Council of the Isles of Scilly

Park House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 29 September 2016. The last inspection took place on 27 April 2015.At this inspection there was a breach of the legal requirements. Following this inspection the provider sent the Care Quality Commission an action plan outlining how they would address the identified breach.

Park House is a care home which offers care and support for up to 12 predominantly older people. At the time of the inspection there were nine people living at the service, one of which was staying for a period of rehabilitation prior to going back home. Some of these people were living with dementia. The service occupies a detatched building over two floors. The service has a lift to support people who require assistance to access the upper floor.

The service also supported a domiciliary care service for 13 people who lived on St Mary's and the off islands. The staff who provided this care were provided with care plans and support out of hours by the social work team of the council.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, the registered manager had resigned and would leave at the end of October 2016.

We walked around the service which was comfortable and personalised to reflect people's individual tastes. People were treated with kindness, compassion and respect.

At the previous inspection in 2015 we found concerns with the medicines management and processes used by the staff. We found gaps in the medicine records which meant it was not always possible to establish if a person had received their prescribed medicines. Staff did not always record when they had applied prescribed creams and given eye drops. Medicines were not always stored at the correct temperature with the medicine cupboard reading a temperature of over 25 degrees centigrade. The temperature of the medicine refrigerator was not being recorded in a way that could ensure the safe storage of medicines within. Medicines which required stricter guidelines were not stored securely in accordance with good practice guidelines. Staff were administering medicines from a variety of difference packaging, including blister packs, dossett boxes and original packaging. This meant medicines could not be effectively audited to ensure people always received their prescribed medicines appropriately.

At this inspection we found there were only occasional gaps in the medicine administration records (MAR). Handwritten entries on to the MAR following verbal advice from medical practitioners were signed by two staff to help ensure the risk of any errors was reduced. Regular medicines audits were consistently identifying if errors occurred and these were being addressed with specific staff. Prescribed creams were

mostly recorded by staff when applied. The medicine cupboard was recorded at 25 degrees. The staff told us there was a plan to vent the door to this cupboard to ensure that the cupboard did not exceed this temperature. The temperature of the medicine fridge was checked daily and was ensuring the safe storage of medicines that required cold storage. All medicines administered at Park House were given from original packaging. The service was planning to move to a system of blister packs and discussions with the local pharmacy were ongoing to arrange this. Staff regularly audited the medicines at Park House and errors had greatly reduced. Any errors found were now being addressed with specific staff through supervision. Medicines that required stricter controls were being stored securely. This meant that the service was now meeting the legal requirement for the safe and effective management of medicines.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. The service did have three vacant posts and were covering these with agency staff. The islands were experiencing a great challenge in finding suitable accommodation for new staff once they had been offered a position. We were told of suitable applicants being offered posts who could then not accept the post as they could not find anywhere to live. An action plan had been completed to help address the critical staffing issues, raising the potential risk to safe care continuing to be provided at Park House.

Staff were supported by a system of induction training, supervision and appraisals. Staff received training relevant for their role and there were good opportunities for on-going training and support and development. More specialised training specific to the needs of people using the service was being provided. For example, dementia care training.

Staff meetings were held regularly. These allowed staff to air any concerns or suggestions they had regarding the running of the service. Staff felt well supported by the registered and deputy managers.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff supported people with their meals and drinks. Staff were provided with all meals when on duty and ate their meals together with people living at the service. This led to a relaxed sociable atmosphere where people chatted together throughout the meal.

Care plans were well organised and contained accurate and up to date information. Care planning was reviewed regularly and people's changing needs recorded. It was not possible to establish if people, or where appropriate their relatives, had been given the opportunity to see their own care plan and sign in agreement with the contents.

Activities were provided by staff and volunteers from the local community. People took part in a variety of activity and also went out in to the local area regularly. However, some families told us they felt that their family member was left to sleep most of the time.

The registered manager was supported by a deputy manager and the local social work team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us they felt safe using the service.

Medicines were managed safely. People received their prescribed medicines appropriately.

There were sufficient numbers of staff to meet the needs of people who used the service. However, three staff posts were vacant and the service was facing challenges in finding accommodation for new staff when accepting new posts.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed.

Is the service effective?

