Ringdane Limited

South Park Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 14 and 15 February 2017 and was unannounced.

At our last inspection on 13 and 14 January 2016 we rated the service as Requires Improvement. Although the service was compliant with the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014 we did not revise the rating for the service to 'Good' as the service had previously been in 'special measures'. There was a need for the service to be able to demonstrate a longer term track record of consistent good practice.

We found that the registered provider had continued to make improvements to the service in-line with the fundamental standards over the past year. They were able to demonstrate to us at this inspection that sustained improvements had been made and this is reflected in the overall rating of 'Good', which has now been achieved.

South Park Care Home is a purpose built service registered to provide nursing care for older people. There are two separate units or 'households' as the service prefers to call them. Ebor accommodates up to 44 people with mental health and/or dementia care needs on two floors. Jorvik accommodates up to 36 people with general nursing needs over three floors. The service is situated in a residential area to the west of the city centre, and on a bus route to the city. There are parking facilities on site and local shops and other amenities close by.

At the time of this inspection there were 59 people using the service, 37 on Ebor and 22 on Jorvik.

People told us they felt safe and were well cared for. The registered provider followed robust recruitment checks, to employ suitable people. There were sufficient staff employed to assist people in a timely way. People's medicines were managed safely.

People that used the service were supported by qualified and competent staff that were regularly supervised and received appraisal regarding their personal performance. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people. The plans of care were individualised to include people's preferences, likes and dislikes. People who used the service received additional care and treatment from health professionals based in the community. People had risk assessments in their care files to help minimise risks whilst still supporting people to make choices and decisions.

Staff were knowledgeable about people's individual care needs and care plans were person centred and detailed. There was a range of social activities available and people's spiritual needs were met through in-house services and one-to-one pastoral care when requested.

People told us that the service was well managed and organised. The registered manager assessed and monitored the quality of care provided to people. People and staff were asked for their views and their suggestions were used to continuously improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults' procedures.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

There were sufficient numbers of staff on duty to meet people's needs and medicines were managed safely so that people received them as prescribed.

Is the service effective?

Good

The service was effective.

Staff received relevant training, supervision and appraisal to enable them to feel confident in providing effective care for people. They were aware of the requirements of the Mental Capacity Act 2005.

We saw people were provided with appropriate assistance and support and staff understood people's nutritional needs. People received appropriate healthcare support from specialists and health care professionals where needed.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People who used the service had a good relationship with the staff who showed patience and gave encouragement when supporting individuals with their daily routines.

We saw that people's privacy and dignity was respected by the staff.

People who used the service were included in making decisions about their care whenever this was possible and we saw that they were consulted about their day-to-day needs.

Is the service responsive?

Good

The service was responsive.

Care plans were in place and these highlighted people's care and support needs. Staff were knowledgeable about each person's support needs, their interests and preferences in order to provide a personalised service.

Staff supported people to maintain independent skills and to build their confidence in all areas.

People who used the service were able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager who supported the staff team. There was open communication within the staff team and they felt comfortable discussing any concerns with the registered manager.

The registered manager carried out a variety of quality audits to monitor that the systems in place at the home were being followed by staff to ensure the safety and well-being of people who lived and worked there.

South Park 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 registered 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 14 and 15 February 2017 and it was unannounced. The inspection team consisted of three adult social care inspectors and two experts-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts-by-experience who assisted with this inspection had knowledge and experience relating to nursing care, care of older people, and people living with dementia.

Before the inspection we spoke with the local authority safeguarding and commissioning teams to gain their views of the service. We reviewed all of the information we held about the service, including notifications and inspection reports. The registered provider submitted a provider information return (PIR) in January 2017 within the given timescales for return. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the managing director, the registered manager, deputy manager and eleven staff including nurses, care staff, ancillary staff and activity staff. We spoke with eleven people who used the service and seven relatives. We used the Short Observational Framework Tool for inspection (SOFI). SOFI is a way of observing care to help understand the experience of people who could not talk with us. We observed staff interacting with people who used the service and the level of support provided to people throughout the day.

