Mr Joseph Serge Zephir

Parkhouse

Inspection report

Parkhouse
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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

We carried out an inspection of Parkhouse on the on 29 December 2015 which was announced. We last inspected the home on 1 October 2013 and found the service was meeting the regulations that were applicable at that time.

Parkhouse is a large spacious detached house situated near to the town centre of Burnley. The service provides personal care and accommodation for 12 people with a learning disability. At the time of our visit there was six people living at the home.

There was no registered manager in post. The provider had an agreement with the commission to keep this under review because changes within the company was being made. A nominated representative appointed by the provider was overseeing the management of the service. This will be reviewed in April 2016.

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.

People using this service and their representatives were involved in decisions about how their care and support would be provided. The registered provider and staff understood their responsibilities in promoting people's choice and decision-making under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of the DoLS. We found the location to be meeting the requirements of DoLS.

Staff had training and guidance on protection matters and people using the service were given guidance on keeping safe.

People told us they were cared for very well and they felt safe. Staff treated them well and gave them all the support they needed. One person said "I'm happy here. This is my home." People looked comfortable in staff presence and one relative told us, "I would know straight away if there was a problem. Although she cannot tell me if something was wrong, her body language would. She is always happy to come back to the home when I have taken her out. That speaks volumes. The staff are really lovely with her. I've been very happy with her care."

People told us they determined their own routines with staff support and staff support was flexible. This meant people did not have to conform to institutional routines and practices. We observed staff supporting people with respect whilst assisting them to maintain their independence.

People were cared for by staff that had been recruited safely and were both trained and receiving training to

support them in their duties. People using the service were involved in recruiting staff and providing induction training when they started work. Staff training was thorough and most staff held a recognised qualification in care. We found there were sufficient numbers of suitably qualified staff to attend to people's needs and keep them safe

Support with managing finances for people was strictly monitored by good accounting and regular auditing by the management team. This meant people could be confident they had some protection against financial abuse and this was closely monitored.

Individual risk assessments had been completed for all activities and were centred on the needs of the person. People's rights to take risks was acknowledged and management strategies had been drawn up to guide staff and people using the service on how to manage identified risks.

People had their medicines when they needed it. Medicines were managed safely. We found accurate records and appropriate processes were in place for the ordering, receipt, storage, administration and disposal of medicines.

The home was warm, clean and hygienic. There were infection control policies and procedures in place and the service held a maximum five star rating award for food hygiene from Environmental Health.
People told us they were satisfied with their bedrooms and living arrangements and had their privacy respected by all staff.

Each person had an individual care plan. These were sufficiently detailed to ensure people's care was personalised and placed them at the centre of their care. People's care and support was kept under review, and people were given additional support when they required this.

Referrals had been made to the relevant health and social care professionals for advice and support when people's needs had changed. This meant people received prompt, co-ordinated and effective care.

From our observations we found staff were respectful to people, attentive to their needs and treated people with kindness in their day to day care. Activities were personalised, varied and people had good opportunities for community involvement.

People were provided with a nutritionally balanced diet. All of the people we spoke with said that the food served in the home was very good. People chose their own menus.

People told us they were confident to raise any issue of concern with the provider and staff and that it would be taken seriously. They had weekly house meetings to discuss any matter that affected them.

People had been encouraged to express their views and opinions of the service through regular meetings, care reviews and during day to day discussions with staff and management. There were opportunities for people to give formal feedback about the service, the staff and their environment in quality assurance surveys. People with limited use of words were supported to communicate their wishes using visual reference in an accessible format, and where appropriate, their family had been involved. Recent surveys showed overall 'excellent' satisfaction with the service provided.

People said the management of the service was good. Staff and people using the service told us they had confidence in the registered provider and considered they were 'listened to'. There were systems in place to monitor the quality of the service and evidence the findings supported business planning and development.

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. They were shown how to keep safe and they were cared for by staff who had been carefully recruited and were found to be of good character.