Good

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff were supported with supervision, appraisals and staff meetings.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to. People were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

Good

The service was well-led. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Where the provider had identified areas that required improvement, actions had been taken to improve the quality of the service provided.

Staff were supported by the management team.

Park House

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 checked 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.

The inspection took place on 29 September 2016. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people who lived at Park House. Not everyone we met who was living at the service was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices.

We looked at care documentation for eight people living at Park House, medicines records for nine people, staff files, training records and other records relating to the management of the service. We spoke with five staff, six family members and two healthcare professionals.

Good

Is the service safe?

Our findings

At the previous inspection in 2015 we found the concerns with the medicines management and processes used by the staff at Park House. We found gaps in the medicine records which meant it was not always possible to establish if a person had received their prescribed medicines. Staff did not always record when they had applied prescribed creams and given eye drops. Medicines were not always stored at the correct temperature within the medicine cupboard. This cupboard was reading a temperature of up to 27 degrees centigrade. Medicine should be safely stored at below 25 degree centigrade. The temperature of the medicine refrigerator was not having a minimum and maximum temperature recorded daily. This meant any fault with the refrigerator would not be noticed in a timely manner and could not ensure the safe storage of medicines within. Medicines which required stricter guidelines were not stored securely in accordance with good practice guidelines. Staff were administering medicines from a variety of difference packaging, including blister packs, dossett boxes and original packaging. This meant medicines could not be effectively audited to ensure people always received their prescribed medicines appropriately.

At this inspection we found there were only occasional gaps in the medicine administration records (MAR). Handwritten entries on to the MAR, following verbal advice from medical practitioners, were signed by two staff to help ensure the risk of any errors was reduced. Regular medicines audits were consistently identifying when errors occurred and these were being addressed with specific staff. A new cream protocol had been created at the service to support the staff with safe administration and management of prescribed creams, including the use of body maps. Creams were mostly recorded by staff when applied and were mostly dated upon opening. This meant staff were more aware of when the item would no longer be safe to use and should be disposed of. The medicine cupboard was recorded at 25 degrees. The staff told us there was a plan to vent the door to this cupboard to ensure that the cupboard did not exceed this temperature. The temperature of the medicine refrigerator was checked daily, this was helping to ensure the safe storage of medicines that required cold storage. All medicines administered at Park House were given from original packaging. This meant the service was able to effectively audit medicines used at the service. These audits had led to a reduction in the number of errors in the recording of medicines administered. Medicines that required stricter controls were being stored securely. We checked the stock of these medicines against the record kept and they tallied. Some people had pain relief delivered through a medicinal patch worn on their skin. The patch delivered pain relieve slowly over a period of time. These patches were checked and recorded each day by staff to ensure they remained in place. Staff who administered medicines had received training in the safe handling of medicines. This meant that the service was now meeting the legal requirements for the safe and effective management of medicines.

People, their families and healthcare professionals told us they felt it was safe at Park House. Comments included, "Seems perfectly safe to me" and "I think it is a safe service now, there have been improvements recently."

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were whistleblowing and safeguarding policies and procedures easily available to all staff. Staff had received recent training updates on safeguarding adults.

The service held personal money for people who lived at the service. People were able to easily access this money to use for hairdressing, toiletries and items they may wish to purchase. The money was managed by the registered and deputy managers. They were the only staff with access to this money and both signed for any money bought in or which was taken out. Regular audits of these accounts were carried out to help ensure the balance held tallied with the records kept.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence would be reduced.

The environment was clean and hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately.

Care plans contained risk assessments for a range of circumstances including moving and handling, supporting people when they became anxious or distressed and the likelihood of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, each person who required assistance from staff with moving and handling had clear guidance about how many staff were required to carry out the task safely and specifically what equipment was to be used.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other people. Care records contained information for staff on how to avoid this occurring and what to do when incidents occurred. For example, advising staff on what subjects of conversation and activity individuals enjoyed that effectively distracted and calmed them. We saw staff effectively calming people throughout the inspection visit.

Park House had had the necessary safety checks and tests completed by appropriately skilled contractors. The service had recently had a complete fire alarm system installed. Fire safety drills had been regularly completed and all firefighting equipment had been regularly serviced.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

Domiciliary care staff told us they were able to effectively plan their visits to people in their own homes, which included getting scheduled boats to the off islands and returning to Park House, as their base. The domiciliary care staff worked in Park House providing care and support to people when they were not providing community care.