We looked at five people's care records, including their initial assessments, care plans, reviews, risk assessments and Medication Administration Records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interest.

We also looked at a selection of documentation pertaining to the management and running of the service. This included quality assurance information, audits, stakeholder surveys, recruitment information for four members of staff, staff training records, policies and procedures and records of maintenance carried out on equipment.

Good

Is the service safe?

Our findings

People who we spoke with told us that they felt safe living at South Park Care Home. One person said, "I feel safe because of the lock on the doors; it makes me feel safe because it is one of the things I was worried about." Other people said, "I feel totally safe living here, I am well looked after in every way" and "I feel safe living here because people are around me all of the time."

Risk assessments for the environment were in place. We saw that door chains were now in place on balcony doors to ensure people living with dementia could not gain independent access to these areas. Door locks were in place on exit doors and entry to the home was provided by the staff or by use of the key-coded entry system.

One person told us how they felt when staff used the hoist to lift them out of bed. They said, "I have to be hoisted and I hate it, but it is necessary. Staff don't seem to tell me what they are doing but I know they are trained because they have told me." A relative said, "Mum was panicky about security but she feels safe here." Our observations of the service indicated that staff did talk people through any moving or handling tasks, to ensure they knew what was happening to them.

People we spoke with who lived at South Park Care Home told us they thought there were enough staff to deal with their needs. Comments from all of the relatives we spoke with aligned with this view. One relative said, "There are always at least four staff on this floor." Another said, "There seem to be enough staff they come straight away." During the day, we saw that call bells were answered within a reasonable time frame; and during staff breaks we saw that at least one member of staff was available to assist people and that other members of staff could be called upon if required.

The duty rotas showed that there was always someone in charge of the service; the registered manager, deputy manager or lead nurses. Staffing levels were high and the staff to people ratios observed in all contexts were appropriate for participation and safety in the activities of daily life. On the day of our inspection there were 59 people using the service. There were three nurses and 12 care staff on duty in the morning and three nurses and 10 care staff on duty in the afternoon/evening. At night the numbers of staff reduced to two nurses and six care staff. One nurse said, "Staffing levels have improved; we try to cover shifts with agency if needed" and another member of staff told us, "Levels of staff are very good."

People needs were dealt with in a timely way and they were able to take things at their own pace. Not all rooms in the service were occupied. Whilst most people who used the service were in the lounges, some remained in their bedrooms. People told us that they could chose to have their doors left open or closed whilst they were in their bedrooms and our observations confirmed this. The corridors were wide and mainly straight with no obstacles, making it easy for people to move around if they wished and gave good lines of sight for the staff to identify if people needed assistance. There were key-pad locked doors on all of the exits; these were linked to the fire alarm to facilitate unlocked exit points in an emergency.

We saw that medicines were stored safely, obtained in a timely way so that people did not run out of them,

administered by the staff, recorded appropriately and disposed of correctly. The qualified nursing staff informed us that they had received training on the handling of medicines. This was confirmed by our checks of the staff training plan and staff training files. We looked at how medicines were managed within the service and checked a selection of medication administration records (MARs).

The medication room keys were held by the nurse in charge of the shift. Controlled drugs (CDs) were regularly monitored by the nurses. CDs are medicines that are required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001. We found that the CD register was completed accurately and CD stocks matched those recorded in the register.

Medicines that required storage at a low temperature were kept in a medicine fridge and the temperature of the fridge and the medicine room were checked daily and recorded to monitor that medicine was stored at the correct temperature.

The nurse was able to tell us about how they returned unused and unwanted medicines to the pharmacy supplier. There was a return medicines' book in place and a cupboard for return medicines to be kept in. The return medicines were picked up by the pharmacy on a regular basis.