People's medicines were managed in accordance with safe procedures. Staff who administered medicines had received appropriate training

Staff were aware of their duty and responsibility to protect people from abuse and were aware of the procedure to follow if they suspected any abusive or neglectful practice.

Risks to the health, safety and wellbeing of people who used the service were assessed and there was good guidance in place for staff in how to support people in a safe manner.

Is the service effective?

Good

The service was effective

People were supported by staff who were well trained and supervised in their work. Staff and management had an understanding of best interest decisions and the MCA 2005 legislation.

People's health and wellbeing was consistently monitored and they were supported to access healthcare services when necessary.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People told us they enjoyed their meals.

Is the service caring?

Good

The service was caring.

Staff were respectful to people, attentive to their needs and treated people with kindness in their day to day care. People told

us staff were very kind and caring.

People were able to make choices and were involved in decisions about their care. People's views and values were central in how their care was provided.

People were involved in making decisions about how the service was run. They were involved in the development of policies and procedures and the recruitment and training of staff.

Is the service responsive?

Good

The service was responsive.

People's care plans were centred on their wishes and needs and kept under review. Staff were knowledgeable about people's needs and preferences

Staff supported people's right to be self-determining in how they lived their lives as valued citizens within the home and wider community.

People were supported to keep in contact with relatives and friends.

People felt able to raise concerns and had confidence in the registered provider to address their concerns appropriately.

Is the service well-led?

Good

The service was well led.

The quality of the service was effectively monitored to ensure improvements were on-going through informal and formal systems and methods.

There were effective systems in place to seek people's views and opinions about the running of the home.

The management team took a pro-active approach to ensure people received a quality service from a team of staff that were valued.

Parkhouse

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 29 December 2015. The provider was given notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Prior to our visit, we reviewed all the information we held about the service. The provider sent us 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.

During the inspection we spoke with six people who used the service. We spoke with two staff members and the nominated representative of the company. We contacted local authority commissioners contracting unit for feedback about the service.

We looked at the care records of three people who used the service and other associated documents, including policies and procedures, safety and quality audits, quality assurance surveys, three staff recruitment records, induction and supervision records, minutes from meetings, complaints and compliments records, medication and financial records for six people, policies and procedures and audits and comments and compliments records.

Good

Is the service safe?

Our findings

We spoke with six people who used the service. Four people were able to answer our questions about their experience of how they were supported in daily living and how staff treated them. They told us they felt safe and staff treated them well. One person said "She's my friend" and pointed to a staff member on duty. Another person told us, "I'm happy. I like it here, it's my home." Other responses to our questions included, "I go to bed when I want and get up when I want." "They (staff) look after us." People we spoke with told us staff were always around to help them.

During the inspection we did not observe anything that gave us cause for concern around how people were treated. It was clear from people's interaction with staff that they felt comfortable and relaxed in their presence. One relative visiting told us, "I would know straight away if there was a problem. Although she cannot tell me if something was wrong, her body language would. She is always happy to come back to the home when I have taken her out. That speaks volumes. The staff are really lovely with her. I've been very happy with her care."

We looked at three people's care records. We noted they had a preferred lifestyle recorded in what people wanted to do, when they wanted to do it and how this was supported by staff. All of the people we spoke with told us they received the help they needed and when they needed it. Staff told us they could meet people's individual needs. If people needed to be supported, for example on outings, day trips or when people had to attend appointments, staffing was arranged to provide this support. This meant people's varying needs were met at times that suited them and prevented institutional routines and practices occurring.

We found a safe and fair recruitment process had been followed. Appropriate checks had been completed before staff began working for the service. These included the receipt of a full employment history, written references, an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

People using the service had been involved in the recruitment process. They had been able to meet and greet applicants and had participated in the interview process. This was done formally. The service had equipped them with an identification work badge to wear during the interview and had trained them to ask the right questions relating to their care and support. Following that, people using the service discussed their views of the interview with the team and we saw evidence their views supported the final decision whether to offer the applicant a job. This helped to show a fair selection process had been used that embraced equal opportunity for all.