During the inspection we saw people's needs were usually met quickly. We heard bells ringing during the inspection and these were responded to effectively. We saw from the staff rota there were three care staff in the morning and three in the afternoon supported by a manager on each shift. There were two staff who worked at night. Staff had been working many extra hours recently due to the three vacant posts, some staff told us they had been working over 10 days without a day off. Some staff had been asked to change their holiday plans due to staffing pressures. They told us they felt tired but they were a good team and worked well together. Comments included, "We are very tired but we have to cover the shifts" and "I have had to cancel my holiday as we are so short staffed, we know we have to cover the service but it has been a while now and no improvement. We know people are doing their best but we are effectively working all hours just to keep the service going, what if there comes a time when we can't do it anymore?"

The local authority on the islands were aware of the risks to safe care provision for people at Park House due to long term staff shortages. An action plan had been created by the management team to help address the critical issues with the accommodation of new staff moving to live on the islands once they had accepted new posts.

Good

Is the service effective?

Our findings

People living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. We observed care provision to help us understand the experiences of people who used the service.

Prior to the inspection we spoke with visiting healthcare professionals who told us they had seen improvements in the effectiveness of the service in recent months. For example, the service had begun working closely with the local GP and community nursing service, meeting with them each week to discuss the care and support of people living at Park House. This had led to more effective communication and improved outcomes for people.

The future residential care needs of older people on the islands had been discussed with people and their families at a public meeting. Plans were being discussed to potentially move the residential care setting to another location elsewhere on the St Marys in the future. In the meantime the Park House premises were being regularly audited and repairs and redecoration were regularly being carried out. Bedrooms were being redecorated when they became vacant. People were able to decorate their rooms to their taste, and were encouraged to bring in their personal possessions to give their rooms a familiar feel.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. Training provided was a mixture of online training and face to face meetings together with practical demonstrations.

Training records showed staff were provided with regular updates in mandatory subjects such as moving and handling, medicines administration and health and safety. Domiciliary care staff were included in the staff training provision. Staff had also undertaken a variety of further training related to people's specific care needs such as dementia care and the Mental Capacity Act 2005.

People and relatives comments included, "They (people living at Park House) are treated as individuals," "People's choices and wishes are respected" and "Communication with the staff and managers is good."

In care files we saw there was specific guidance provided for staff. For example, when a person had developed any deterioration of their skin condition this was photographed. This photograph helped enable the staff to assess the progress of the person's skin care regime. There was information in people's files about their specific conditions. Staff were provided with guidance on how to care for specific equipment such as catheters. This meant staff had easy access to relevant information that supported best practice in the care of individual's needs.

Staff received supervision and appraisals. Staff meetings were held with all groups of staff such as seniors, catering and domestic and care staff. They told us they felt well supported by the registered manager and were able to ask for additional support if they needed it.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. The induction was in line with the Care Certificate which replaced the Common Induction Standards in April 2015. It is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. The Care Certificate should be completed in the first 12 weeks of employment. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they were working towards completing the care certificate and had shadowed other workers before they started to work on their own.

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 had their capacity assessed appropriately and where necessary decisions were made with family and other key people when people needed a decision made on their behalf.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty were being met. Authorisations had been applied for and seven had been granted. The service was supporting the conditions attached to the authorisations. The service had a system in place to monitor the expiry dates of any authorisations and were aware of their responsibilities to seek re assessments from the local authority.

The management team were clear on the legislation regarding the MCA and DoLS and had a current policy and procedure in place which was available to staff.

We observed the lunch time period in one of the dining rooms. People were provided with a choice of food in advance of the meal being cooked. This choice was provided to people on an ipad in pictorial form to assist their decision making. The food looked appetising. People were provided with adapted cutlery and plate guards to enable them to enjoy their meals independently. Staff were provided with all their meals whilst on duty and ate with the people living at the service at meal times. This led to a relaxed sociable atmosphere during meals. Staff were available to support people with their meals if required. Comments included, "The food is lovely here" and "We always have lovely food, its good." A recent survey of meals had led to some changes in the food and when it was provided. For example, cooked breakfasts and bacon sandwiches were available in addition to the existing cereal and toast.