The nurses had received medicines training in the last year. Annual competency checks were completed in 2016/17. A weekly medicine audit was carried out and included stock checks and record keeping. Further monthly audits were more in-depth. The pharmacy supplier carried out an audit in 2017 and the report from this visit was made available to us. We saw that recommendations from the last audit had been actioned when we checked the current MARs.

The registered provider had policies and procedures in place to guide staff in safeguarding adults. The PIR told us that all staff members were aware of the safeguarding adults and whistleblowing procedures and these were displayed in the entrance foyer and staff rooms. The members of staff on duty were able to clearly describe how they would escalate concerns, both internally through their organisation or externally should they identify possible abuse. They told us they would have no problems raising any concerns if they felt there was need to and would feel supported, and it would be dealt with correctly by the management team.

One member of staff said, "We had safeguarding training on the computer, but I find the in-house sessions more engaging. I have not seen any abuse in this service. When people cannot speak up for themselves I would look for mood changes and wellbeing such as are they eating. I would have no hesitation in whistle blowing if I was worried about it, but you can always go to the nurse or the registered manager with any concerns." All the staff who spoke with us said, "The registered manager is approachable."

Care files had risk assessments in place that recorded how identified risks should be managed by staff. These included falls, fragile skin, moving and handling and nutrition; the risk assessments had been updated on a regular basis to ensure that the information available to staff was correct. The risk assessments guided staff in how to respond and minimise the risks. This helped to keep people safe but also ensured they were able to make choices about aspects of their lives.

The registered manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed. We were given access to the records for accidents and incidents which showed what action had been taken and any investigations completed by the registered manager. In January 2017 seventeen incidents were recorded including 12 falls and five people with weight loss. We saw that people with weight loss were being weighed weekly, their GP

had been made aware of their weight loss and food and fluid charts had been implemented. Individuals were then put onto a high calorie diet. The health and safety audits completed by the registered manager showed that issues with the environment were being monitored. It was also recorded when further action to resolve the issues had been taken.

The service had a team of two maintenance people who looked after general repairs in the service. For more complex maintenance, contractors were used. We looked at documents relating to the servicing of equipment used in the home. These records showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. The equipment included alarm systems for fire safety, nurse call system, portable electrical items, the lift and hoists, electrical wiring and the gas system. Clear records were maintained of daily, weekly, monthly and annual health and safety checks carried out by the staff, maintenance team and nominated contractors. These environmental checks helped to ensure the safety of people who used the service.

The fire risk assessment for the service was up to date and reviewed yearly. People who used the service each had a personal emergency evacuation plan (PEEP) in place; a PEEP records what equipment and assistance a person would require when leaving the premises in the event of an emergency. We looked at the registered provider's policies and procedures and found that they had a business continuity plan in place for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease. The plan identified the arrangements made to access other health or social care services or support in a time of crisis, which would ensure people were kept safe, warm and have their care, treatment and support needs met. It had been reviewed in the last year. These safety measures meant the risk of harm for people and staff was monitored and reduced as much as possible.

We looked at the recruitment files of four members of staff. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. Interviews were carried out and staff were provided with job descriptions and terms and conditions. This ensured they were aware of what was expected of them. The registered manager carried out regular checks with the Nursing and Midwifery Council to ensure that the nurses employed by the service had active registrations to practice.

All areas we observed were very clean and had a pleasant odour. We saw that personal protective equipment (PPE) was available around the service and staff could explain to us when they needed to use protective equipment. Ample stocks of cleaning materials were available. We saw that the domestic staff had access to all the necessary control of substances hazardous to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely.

Infection control audits had been completed in 2016 and 2017 including hand hygiene and PPE. The action plan written from the outcome of the audits showed the points had subsequently been addressed by the registered manager. Supervision sessions held with staff in January 2017 focused on infection prevention and control practices. We found that cleaning schedules were completed daily by the domestic staff and a deep clean of bedrooms was done monthly. A bed mattress audit was also completed by domestic staff and their records show that these were steam cleaned on a regular basis to reduce the risk of infection and odours. The cleaning schedules we saw covered daily, weekly and monthly tasks and ensured hygiene in the service was kept to a high standard.