We looked at staffing rota's. These showed how the service managed their staffing levels to ensure there were sufficient numbers of suitable staff to meet people's needs and keep them safe. Additional staff were provided for any extra activity people undertook. The nominated representative of the company told us any shortfalls, due to sickness or leave, although rare, were covered by existing staff.

Contractual arrangements were in place to make sure staff did not gain financially from people they cared for. Support with managing finances for people was strictly monitored by good accounting and regular auditing by the management team. People requiring this support could be confident they had a high level of protection within the service against financial abuse.

We discussed safeguarding procedures with two members of staff and with the nominated representative of the company. There were policies and procedures in place for their reference including whistleblowing. Whistleblowing is when a worker reports suspected wrongdoing at work. Officially this is called 'making a disclosure in the public interest'.

Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. Staff we spoke with had a good understanding of safeguarding and protection matters and expressed confidence in reporting concerns. One member of staff said, "I wouldn't hesitate to report any concerns I had. I will speak up." Training records we looked at showed staff had been trained on safeguarding and protection matters and staff confirmed this.

The management team was also clear about their responsibilities for reporting incidents and safeguarding concerns and had experience of working with other agencies. Information about the service we had reviewed before this inspection showed management had followed local safeguarding protocols to a reported incident.
People using the service had guidance about abuse in easy to read formats and what they should do to keep safe. People were regularly supported to tell management how staff treated them with easy to read questions and pictorial signs to express themselves.

We looked at three people's care records and found individual risk assessments had been completed and were centred on the needs of the person. They were wide ranging and covered all aspects of daily living within the home and wider community. People's rights to take risks was acknowledged and management strategies had been drawn up to guide staff and people using the service on how to manage identified risk. Where incidents had occurred these had been analysed and risk assessed showing the impact on staff, other people and the person involved. The likelihood of a reoccurrence was also considered and strategies to manage the risk were put in place. These were kept under review and updated on a regular basis. This meant staff had clear, up to date guidance on providing safe care and support.

We looked at how medicines were managed and found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. People had their medicines when they needed them and we saw documentary evidence to demonstrate staff administering medication had been appropriately trained. The home operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. Medication was delivered with corresponding Medication Administration Records (MAR) sheets for staff to use.

We looked at all MAR sheets and noted safe procedures were followed by staff in checking the right medication was delivered and matched the tablet description. MAR sheets were complete and up to date. We found that where GP's gave instructions to discontinue or stop people's medicines, this was clearly documented. The staff on duty told us arrangements with the pharmacist to deal with medication requirements were good and this helped to make sure unused or discontinued medicines was disposed of appropriately. People had been assessed to determine their wishes and capacity to manage their own medicines. There was supporting evidence to demonstrate the medication systems were checked and audited on a regular basis.

The premises were found to be very well maintained and clean. We looked at the arrangements for keeping the home clean and hygienic. There were infection control policies and procedures in place for staff reference and all staff had been trained in this topic. Staff were provided with protective wear such as disposable gloves and aprons and suitable hand washing facilities were available. The service also held a maximum five star rating for food hygiene from Environmental Health.

Staff training records showed staff had received training to deal with emergencies such as fire evacuation and first aid. Their were good policies and procedures in place for dealing with a wide range of emergency situations and these topics were raised at staff meetings. At the recent staff meeting staff had been reminded of procedures to follow when dealing with emergencies. Each person living in the home had a personal emergency evacuation plan (PEEP) and they took part in regular evacuation exercises. A PEEP sets out the specific requirements to ensure people can be safely evacuated from the service. Security to the premises was good and visitors were required to sign in and out.

Good

Is the service effective?

Our findings

People we spoke with told us the service was good. One relative told us, "They get a very good service here. I've never been disappointed in anything. I'm kept informed over everything that happens and I'm consulted over every aspect of her care and support. It would be hard to find something as good as this for her."

