of drawers had items hanging out from them such as fabrics and other objects so that people could pick them up and look at them. There was navigational signage containing arrows to help direct people to certain areas of the service. Lighting was bright and came on automatically when people entered the corridor areas. Bedroom doors were different colours and the colours contrasted the door frames. Feature walls in people's bedrooms matched to colour of their bedroom door.

People were involved (where possible) in choosing what they wanted to eat to meet their individual preferences. One person said, "The food is fine. The meat is prepared for people to be tender and easy to eat, but I like meat differently, like chicken on the bone, so I spoke to staff about this and they help me prepare things like this in my kitchen here." A relative commented, "Food always looks nice and there are plenty of food choices, sandwiches, baked potatoes or other food. [Person's name] favourite meal is an all-day breakfast, so when we found out they could have that and told them – [name] is lapping it up."

Two of the kitchen assistants we spoke with were able to give us examples of how people's meals were prepared taking their needs, preferences and allergies into account, so they would remain well. One person told us, "When I was in hospital I was underweight. The catering staff here [the service] are incredible. I now have iced cream twice daily and regular eggs. In the morning I order [food] for the evening and the next day. I am very content with the meals and I have put on weight."

Care plans and staff guidance emphasised the importance of people having regular food and fluid to maintain their general well-being. A hydration project which had been successful in another of the providers services was carried out at this service, this involved regular coffee mornings, and mocktail afternoons in which people were encouraged to socialise and drink fluids. During the first day of our inspection we observed people and visitors attending the 'mocktail' afternoon, where there was a relaxed atmosphere with people chatting with each other. Various choices of 'mocktail' were offered including raspberry and apple.

The service monitored people weights on a regular basis. Staff recognised changes in people's nutrition and had consulted with Speech and Language Therapists (SALT's) when people had problems with eating, drinking or swallowing. As a result of this we saw some people were prescribed specific diets to reduce risk.

The service worked well with other health and social care providers to ensure people received the support and treatment they needed. Care plans demonstrated advice had been sought from physiotherapists, GP's and district nurses. A healthcare professional told us, "I have witnessed staff gaining feedback from other members of staff to assist in offering me a fuller picture of a client who has requested input. This team approach has led to residents requiring less sessions and therefore offering them a more professional, focussed service."

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. We checked whether people had consented to their care, and that where people did not have the capacity to consent, whether the requirements of the act had been followed.

The records we reviewed showed people's ability to consent was assessed and recorded in their care plan. Best interest meetings were held when people lacked the capacity to make decisions for themselves. Health and social care professionals and other relevant people who had an involvement in the person's care and welfare had attended these.

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 any conditions on authorisations to deprive a person of their liberty were being met. We saw that the registered manager maintained a schedule to document when applications had been submitted to a local authority to authorise restrictions in place to ensure individuals received the care they needed. The registered manager informed the relevant local authority of any changes to the restrictions placed on individuals who lived at the service. This helped to ensure people's rights were protected.

Outstanding ☆

Is the service caring?

Our findings

Without exception, people who lived in the home told us staff were consistently very caring and kind towards them. People had completed a recent questionnaire about their care at the home, comments included, "[Staff] are understanding and helpful to me and my care. They are all wonderful. All of these girls make me feel more than a little old lady in [room number]" and "I could not believe that so many caring, attentive, good natured beings could be assembled under one roof. They may be known professionally as managers and carers, but we see them as 'angels of the north.' They enrich our lives and make daily contact with them a truly enjoyable experience." A healthcare professional told us, "It appears on my visits that members of staff have become friends with the residents, something in my experience you do not come across regularly."

We saw an abundance of extremely positive comments had been received by card, emails and letters from people's relatives about the care their loved ones received. One said, "Both [name and name] take care of my [relative] as though they were a member of their own family. They have taken the time to get to know [relative] really well and know how to bring out the best in them on a good day, and allow them to rest of they are having a sleepy day. It is a great relief to know that such warm, caring and patient people are involved in their care."