Care staff had 24 hour access to the kitchen so people were able to have snacks at any time of the day even if the kitchen was not staffed. Care plans indicated when people needed additional support maintaining an adequate diet. Food and drink charts had been kept when this had been deemed necessary for people's well-being. No-one at the service was currently having their food and drink intake monitored at the time of this inspection visit. People were weighed regularly to ensure they had an adequate intake. If people had lost or gained weight this was recorded and appropriate action taken to address any concerns. However, there was some conflicting recording seen where one person had been weighed and two different weights had been recorded for the same day, one showing a significant weight loss. We discussed this with the managers and it was agreed it was a recording error. The person was eating well and had been regularly reviewed by the GP and there had been no recent concerns about their diet.

People had access to healthcare professionals including GP's, dentist and speech and language therapists. Care records contained records of any multi-disciplinary notes.

Good

Is the service caring?

Our findings

Not everyone at Park House was able to verbally tell us about their experiences of living at the service due to their healthcare need. Relatives and healthcare professionals comments included, "The staff a great, really caring and kind" and "They (staff) are really lovely and really look after (the person's name), they chat away and make (the person) very happy."

We spent time in the communal area of the service during our inspection. We observed many kind and caring interactions between staff and people. People were spoken with respectfully and shown patience and understanding. Throughout the inspection people were comfortable in their surroundings with little signs of agitation or stress. Staff spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service. One person became very distressed at times and they were calmed by staff holding their hand and talking to them about their family.

Bedrooms were decorated and furnished to reflect people's personal tastes and people were encouraged to have things around them which were reminiscent of their past. This helped to make people feel comfortable.

People's dignity was respected. For example, moving and handling equipment such as slings were not shared and were named for individuals use only. Privacy was respected by care staff who ensured doors and curtains were closed during personal care visits.

The service were planning to start using a key worker system where individual members of staff would take on a leadership role for ensuring a person's care plan was up to date, acting as their advocate within the service and communicating with health professionals and relatives. This was considered to help further improve the communication between the service and family, healthcare professionals and the local community.

People's life histories were documented in their care plans. This is important as it helps care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people's backgrounds and past lives. Staff were clear about people's individual preferences regarding how they wished their care to be provided. They spoke about people respectfully and fondly. Staff told us, "We know our residents very well, it is a small place Scilly, everyone knows everyone. Some are even related" and "It can be tricky sometimes working with people you know so well from another aspect of life, but we are getting better at recognising the potential challenges and dealing with it in a transparent way."

Families told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People were well cared for. Comments included, "They (staff) do their best, (the person's name) is not the easiest but they respect their wishes and decisions, which is good" and "(the person's name) is always clean and well cared for."

People and their families were involved in decisions about the running of the service as well as their care. They told us they could always approach any member of staff or management if they wished to discuss anything at all. Families were included in care plan reviews if appropriate.

The service did not hold formal residents meetings. The registered manager told us that some of the people living at the service either could not or chose not to attend such a meeting. Therefore, the staff and management team would spend time with each person regularly to ask them, or their families if appropriate, for their views and experiences of the service provided.

Good

Is the service responsive?

Our findings

Families and healthcare professionals comments included, "They (management) always call us when there is any concern, they are very good at that" and "The continuity between Park House and other healthcare professionals is much better than it was as we meet up regularly and talk more now about each person and their needs. We write in a book each time we visit now so it can be referred to by staff on duty."

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs. The service was expecting two people to arrive for a period of respite. This supported the carers on the islands to have a break from their caring role. People also received a rehabilitation programme at the service after a period of illness or an admission to an acute hospital, people were supported to gain strength and ability to return to their homes.

People were supported to maintain relationships with family. One person had not seen their partner for some time as they lived on an off island and were not able to travel on the boats independently. The service arranged for their partner to see them after a visit to the hospital on St Marys, and enjoy lunch with them before returning to the off islands by the hospital boat. Both people enjoyed this greatly saying, "I can't praise them enough".

Another person wished to go out in to the local community with their partner. They had always been a very 'outdoors' person. Their partner sought the support of the service to enable them to take their loved one out in a wheelchair. The service arranged for a new wheelchair to be delivered which enabled the couple to go out together alone and enjoy the local surroundings. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

Care plans were detailed and informative with clear guidance for staff on how to support people well. The files contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The information was well organised and easy for staff to find. The care plans were regularly reviewed and updated to help ensure they were accurate and up to date. However, we did not see any evidence that people, or their family members if appropriate, were given the opportunity to sign in agreement with the content of care plans.