We looked at quality surveys completed by people living at the service. These were in easy read and pictorial formats. Completed surveys showed people were happy with the support they received. People had commented for example, "I like the way they help me with budgeting and I like the food we choose." "I like to buy new things. We chose wallpaper, carpets and curtains for our house." and "If I need something I ask staff to help me."

We looked at quality surveys completed by relatives and friends. Comments included, "An excellent service." "We are very happy with every aspect of our relatives care." "She is always supported to do what she likes to do."

We looked at the training records of all the staff employed in the service. Most staff had worked at the service for a number of years. Records showed staff had completed induction training when they started work. The induction was structured and included learning the organisation's policies and procedures and included all mandatory training such as load management, safeguard, first aid, food hygiene, fire safety and infection control. In addition to the organisations induction, people using the service carried out their own induction of staff. During this time they told staff what was important to them and how staff should conduct themselves when they provided their support. One person using the service who trained staff told us they told staff about 'being respectful', 'being an individual' and 'having rights'.

We saw good evidence of management support for staff. We looked at supervision records for three staff members. We found they were structured well and supervision was being carried out monthly. Staff had appraisals that supported them have confidence in their work , look at their achievements and strengths and identify future training. Staff confirmed they received regular supervision and appraisal of their work. They said, "We do have supervisions and appraisals. We can always speak to the provider anytime we need advice or support." People using the service also took part in staff appraisals.

A training and development plan for the year was in place. We found all staff had received an extensive range of appropriate training to give them the necessary skills and knowledge to support them look after people properly. Regular training included safeguarding, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), load management, fire safety, first aid, health and safety, food safety and infection control. This training was renewed regularly and staff were also trained in specialist subjects such as autism, learning disabilities, epilepsy, managing behaviour that challenges, respect and dignity, equality and diversity, diet and nutrition and death, dying and bereavement. The majority of staff employed at the service had achieved a recognised qualification in health and social care and had completed the 'Learning Disability Diploma'. We saw that staff training records were completed and copies of training certificates filed appropriately.

Staff also had access to a wide range of policies and procedures to support them with safe practice. At staff meetings policies and procedures were discussed. This supported staff to take a consistent and effective approach to their work.

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 the 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 are called the Deprivation of Liberty Safeguards (DoLS). The service had policies in place to underpin an appropriate response to the MCA 2005 and DoLS. Two people using the service had a DoLS in place to protect them and ensure best interest decisions were made on their behalf. Records showed different stakeholders, such as the person, their family, social workers and health professionals had all been involved in decision making. This supported decisions made were robust and in the best interests of the individual.

The senior representative and staff were clear about how they upheld people's rights and monitored their capacity to make their own decisions. We viewed three care records of people using the service. The care records showed assessments had been made about people's capacity to make decisions in all aspects of their lives. We looked at decisions that had been made, for example sharing of information, medication administration, support with personal and social care, health monitoring and personal environment. We noted in every decision taken the person was involved throughout the process. People with limited use of words were supported to communicate their wishes using visual reference, and where appropriate, their family had been involved. If the person was not able to make an informed decision then a decision was made on their behalf in line with current legislation and we saw very good examples of this.

People told us they enjoyed the food and were given a choice of meals and drinks. We observed lunch time. People were given a choice of a hot or cold meal. One person told us, "The food is good. I like it. I like everything we have. We go out to eat sometimes." Another person told us, "I can choose what we want to eat." People were involved in planning weekly menus.. Menus were discussed during house meetings. We saw that healthy eating was considered as part of the menu planning and preparation of meals. This helped ensure people's dietary preferences and needs were considered.

Care records included information about people's likes and dislikes, and any risks associated with their nutritional needs. Special diets were catered for and people's weight was checked at regular intervals. Staff supported people to manage their diets and drinks to make sure they were safe and as healthy as possible. We noted appropriate professional advice and support had been sought when needed.