Good

Is the service effective?

Our findings

Entries in the care files we looked at indicated that people who were deemed to be at nutritional risk had been seen by dieticians or the speech and language therapy team (SALT) for assessment on their swallowing/eating problems. Staff completed food and fluid charts daily and those we saw had been filled in appropriately. The registered manager was monitoring and assessing weight loss on both Jorvik and Ebor households. We saw that records showed 30 people were assessed by staff as being at risk in January 2017, and action was taken to improve the enriched diets on both households.

The registered provider had an external catering company providing meals in the service. We spoke with the chef and kitchen staff and they demonstrated a good understanding of people's nutritional needs, allergies and specialist diets. Nine people who used the service received a fortified diet. The chef told us food was blended down and the food was piped onto the plates for those people who required a modified diet. Our observations of the lunch time meal on both households showed that people received support and encouragement from the staff with eating and drinking.

Feedback on food was taken from the resident and relative meetings that were held every three months. Some foods had been changed due to people's feedback. For example, chilli had been changed to savoury mince. The catering company had provided specialist training for their staff and this included the presentation of modified diets. Kitchen staff plated up the modified diets to aid presentation. The registered provider was working with the service to look at food budgets and additional food choices. New menus were being introduced in Spring 2017 and the registered manager hoped to have more input to the menus.

We asked people about the quality of the meals they were served and we received a mixed response. For example one person said, "The food is good" and another person told us, "I do not like the food, it is always cold." We found evidence that the registered manager had reported back to the outside catering company about examples of poor quality of food and requested immediate action in 2016 and 2017. We saw that requests for full fat milk, cream, yoghurts and milkshakes had been made. The staff handover sheets we looked at included information on people who needed nutritional supplements in addition to their normal dietary needs. Information in people's care files showed that they enjoyed fresh fruit smoothies and milkshakes as part of their snacks during the day.

We discussed people's diets and weight loss with the managing director at the end of our inspection. We received written confirmation from the managing director following our inspection that action had been taken to improve the meals provided within the service.

There was a robust induction and training programme in place for all staff. New staff were mentored by more experienced workers until their induction was completed and they received additional supervision during their probationary period. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. There was a staff supervision plan in place and staff files confirmed they received regular supervisions and yearly appraisals.

The staff training programme covered mandatory subjects and more specialist training. Each member of staff had their own training record kept on the computer system. Two staff said, "Training has improved. Less e-learning and more face-to-face sessions are taking place." We saw that staff had access to a range of training deemed by the registered provider as both essential and service specific. Staff told us they completed essential training such as fire safety, basic food hygiene, first aid, infection control, health and safety, safeguarding and moving and handling. Records showed staff participated in additional training including topics such as Deprivation of Liberty Safeguards, Mental Capacity Act 2005 and equality and diversity.

The registered provider was interested in the development of the care staff and so they had introduced the care home assistant practitioner implementation programme (CHAP). This was for senior care staff who wished to take on an extended role. They received additional training during which they were mentored and their work programme was checked and signed off by an impartial person. One nurse told us, "There are two CHAPS who work three days each in this role, so there is one on six days a week. I find this really useful as it frees my time up to do wound care and GP rounds."

The registered manager told us the service had become a specialist dementia centre within the company. The registered provider had developed its own approach to dementia care, which was captured in its 'Dementia Care Framework' programme. The framework had been rolled out across the organisation and promoted a new consistent standard of care available to people living in the dementia care units. We were told the dementia care framework encouraged teams to develop the fullest possible understanding of what it was like to live with dementia. We saw that care plans had been updated to reflect dementia care needs including medicines.