We saw staff demonstrated genuine affection and warmth for people using the service, and people responded positively. This was extended to people's families. It was clear people had developed exceptionally strong relationships with staff. This was common throughout the staff and management team. We saw both the registered manager and operations director stopping to chat and laughing with people throughout the inspection. It was clear from the smiles and body language of people that they appreciated this. One member of staff told us, "Residents always tell us [during the night] what they have been doing during the day and how well looked after they feel. They say things like, I love it, it's my home, and I wouldn't want to be anywhere else." A visiting relative told us their loved one used to want to sit and chat with them when they visited, but now they were "Too busy laughing."

Staff were highly attentive to people's individual needs. They responded to people's changing moods with compassion and ensured people received emotional support when they needed it. For example, we observed one person becoming anxious by continually counting a number of people that were photographed on their placemat at lunchtime. A member of staff promptly recognised this and took time to reassure the person using their knowledge to engage them by talking about the people in the photograph who were important to them.

The service and its staff went the extra mile to enhance the lives of people who used the service by ensuring people had everything they needed to continue enjoying their lives. A 'Make a Wish' project had been introduced to offer people the opportunity to carry out aspirations they had. We saw one person had always wanted to do a sky dive and had achieved this using a virtual reality headset system. We saw the person and said, "I felt free and I cannot wait to tell my family I have done a sky dive. They won't believe me." Other people had been on safari and walked the Great Wall of China using this technology. Each person had been

awarded a certificate of achievement after they had completed their wish. A virtual reality (or VR) headset is a device that you wear over your eyes like a pair of goggles. It blocks out all external light and shows you an image on high-definition screens in front of your eyes. Two people had expressed a wish to go and see an orchestra play. We saw they had attended a local city hall to see the Hull Philharmonic Orchestra.

People were supported to stay in touch with family and friends through the use of digital technology. The relative of one person told us how their children lived abroad and staff supported the person to skype them using the large screen in the picture house, which they had loved. Other people had been supported to stay in touch with their loved ones using this system in areas of the world including Australia and South Africa. Skype is a telecommunications application that provides video chat and voice calls between mobile devices.

An equality, diversity and human rights approach to supporting people's choices and rights had become well embedded in the service since it opened. Our conversations with staff and managers showed they were respectful of people's characters, and understood people's human rights to express their views and be treated with dignity and respect. We saw staff putting this into practice during our days of inspection by asking people for their views on what they wanted to do with their days, encouraging people to make their own choices.

Staff told us that they understood the need to ensure people were treated as individuals with different needs and preferences. Staff interactions with people were considerate and they gave people time to respond to any questions they asked. People told us, "I feel listened to" and "I am certainly listened to."

One member of staff told us how they used a translation aid that had been created for a person whose first language was Dutch. The person had experienced some language barriers upon coming to live at the service. We saw the aid was displayed in the persons bedroom and included translated English to Dutch terms the person was familiar with such as, can I get you some breakfast, good morning, good night and would you like to get up. By using these terms this placed the person in control and promoted their wellbeing and independence as it enabled them to communicate effectively with the staff team. These translation aids had been improved over time to include more information with the support of the person's relative.

The service was constantly looking at ways to improve in supporting people's privacy dignity. People on the ground floor had been offered privacy blinds to be fitted rooms if they wanted these. The service had a dignity champion and each month they delivered a report to the registered manager of any good or poor practice observed, recommendations and any action taken. We saw these reviews of dignity within the home had led to positive improvements. For example, 'do not disturb' signs had been provided for people for their rooms, and dignity screens had been suggested and purchased. Good practice had been observed when people had continence accidents in communal areas. For example, when this had happened to one person they had become embarrassed. The member of staff had said they had spilled water on them, offered a towel to cover them up, and supported them to leave the room and change. The person had thanked the member of staff for preventing any further embarrassment. A relative we spoke with told us, "They are top notch at protecting privacy and dignity."

A 'Special mentions' scheme encouraged relatives of people using the service to express any gratitude they had for staff. These were displayed on a notice board. We saw numerous examples of where the provider had recognised and thanked staff for their contribution to people's high-quality care.