People's healthcare needs were considered during the initial assessment and care planning. Contact details of relevant health care professionals involved in people's care and support was recorded and routine healthcare checks and health screening were planned for. Each person had a Health Action Plan in a suitable format for understanding. Those we looked at showed people using the service were empowered to have as much choice and control as possible in managing their health and well being. They were involved in discussions and decisions about their health and lifestyles. This included detailed instructions on people's responses to things they were asked. Each person used their own methods of communication. Reactions would tell care staff about how a person was answering a question or expressing how they were feeling. For example 'If I'm in pain I will….' 'If I am unwell, this is how I say it.' We found the service had good links with

other health care professionals and specialists to help make sure people using the service received prompt, co-ordinated and effective care. Records showed staff supported people to attend healthcare appointments and liaised with other health and social care professionals involved in peoples care and support.

Good

Is the service caring?

Our findings

People using the service indicated to us staff were very kind and caring. One person showed us their "lippy" (lipstick) staff had bought them and put some on for us to see. They told us they were very happy and liked living in the home. Another person told us "I like everyone here." A relative we spoke with said, "They (the staff) are really lovely. She has known them for years now. She has always received excellent care and support. Whenever I visit she is always dressed nice and they really know and understand her. I couldn't fault anything they do for her. She has a lovely room with everything she needs and they keep it nice. She has always been happy here and I'm not sure I would find anywhere as good."

Part of training given by people using the service to staff was around having respect for each other and what that meant for them. This included the key principles on the right to respect, compassion, dignity in care and empowerment. This was closely monitored by the provider with quality monitoring taking place at frequent intervals. We looked at these and found the feedback the provider had received was excellent.

We observed how people were treated with dignity and respect. People were called by their preferred names and the staff and people chatted happily together and with each other. It was clear staff had built trusting relationships with people they cared for. Staff we spoke with had a good understanding of people's personal values and needs. They knew what was important to people and what they should be mindful of when providing their care and support. For example care plans included a detailed overview of people's needs that emphasised their individuality such as wearing makeup and jewellery. There was also an emphasis on what people could do for themselves. This enabled staff to support people to maintain their independence.

Each person had a single room which was fitted with appropriate locks to ensure their privacy. House rules agreed by people using the service included respecting other people's privacy and their belongings. There were policies and procedures available for staff about caring for people in a dignified way and information on advocacy services. Staff had training that focused on values such as people's right to privacy, dignity, independence, choice and rights. There was also information on these core values in the service user's guide. For example 'To put the people we support first, to take pride in the care we deliver, to respect others, to strive to be the best and to always act with integrity'.

There was a keyworker/buddy system in place which meant particular members of staff were linked to people and they took responsibility to oversee their care and support. Staff we spoke with had a very good knowledge of people's needs, likes and dislikes. One staff member said, "I love my job. It's interesting and rewarding and people are looked after very well."

Communication was seen to be very good. Staff told us they were kept up to date about people's changing needs and the support they needed on a daily basis. People had ownership of their own care plan, which they kept in their room. Daily records competed by staff were written with sensitivity and respect. All staff had been instructed on confidentiality of information and they were bound by contractual arrangements to respect this. This meant people using the service could be confident their personal matters were kept confidential.

We could see that people's preferences were at the centre of all their care and support. House meetings were arranged weekly for people to raise any issues and discuss the routine running of the service. Other opportunities to express their views included day to day discussions with staff and management, through care reviews and regular satisfaction surveys. This showed the service listened to people and that people's opinions were considered important and were used to develop the service.

Good

Is the service responsive?

Our findings

People we spoke with told us they could do what they wanted. Every week they decided on what activities they took part in. They showed us their weekly planner they had completed with staff. They were completed in easy read formats that included the use of pictorial illustrations. In addition to this people had profiles written specifically for them showing what was important in their lives. Some examples of this included dancing, watching football, waking up slowly, my friends, my adopted horse and listening to music. One person told us "I've been dancing and at Christmas I got some presents (of which we were shown)." They went on to tell us on Sunday they had watched a film and enjoyed eating mashed potatoes, chicken and stuffing. Another person told us, "I went to see my sister and the family for Christmas. I had a good time. I'm going out for my birthday. I like going shopping with (staff member)"

We looked at the way the service assessed and planned for people's needs, choices and abilities. Most people had lived at the home for a number of years. We looked at three people's assessment, care and support plans. These were thorough and focused on people's individual circumstances and their immediate and longer-term needs. The information in the assessments was wide ranging and covered interests and activities, family contact, identification and management of risks, personal needs such as faith or cultural preferences, physical and mental health needs, communication and social needs. Care records clearly detailed people's likes and preferences and provided good evidence to show people were at the centre of their care. The care plans in use were easy to follow and contained information about people's routines, likes and dislikes as well as their care and support needs.