Staff training now included e-learning courses and face-to-face sessions on dementia, communication, dementia and the law, distressed reactions, activities and engagement. One staff member told us, "I have just done the dementia framework training and found it to be very interesting. We looked at how to communicate with people living with dementia. The best way is to try and get to know what the person wants. For example, I support one person with poor communication skills and it took me all day to work out they wanted their toothbrush charger back. I got a 'thumbs up' from them when I worked it out."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty 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 services 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. We found that people had been assessed for capacity, and where appropriate DoLS had been sought. There was recording of best interest decisions and the service also ensured that families provided copies of Lasting Powers of Attorney's where they had been registered with the Office of the Public Guardian (OPG).

Staff showed awareness of people's rights and MCA. In discussions staff were clear about how they gained consent prior to delivering care and treatment. For example, one member of staff knew to ask people for consent before giving care, but was also aware there were people who were cognitively impaired so

followed their care plans, which were all individual and detailed about the support people needed.

Information in the care files indicated people who used the service received input from other health care professionals such as their GP, dentist, optician and podiatrist. We saw in care files that care plans were in place for oral mouth care and dental care. People received regular check-ups and staff provided people with support to attend their appointments. We asked people who used the service what happened if they did not feel well and they told us, "The staff are lovely, they would arrange for us to see our GP or the district nurse straight away."

Relatives told us that they felt staff involved them in the care of their loved ones. A relative said, "I have been involved in my partner's care planning as hopefully they will be able to return home soon. Staff always tell me everything, I don't have to ask, for instance, as soon as I came today, they told me that the physiotherapist had been and that my partner had managed to walk a little with their frame."

We observed that there was on-going development and upgrade of the environment and consideration had been given to dementia design when styling the service. The whole of the ground floor had been refurbished and fitted with plain carpets. There were signs on rooms such as the toilets and bathrooms to help cognitively impaired people recognise these facilities. The bedrooms had room numbers, names and photographs outside the doors to help people living with dementia recognise which room was theirs. The service was found to be clean, tidy and there was no evidence of malodours. Staff told us, "The company have decorated the service nicely and the environment is much better."

A café style room had been developed in what had been a conservatory area and plans were in place to develop an inner courtyard area into a beach scene. The registered manager said this would be completed by summer of 2017 and that the decision of a beach scene had been made by people and their relatives. The Jorvik dining room and lounge area had been furnished with new chairs and new flooring to the lounge. The service laundry had been repainted so walls and floors were easy to clean. The toilet facilities on Jorvik household were being refurbished.

An 'environment' audit for the service was carried out by the registered manager in January 2017 and an action plan produced. The registered manager was working their way through the points raised such as the need for new bed linen and repairs to a broken toilet seat.

Good

Is the service caring?

Our findings

During our observations we saw caring interactions and found staff to be attentive, respectful and have a caring attitude. For example, we saw staff speaking calmly and gently to a person living with dementia who was getting upset. They were able to offer the person reassurance and gave them support until they settled.

People expressed the view that they were generally well cared for. Comments included, "The staff are toffs they look after us smashing" and "The staff look after me really well." One person told us, "Some of the older carers are good and they listen and care for me." When we asked if staff cared about people using the service, one visitor said, "Yes they know what [name of relative] likes to do and encourage them to join in if they want to."

We observed care interactions. Staff were polite and sensitive to people's needs. This included knocking on doors and asking people's permission to enter. Staff said, "We knock on doors, close curtains and cover people up during personal care. We treat people as you would wish to be treated." Staff also helped people around the home, including taking them to the dining room or the lounge. During interactions with people we noted that staff would chat with individuals about what they wanted to do or about their families. It was clear that staff knew about people, their likes and dislikes. Everybody we saw who used the service was comfortable in the presence of staff.

Relatives said that they felt staff encouraged people to be as independent as possible and treated their relatives with dignity and respect. However, one relative said, "My [relative] isn't always dressed in their own clothes; the jumper they have on today is not theirs'." The registered manager said they would speak to the laundry staff about this and did so immediately.