People and their relatives consistently praised the atmosphere of the home; they described it as "Genuine",

"Wonderful" and "Really good, and happy." Some people and their relatives had visited, or lived at other homes, and they told us how they felt at this service was very different. One relative told us, "I have had experience with six different homes with various relatives. I cannot fault this place. They give excellent care to [person's name]." A person who used the service told us, "My wife and I used to live at [Name of another service]. It's better here, we're happy we moved. It's really good."

We saw how people and their families were involved in day to day life within the home. During our inspection we reviewed evidence which showed people and their families were actively encouraged to use the facilities available in the home. One person had celebrated a milestone birthday with a party held by their family in the service. Another person's family when visiting chose to go into the picture house and play on the games console. One person had chosen the position of their room at the home next to the sweet shop as their grandchildren loved to visit and go and get sweets.

We observed that confidential information was kept secure either in locked rooms on each of the units or the registered managers. The registered manager was able to show how staff had received training in General Data Protection Regulation (GDPR), this is a regulation on data protection and privacy for all individuals within the European Union (EU) and the European Economic Area (EEA).

Outstanding ☆

Is the service responsive?

Our findings

The service had a strong, visible person-centred culture. People who lived in the home, their relatives and other healthcare professionals told us that they felt that staff provided excellent care and support to meet individual needs. Comments included, "[Person's name] gets excellent care and I am comfortable without exception", "I have had call to deal with the carers and management closely regarding one resident and find their approach both supportive and extremely professional with the resident's safety being paramount throughout" and "Staff go above and beyond on a daily basis. They are reassuring in way they treat people like their own families. [Name of staff] has set up toddler group in their own time. They went to the management and said would people benefit from having young children around. They also take their own children in. I have not seen this in action but it really brightens up [name of relative's] life. Staff also identified some peoples needed better underwear and arranged for bra fitting service to come out to ensure people could buy new bras that fitted well."

Other relatives were equally as positive when we spoke with them about how their family members care and support needs were responded to. One told us how their loved one's abilities had positively improved with the support from staff at the home, they said, "They [staff] bring the smiles back out of [name]. Before coming to Beverley Parklands their speech wasn't good we couldn't understand them on the phone. It's a different story now, its improved and it's the staff taking time to talk with [name] and encouraging them to speak. We've seen a big difference in their speech, it's so much clearer."

We saw evidence and heard examples of how people's health and wellbeing had been enhanced by staff and the registered managers practices. For example, a person using the service was appointed as the moving and handling champion who took the lead on promoting positive advice and demonstrating best practice. In one of the monthly reports on the role we saw the private services of a healthcare professional had been shared as good practice. This person had been advised by another healthcare professional that they may need 24 hour around the clock care after a long stay in hospital. After receiving planned sessions with the recommended healthcare professional, they stated, "My progress is monitored every step of the way by the physiotherapist and Parklands staff and new and more challenging exercises are added every week. I have been supported and encouraged by both day and night staff and can now make short walks on my own, pushing my wheelchair. I have achieved a level of mobility I did not think possible a few weeks ago."

We saw evidence that the service had worked jointly with one person who wanted to come and live at the home. The person required their nutrition to be provided through a percutaneous endoscopic gastrostomy (PEG). We saw the person had been fully involved in developing a PEG training plan for staff to ensure their level of ability when supporting them with nutrition via the PEG. We saw this plan which demonstrated the completion of PEG medication competencies, online pump training, and training two external companies around knowledge of the PEG. The person signed off each staff members completed plans to agree they were confident and happy with the staff's knowledge to support them with this area of their healthcare.

We saw that staff shared important information with other professionals about people when they were

being admitted to the home or transferred to hospital to make sure their care was responsive. A relative gave us an example of how this had been done flexibly to support their relative's needs in changing circumstances. They told us, "[Name of relative] moved from [name of town] to be near me. They got [illness] and were hospitalised. I was due to go away and the home brought everything forward and bent over backwards to get [name] in the home in five days before I was due to leave. This meant their arrival was a smooth transition and I could get them settled in with the help of staff and visit on arrival. The alternative would have been [name] returning home with inadequate care or a temporary move into a care home which would have been disorientating for them as they have Alzheimer's. It made a big difference [to name] how everyone managed the admission so well."