We found evidence in care records that people had been involved in setting up their care and support plan. Care plans were comprehensive and addressed areas including general health, communication. risks and concerns, personal hygiene and appearance, and leisure and activities. People's continuing assessment showed they had the opportunity to make and change decisions they made regarding their care and support. Records showed people's right to be self-determining in how they lived their lives as valued citizens within the home and wider community was acknowledged. People's support needs, lifestyles and circumstances were regularly monitored and reviewed. We found positive relationships were encouraged and people were being supported as appropriate to maintain contact with relatives and others.

Records showed people were involved in the care plan review and were actively encouraged to participate. People who used the service confirmed this. We noted people were supported prior to a care planning meeting to think about people they would like to be involved. People's expressed wish of involving others such as family, friends, social worker was recorded and staff were respectful of this. Care plans identified people's needs, actions required and the staff member responsible for carrying out the task. Training records showed all staff were trained in person centred care that placed an emphasis upon promoting and maintaining people's independence within care planning process and care delivery.

People were provided with information about the service in a format suitable for their understanding, as well as a contract highlighting the terms and condition of residence. Within these documents an outline of policies and procedures that affected them such as confidentiality and data protection, safeguarding,

equality and diversity and human rights were included. This supported people to have a good understanding of what standards they should expect from the provider and staff whilst living in the home.

People had a hospital passport. These contained important information about the person, such as their health and health difficulties, likes and dislikes, and any medication that they may be on. They also provided a more complete picture of an individual's life to be shared with those who would be providing care and support away from their home and to help improve the quality of the care and treatment that they received.

From our discussions with people using the service, staff and a relative and from looking at records it was clear people were encouraged to participate in a range of varied activities and to pursue their hobbies and interests. Activities were tailored to the individual and included shopping, swimming and attendance at local clubs, pubs, hairdressers and colleges. One person told us they liked parties and meals out. Another person told us they liked shopping . People told us they had holidays of their choice, days out, visited family and friends and enjoyed concerts, attended various clubs and generally used all community resources for leisure activities. One person said they had been football training at Burnley Football Club ground.

The nominated representative of the company told us staff were available to make sure people were supported to do what they wanted and when they wanted. Staff were matched with people who shared the same interests. People using the service chose the member of staff they wanted to support them

People told us they were able to maintain relationships with friends and family. Records showed people stayed with their families for periods at a time. One relative told us they were always made to feel welcome when they visited the home and were involved and invited to all events organised by the service. People were supported to remember significant dates such as family members birthdays. Staff supported people to buy token gifts or send a card to celebrate the occasion.

Detailed daily records were kept of the care and support delivered including what went well, how people were feeling, meals taken and activities participated in. This helped staff to monitor and respond to people's wellbeing. We also saw that people using the service kept a diary of everything they did. Photographs with captions written underneath supported people identify with family members and staff, remember where they had been, who with, and what they were doing at the time.

We looked at the way the service managed and responded to concerns and complaints. In order to promote people's awareness of their right to complain, a pictorial compliments and complaints procedure was given to people at the time of their admission. The procedure included the action to be taken when raising concerns and expected time-scales for the investigation and response. Reference was made to other agencies that may provide people with support with their complaints.

People who used the service were confident if they made a complaint it would be dealt with by management. All the people we spoke with were complimentary about the service provided and had no complaints about the care they received. People we spoke with were all aware of how to complain and who to complain to. One person said, "I would just go to (staff member) she's my friend." One relative said, "My (relative) is always very happy. I have no complaints whatsoever about the standards here. If I had I would certainly raise it with the owner."