People using the service and relatives we spoke with were content with the staff at South Park Care Home. One relative said, "The service asked us about [Name's] likes and dislikes. We have given photographs and a life story which they use." People we spoke with were happy with the care they received. The bedrooms we saw were of a reasonable size and were functional. People had access to a call bell. Families were able to personalise the rooms to make them feel more familiar and homely. This included family photographs and using their own bedding which the service washed for them.

People's families were involved in their relative's care needs if they wished. Evidence to show what input each family or the person agreed to was in the care files we looked at. For example, one family supported with the showering and hair washing of their relative each week. Others assisted their relatives with getting ready for bed and took their clothes and bedding home to wash. This was not obligatory, as staff were available and ready to undertake these tasks on a daily and weekly basis if this was required.

Handover sheets were completed by staff at the end of every shift and provide staff, coming on duty, with detailed information about people who used the service; the sheets highlighted any risk factors or specialist needs. They gave staff instructions about where they were working and what tasks were assigned for them to do such as bathing people, completing charts and which floor they were working on. We saw evidence

that records of bathing were kept and these indicated people could have a bath or shower daily or weekly depending on what they preferred. Everyone who used the service had at least one bath a week if that was their choice to do so.

Information was provided, including in accessible formats, to help people understand the care available to them. Discussion with people and relatives revealed that they had been involved in assessments and plans of care. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available from the registered manager. An advocate is someone who supports a person so that their views are heard and their rights are upheld.

Good

Is the service responsive?

Our findings

People we spoke with, who lived at South Park Care Home, were happy that staff knew what care they needed. Relatives said they had been involved in the review of care plans and this was evidenced by their signatures on the consent forms and 'agreement to the care plans' sheet seen in people's care files.

A needs assessment had been carried out to identify each person's support needs, and care plans had been developed outlining how these needs were to be met. People who used the service told us there were few or no restrictions on their daily life, although risk assessments had been completed and behaviour management plans were in place to make sure people stayed safe and well. Evidence in the care files showed us that people's views were sought and listened to, and that families were also involved in reviews of people's care.

People's care plans were detailed and person-centred. Families were encouraged to input to the care files where people were unable to contribute. Each of the care plans included details of the person's care needs, their wishes and aspirations and any risks related to their needs. This meant that people's care profiles included a wide range of information designed to assist staff to support them effectively. When people's needs changed this was clearly recorded.

Care information in the 'My Journal' document, kept in people's care files, was detailed and person-centred. It reflected people's likes, dislikes and preferences. It told staff what was important to a person and how to support them with daily tasks. It contained a life history and gave examples of what a person would consider to be a good day or a bad day. Information was both pictorial and clear print to make it easier for people to read and understand.

Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. People using the service also commented on how well their individual needs were met. One person said, "They know what I like to spend my time doing and what help I need." A Christian chaplain regularly visited the care home to carry out services. In addition, staff were able to show us how they met the needs of people with a range of religious beliefs, for example relating to individual spiritual support.

South Park Care Home had two activity co-ordinators who worked from 09:30 to 17:00 each Monday to Friday. There was an activity timetable displayed in the reception area that was changed every Monday and a copy was taken round to those who stayed in their bedrooms on request. The range of activities on offer included: bingo, drawing and painting sessions, tea and talk sessions, pub quizzes, pet therapy, music and motivational sessions.

The activities co-ordinators and care staff helped people with individual activities of their own choosing and individuals were encouraged to join in group events if they wished. On the morning of the first day we inspected, a special coffee morning was being held as it was Valentine's day. We observed staff encouraging people to get involved. Activities were varied to try to encourage as many people to join in as possible.

The activity co-ordinators also undertook activities with people who did not leave their bedrooms to ensure that they had social interaction if they wanted it. The co-ordinators had typed up life stories and put these in each person's bedroom to help with their conversations with them. One person said, "I prefer to stay in my room but I will join in the bingo and the quiz so the staff take me to those."