The service had been designed and built with specific facilities for people to use such as, a licensed bar, nail studio, hairdressers and various working shops. The first floor had an area which depicted a picture house, with a large screen for people to watch television and film. There was a street style area on the corridor, with a 'tea room' that sold cards and sweets, and a juke box area that contained music related photographs and images on the walls. A 'sporting life' themed area contained display cabinets, match programs and football, golf and rugby memorabilia. This demonstrated the provider wanted the people living in the home to continue to experience their lives as an ordinary citizen.

We saw how activity was well planned and thought out by the activity staff and people were given and opportunities to take part in an extensive range of activities, which contributed positively to their well-being. We saw many examples of this throughout the inspection. One person's family had held a celebration in the 'Piano bar' at the home. Children from the party had been entertained in the cinema room. This contributed to people maintaining positive family relationships. After the party it had been noted that people's relatives with babies did not have an area to change them. The provider installed a baby change in a bathroom in the area. In addition, a small area in the second floor had been dedicated to visiting children and we saw various toys were available for visiting children to play.

People told us there was a wide range of activities they could participate in. Comments included, "I came here for the activities", "Carers have brought in their children to meet us at various events and the managers dog visits us ", "I have done exercise classes, we have 'mocktails' and quizzes. We play bowls – there are more women than men now [playing bowls], we are outnumbered!"

Relatives confirmed this view and we were told, "[There is a] fantastic range of activities. My [relative] calls [name of activity worker] amazing [name]. The dementia unit adapts to people's needs. Staff pick up when [name] needs a rest day and on days when they are livelier the staff are tuned into what they like. They take them to see the singers and [name] is known to sing their head off" and "They [staff] go to great lengths [to support people]. There is always something going on and there are different rooms to use. [Name of person] was quite a solitary person who has now made friends."

Each floor of the home had an activity board which contained images of activities available each day of the week. It was clear from our discussions with activity staff that everyone at the service had worked hard to get to know people and ensured opportunities suited people's interest, aspirations, age and preferences. For example, we saw one person's previous occupation had been within the cinema industry. The activity staff had organised for them to attend a local cinema to look at how this industry had changed from then to now. We saw photographs of the person with the cinema staff looking at the new technology.

Assistive technology was embraced by the provider to enhance people's lives and levels of stimulation. For example, a motion activated projection table which created images, was available for people to use. We saw numerous people interacting with this table during the inspection, playing games and singing songs. One

person who usually walked up and down the communal hallways of the home had been monitored and evidence showed they were sitting down and engaging in playing games at the table for longer periods of time.

A virtual reality system had a 360 degree camera which had been used by peoples relatives for special events such as weddings and holidays. At the time of the inspection one person's family members had taken the camera abroad with them. This meant their relative could experience parts of the holiday with them. Another person's relatives had used this system at their wedding as their loved one was too ill to attend. We saw a comment they had given to the service which said, "Even though it was only a virtual experience. [Name] loved it [seeing the wedding] and it meant the world to us we were able to involve them in some way."

The registered manager and senior staff used an admission process to make sure that pre- assessments were personalised, individual and focused on the persons current needs. These assessments were used as a way to begin to develop relationships with the person and their relatives/representatives. The information gathered was transferred into an individual support plan which the staff followed to ensure the person's needs were identified and met.

Support plans were personalised and contained information on people's daily routines. For example, we saw sections about supporting people with areas such as their communication, healthcare, food and fluid, consent, finances and personal care. The care plans we reviewed had been reviewed regularly, to make sure they reflected people's current needs and circumstances. This ensured staff had appropriate guidance on how to support people as and when their needs changed.

The service worked proactively in partnership with other services to ensure people's end of life care needs were met. A staff champion had been appointed who took the lead on promoting positive care for people approaching the end of their life. At the time of our inspection end of life care plans were in place for some people who lived in the home which outlined the end of life preferences of the person and their family. Staff had completed training so that people were provided with appropriate end of life care.