There had not been any complaints at the service within the last 12 months. The nominated representative of the company explained they dealt with 'minor issues' which meant concerns were less likely to occur. People who used the service and their relatives had plenty of opportunity to discuss any issue of concern during regular house meetings, during day to day discussions with staff and also as part of regular quality

monitoring surveys carried out. Information from the recent satisfaction survey indicated people knew who to complain to if they were unhappy about any aspect of their care.

Good

Is the service well-led?

Our findings

People using the service, staff and a relative did not express any concerns about the management and leadership arrangements. A relative said, "I'm extremely happy with the standards in this home, they are very professional." One staff member told us, "The owners are very good. The are very supportive and are available to discuss any issue we have. I feel as a staff member I can raise issues for discussion and they listen. We have regular meetings and we are kept informed of any planned changes," Other comments included, "Management is always available" and "Everyone is always helpful."

There was no registered manager in day to day charge of the service. Following the decision of the previous registered manager to de register with the commission in November 2015, an interim agreement was reached to allow a nominated senior representative for the provider to oversee the management of the service. This was because changes were being made and a phased transfer to other services of people's choice was taking place. The registered provider confirmed they will continue to provide a quality service for as long as this is required.

A wide range of policies and procedures were in place at the service, which provided staff with clear information about current legislation and good practice guidelines. We were able to determine that they were regularly reviewed and updated to ensure they reflected any necessary changes.

The provider used a range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback from people and their relatives in quality assurance questionnaires. Staff were regularly supervised by management and people using the service and their relatives were also asked for their opinion of the staff who supported and cared for them. This enabled the service to monitor people's satisfaction. The results from the recent survey were very positive.

Management and staff meetings were held at regular intervals. We noted good practice issues were raised and staff were updated on any quality audits that had been carried out. Staff we spoke with felt they could have an open discussion and give their opinions during the meeting.

Staff we spoke with had a good understanding of the expectations of the registered provider and had clear defined roles and responsibilities to people using the service, themselves and the provider. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them. Staff told us they received regular feedback on their work performance through the supervision and appraisal systems and enjoyed working for the service. They had been provided with job descriptions, staff handbook, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care.

There were effective systems in place to regularly assess and monitor the quality of the service. They included checks of the medication systems, support plans, management of people's money, access to activities, staff training and standard of the environment. This meant there was constant oversight of the

service and this provided an opportunity for everyone to reflect and improve the service where needed.

The provider had developed links with other useful organisations and networks to help keep up to date with good practice and drive up standards of quality. For example, the registered provider had introduced "Hands off my Home". This is a 'Path to Citizenship quality checklist for people with a learning disability'. Assessments completed are then peer reviewed with other providers to make sure standards of care and support are good and to identify any area where improvements can be made.

We looked at the service assessment carried out in September 2015 and supporting evidence showing the service was meeting their obligations of providing person centred care, and the subsequent report on this. It was clear from the report there was an overwhelming satisfaction Comments from the report included, 'The care that Parkhouse provides is based on service users human rights'. 'Parkhouse has a good culture that listens to service users, their family and staff. They encourage people to speak out'. And, 'Parkhouse management team are second to none. They are always there when you have a problem, listen to service users and their family when things are going well and not so well, and make changes when needed. The service users and their families are always involved when decisions are made with the home, any changes to be made and how things are run'.

The provider was also a member of 'In Control' and Mencap. In control is a national charity working for an inclusive society where everyone has the support they need to live a good life and make a valued contribution. Mencap offer advice and good practice for professionals working with people with a learning disability.

We were shown a copy of the providers business and development plan. We could see short term and long term objectives were set out, outlining continuing investment into staff training and involving people using the service and staff in decision making. Arrangements were in place to promote on-going communication, discussion and openness between people using the service, staff, relatives and others.

The provider had Investors In People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management.