Daily notes were completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. However, there were some gaps in these records where care provided on some days was not recorded. Each shift had a formal handover which was recorded and held on file for reference by staff as needed. This helped ensure that communication between staff on each shift was effective.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the home. Staff were able to tell us detailed information about people's

backgrounds and life history from information gathered from families and friends.

People had access to a range of activities both within the service and outside. Music and craft activities were provided along with staff spending time, when they could, with people on a one to one basis. The school children visited the service as part of the intergenerational days held at the service. People were able to access the local community, going to the nearby park, the harbour area and had watched the Red Arrows display team who recently flew over the islands. People from the service regularly attended the local Memory Café and went out for coffee or fish and chips on the beach. During the inspection we saw people sitting outside in the sunshine.

Some people chose not to take part in organised activities and therefore were at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff checked on people and responded promptly to any call bells.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were provided upon admission to the home. People told us that they could raise any concerns with the management team and were confident they would be listened to and issues would be resolved. Concerns raised in the past had been recorded, investigated and resolved appropriately.

Care plans for people who received care at home were held in their respective homes. A social worker provided us with a care plan from a person's home and explained to us the process for reviewing care plans. The care plans showed what the person's needs were, at what day and time they wished to be visited and how they wished their care to be provided. People told us they received their care mostly at the times they chose. People were positive about the care they received in their homes. Daily notes detailing care and support provided were recorded by the care staff and returned to Park House for archiving as necessary.

The provider held coffee mornings for the carers on the islands to meet up and socialise. This gave the social service team an opportunity to provide carers with any training, support and information they may need.

Good

Is the service well-led?

Our findings

Relatives told us the registered manager was approachable and friendly. Comments included, "They are very approachable" and "If there is ever a problem they call me, they cant do anymore."

Staff comments included, "We need strong leadership here and it is not always forthcoming, some issues are not always dealt with appropriately, but it is getting better" and "I can always get the support I need but it has been tough here recently with the shortages of staff. Doing laundry and the teas at the minute is too much as well as providing care."

There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager was supported by a deputy manager and senior care staff and the provider who are the Council of the Isles of Scilly.

Staff told us they felt well supported through supervision and regular staff meetings. Staff commented, "We have been going through a tough period with staffing shortages. We are all so tired and working all our days off to cover the shifts," "I took a whole week off recently and it was all time off in lieu (TOIL)" and "Sometimes the leadership has not been great but we all support each other and feel a great sense of commitment to the people here."

There were systems in place to support all staff. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. For example, the provider had discussed plans to recruit to the vacant posts with staff to help ensure they knew work was being done on the issue. The registered manager had resigned and staff had been assured that a replacement manager would be found to support them.

The meetings also gave an opportunity for staff to voice their opinions or concerns regarding any changes. Senior care workers, catering and domestic staff also had regular team meetings were given an opportunity to meet up, share ideas and keep up to date with any developments in working practices.

The registered manager worked in the service regularly providing care and supporting staff this meant they were aware of the culture of the service at all times. Daily staff handovers provided each shift with a clear picture of every person at the service and helped people have their care needs met in a consistent way by all staff.

There were systems in place to monitor the quality of the service provided. Audits were carried out over a range of areas, for example, medicines, premises and food management. The registered manager reviewed all aspects of the premises with furniture being replaced, carpets cleaned and rooms decorated. Equipment such as moving and handling aids and wheelchairs were regularly serviced to ensure they were safe to use. A replacement gas cooker, new wheelchairs and hoists had been provided recently. Where issues had come to light the service made changes to help ensure they continually improved. For example, the fire alarm system had been identified as needing replacement so this was carried out.

The environment was clean and well maintained. People's rooms and bathrooms were kept clean. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use.

A recent survey sent out to people and their families had only a small but positive response. However, a large well attended public meeting had been held recently by the provider to discuss the future of residential care needs on the islands. It has been recognised that Park House is not suitable for caring for an increasing number of older people on the islands in the future. Plans to move the care home to another venue on St Mary's was being discussed following public consultation.