The service had a robust complaints procedure. We saw complaints that had been received had been acknowledged, investigated and responded to with positive outcomes, in line with the provider's policy. People and their relatives told us they were confident they could raise any concerns by speaking to staff who they felt would answer their questions and resolve issues promptly where possible. Comments included, "I've not had any issues but would not hesitate to speak to any of the managers or staff should I need to. Communication is very good and they keep me informed" and "If I was concerned about anything I would mention it to one of the staff, or if it was serious I would go and speak to [Name of unit manager]."

Outstanding ☆

Is the service well-led?

Our findings

People, staff, relatives and healthcare professionals without exception were positive about how the service was run. Comments included, "Not every manager would spend an hour in the stocks one sunny afternoon allowing carers and more able-bodied residents to drench them with wet sponges. They were still smiling at the end of the event and delighted with the amount of money that had been raised for the resident's fund", "The leadership is fantastic", "[Name of director] is fantastic" and "[Name of registered manager] is amazing. They are a real education, full of ideas, enthusiasm and passion. Everyone loves [name]."

People received care and support from a service that was exceptionally well-led. There was a clear aim and a positive culture within this service. The home's philosophy was to promote dignity, independence and varied support in the best environment for people's needs; making their life enjoyable and safe. The operations director and registered manager helped to ensure these aims were embedded into the homes practice. This was done through confident and experienced leadership and clear oversight of the service delivery. During this inspection we saw people were supported to feel safe, try new things, achieve wishes and live a contented and fulfilled life where possible.

The registered manager had been in post since the home registered and opened in September 2017. They had an extensive background within the health and social care sector and offered experienced and strong leadership with a clear vision about the direction of the service. During our discussions they told us, "I am very passionate about the service. This is very important to me."

The registered manager was supported by a senior management team. The operations director, quality assurance manager, and clinical lead were also heavily involved in the day to day running of the service, and visited regularly. We met and talked with all of the management team during this inspection and found they were passionate and committed to providing high quality care to people in line with the philosophy of the service. One told us, "I have very high standards. This home is fabulous, and the company trust and support me. Any issues get sorted quickly and they [provider] want us to be the best in quality. I want it to be the second-best thing to home."

The provider and registered manager promoted an open culture of transparency where lessons were learned to drive continuous improvements. A relative told us, "One of the directors is keen to make every resident experience the best it can be. There are trigger sensors in every room so staff immediately attend. Closed circuit television in corridors with the thinking that if everyone's doing what they should be, it's okay. This is also useful to trace if there are any incidents what's gone wrong and learn from it. It's used in a positive way rather than a negative way."

We saw an effective process of engagement with people, relatives, staff and other agencies involved with people's care. Feedback was gathered and provided back to parties through a variety of different channels including the company website, quality assurance surveys, afternoon tea events and individual/group chats, letters, quarterly news and display noticeboards within the home.

Feedback was documented and followed up by the registered manager. For example, the innovation champions monthly report had shown research done by Age UK had explained the benefits of music for people living with dementia. The member of staff had brought their own wireless speaker onto the dementia unit and it had been noted that people had enjoyed listening specifically to wartime songs whilst having supper. The champion's views had been listened to and we saw 'Alexa' voice activated speakers had been purchased for all floors of the home. An innovation champion is an employee who plays an active role to make innovation thrive within their organisation.

We saw feedback had been received during engagement with staff about how their career could progress within the organisation. This had been responded to with the implementation of a career progression chart which set out job roles and the career paths within those. We saw these charts were visible within the home.

Monitoring systems ensured all parts of the service delivery were evaluated learned from, and improved where appropriate. We saw many examples where systems had improved over the year the service had been open. For example, changes to the recruitment of staff had been made. A recruitment day was introduced involving people living at the service, which enabled the service to offer employment positions at the end of the day. This had sped up the disclosure and barring and reference process, meaning staff were recruited more swiftly and effectively.