Friends and relatives were able to visit at any time. Relatives said they felt welcome and had a good relationship with the staff. Relatives said they felt involved in decisions about the health and welfare of their loved ones and that communication between the home and themselves was acceptable. Relatives were aware of the meetings that they were welcome to attend to express their views. They also felt comfortable speaking directly to the registered manager.

People had access to a copy of the registered provider's complaint policy and procedure in a format suitable for them to read and understand. Checks of the complaints folder showed there had been two complaints made in the last 12 months. Both had been investigated by the registered manager, responded to and resolved.

People we spoke with had not made a complaint about their care, but they told us if they had a problem they would speak to the registered manager or a member of staff. One person said: "I feel staff do listen to me and I feel comfortable speaking to the nurse."

Good

Is the service well-led?

Our findings

There was a registered manager. 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.

We sent the registered provider a provider information return (PIR) that required completion and return to CQC by January 2017. This was completed and returned within the given timescales. The information in the PIR enabled us to contact health and social care professionals prior to the inspection to gain their views about the service.

We found the service had a welcoming and friendly atmosphere and this was confirmed by people who used the service, relatives, visitors and staff who spoke with us. Everyone said the culture of the service was open, transparent and the registered manager sought ideas and suggestions on how care and practice could be improved. The registered manager was described as being open and friendly and there was an open door policy as far as they were concerned.

We asked people who used the service if they felt things had improved recently. Most said they felt some things had improved, but a few said things had stayed the same. Comments included, "I don't think anything has changed except they have an extra carer", "I feel the service is well managed" and "The care and attention has improved during the last three to four months." One relative said "The home is 100% better than it was three years ago."

We noted that the registered manager interacted politely with people who lived at South Park Care Home and people responded well to them. The registered manager knew the names of people and their relatives and was able to speak in some detail about them. Staff said, "The registered manager is very approachable and supportive. We have a very good team that work here" and "The culture here is that of a very welcoming service and the support for staff is good."

Feedback from people who used the service, relatives, health care professionals and staff was usually obtained through the use of satisfaction questionnaires, meetings and staff supervision sessions. This information was analysed by the registered manager and where necessary action was taken to make changes or improvements to the service. We found an engaged, friendly and experienced staff team in place. All staff were encouraged to share ideas and reflect on their performance through team meetings and supervisions, which were used to inform the annual appraisals.

Staff said, "The registered manager is doing a good job. It is nice that they have stayed in post and each week they ask the staff for feedback. Everyone is working together to make it a happy home for people who live here." Staff also told us, "The registered manager is much better than the previous managers. We are able to do more with people who use the service now than we did before. The registered manager has added more items into the café and the pub room is in the middle of being completed. We feel more

comfortable going and asking questions of the registered manager and deputy manager than ever before."

We asked people if they had been asked to give feedback or have an input into decision making. No one had been asked to give feedback about the service, but one person told us that they attended the monthly residents meetings and that they felt that any issues were listened to and acted upon. We saw evidence that a satisfaction survey had been carried out with staff, resident and relatives in the last year. The analysis of the feedback was completed and displayed on the notice board for all stakeholders to read.

Evidence was seen of robust audits carried out by the registered manager. The service had two I-pads and a quality assurance process (TRACA) that was electronic. We were given an explanation of how the system worked. Quality audits were completed that checked the service's systems were being followed by staff. The registered manager carried out monthly audits of the systems and practices to assess the quality of the service, which were then used to make improvements.

The last recorded audits were completed in January 2017 and covered areas such as reportable incidents, recruitment, complaints, staffing, safeguarding and health and safety. The audits highlighted any shortfalls in the service, which were then followed up at the next audit. We saw that accidents, falls, incidents and safeguarding concerns were recorded and analysed by the registered manager monthly, and again annually. We also saw that internal audits on infection control, medicines and care plans had been completed. This meant any patterns or areas that required improvement could be identified and measures implemented that improved the service.

We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.