Changes had been made to the recruitment of senior staff within the home. We saw this process had been evaluated as part of a 'lessons learned' system after the first six months of the home being opened, and gaps in senior staff's knowledge had been identified during the probationary period. A 12-week senior care certificate was introduced and rolled out by the service management team. The certificate included 12 modules which included care planning, medicines, audits and evaluation. Part of this certificate saw the introduction of live supervisions with staff. We reviewed a selection of these during the inspection. These supervisions assessed staff's competency of each module at the end of each training session. Analysis of staff's completion of this certificate had been hugely positive, with comments including, "This training has given me confidence on how to perform my role better" and "For someone who has not done this role before I am enjoying gaining new knowledge and an understanding of how things work within the home." The provider had plans to roll this initiative out within all homes in the organisation. This demonstrated the provider and registered manager understood when improvements needed to be made at the service to ensure consistent high quality of care for people living at the home.

Staff had access to regular meetings either individual or in groups. The selection of these meetings we reviewed demonstrated staff were kept up to date with any changes, and were able to share their views about the service and any ideas they had. The operations director met with staff to provide an opportunity to discuss various area of the service and their support. Regular managers workshops were completed by the operations director to discuss the service, good practice, feedback, new practices and the organisations standards and policies.

People and their relatives had opportunity to meet regularly with management and provide their views and opinions. These monthly meetings were also afternoon tea. This made the meeting a relaxed event that encouraged honest discussions with people and their relatives in a comfortable environment. One person told us, "Residents meetings are once a month. I got access to a physiotherapist through these meetings. We get a news sheet every day which I find very interesting. They [service] do listen and take action. One person was unhappy that their curtains were dirty when they were actually patterned. When this was raised they were supported to choose new plain ones." This demonstrated people had the opportunity to raise issues and make suggestions which were listened to, and acted upon.

People were encouraged to participate in the recruitment process for potential employees such devising questions to be asked. One person told us, "I was involved in the interviewing [of staff] process and I supplied some questions. My views were listened to. "This demonstrated the service's commitment to people's participation and inclusion within the home.

The service worked well in partnership with other organisations to promote and share good practice. For example, the operations director had worked alongside the local authority to plan, contribute and present at an event for other care homes in the East Riding area. The service was also happy to invite other services into the home to share good practice. The provider was a member of the National Association for Safety and Health in Care Services (NASHIC), and we saw a networking event had been held by the operations director which was attended by other leading health and safety professionals.

Various people using the using the service had nominated the home for 'Care home of the year' 2018. We saw the nomination said, "Parklands is run by a very approachable, efficient manager. Their door is always open to residents." People had also nominated one member of staff for an award in a local newspapers Health and Care Awards 2018.

The provider incorporated the use of assistive technology within the service to enhance people's lives. Bath's in the home were sensor controlled which meant taps did not have to be touched to be turned on. This reduced the risk of cross contamination. After monitoring feedback across the organisations, it was noted that call bell systems sometimes disturbed others when pressed as they rang out all around the homes. We saw the call bell system fitted at this service sounded discreetly on a staff's person instead of sounding out throughout the home. Voice activated speakers, virtual reality headsets and activity tables provided stimulation for people in the home. The medicine system was electronic and provided many advantages to reducing the risks in medicine errors occurring. There was a live computer system which was kept up to date so the operations director and registered manager could see how the service was performing in areas at any time.

The service strove for excellence by forming positive links within the local the community and we saw people attended local churches, cinemas and bowling competitions. The service invited many people to provide events in the home where relatives and friends could attend. Local college pupils had attended the home for a tea dance. Pupils attended the home again and had afternoon tea, and heard an activity worker deliver a presentation about living with dementia. Hand bell ringers, a ukulele band and a local school of dance had also entertained at the home. We saw staff had completed various fundraising events for the resident's fund and we saw over £4000 had been raised towards the cost of the interactive activity table for people.

We were able to see clear evidence of effective governance of the service. Regular audits were carried out by the registered manager, unit leaders, clinical lead and quality assurance manager. These included medicines, peoples skin integrity, staff training, staffing levels, nutrition, maintenance of the environment, health and safety and infection control. Spot checks were carried out by other heads of department within the service on areas including appearance of people's bedrooms and meal time experiences. The audits we reviewed were well organised. Action plans had been developed with timescales and the necessary improvements when needed.

The registered manager understood the responsibilities of their registration with CQC. They reported significant events to the CQC, such as safety incidents, in accordance with the requirements of their registration.