

Council of the Isles of Scilly

Park House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Park House is a 'care home' which provides accommodation and personal care for up to 13 people living with dementia and other physical health needs. At the time of the inspection 11 people were using the service.

The service also provides community support (domiciliary care) for people living in their own homes. At the time of the inspection 12 people received support. Support currently provided ranged from individuals receiving 1 or 2 hours a week from one member of staff, to people receiving 4 visits a day from two staff.

The registered manager oversees both services from the care home office. There are 2 separate staff rotas to cover the care home and the domiciliary care team. However, some staff, on duty in the care home, also cover some short visits to people in the community.

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

The environment was safe and there was equipment available to support staff in providing safe care and support. However, the internal environment required updating and attention, with some areas found to be neglected and in a poor state of repair. Carpets were heavily stained and threadbare. Lino in a bathroom had holes in it, making it difficult to clean which posed an infection control risk, and many items of furniture were old and dated. For example, armchairs were badly stained and bedroom furniture was worn and scuffed. We also found many areas of the service were cluttered and untidy. A lounge was being used to dry laundry and a new washing machine had been left in the room and there were several boxes of activity equipment. This meant the room was not a pleasant environment for people to spend their time in. Boxes of equipment were left in many areas of the service. Though unsightly they were not stored in thoroughfares and did not pose a risk to people. The registered manager told us this was due to the lack of storage space available in the service.

Areas of the premises were no longer adequate to meet the needs of the service. Shared lounges and the kitchen area were small, and corridors were narrow which could pose difficulties for people using wheelchairs. A lift was available to upper floors. There was no sluice room in place. Shared bathrooms were outdated.

Council of the Isles of Scilly, who owned the property, have put forward a business case to central government for an integrated building which would include a new care home. They are still waiting for an outcome and decision following a visit from central government. At present money had been made available to upgrade and update the current property and to bring it up to standard. This had not commenced partly due to difficulties identifying a contractor to carry out this work as well as problems associated with the pandemic. One professional commented; "Unfortunately the building is very dated." A relative said; "The building is very run down. It is very dated and could do with a total revamp or better still be relocated somewhere on the island to a more suitable site that caters for modern day needs."

Staff for both the care home and DCA were recruited safely, however both the registered manager and nominated individual agreed that they had been struggling to recruit staff on the island. The service used agency workers from the mainland to cover shifts and staff worked extra shifts to cover vacant posts. Limited local housing options meant it was difficult to source accommodation for staff from the mainland, including agency staff which the service was relying on heavily. One relative said; "They do a great job, though have the pressures of staffing and the conditions. Shame they have the pressure of that which can take focus away from what they are doing." Another said; "Additional funding is needed to help recruitment linked to housing provision for staff." While a staff member said; "Can be difficult with staffing." One professional commented; "I'm aware that they were struggling to recruit staff."

We have made a recommendation about staffing in the report.

Health and safety checks of the environment and equipment were in place. However, we found the audits for checking some areas including weekly room checks, sling checks and daily environment checks were not completed. The registered manager told us that due to staff shortages these had not been completed recently. However, we requested and received updated and completed forms to say these checks had been carried out.

People who were able to, told us they were happy with the care they received, and people said they felt safe living there. One person said; "I'm looked after very well" and a relative said; "She (their relative) is safe with them." People looked relaxed, happy and comfortable with staff supporting them. Staff were caring and spent time chatting with people as they moved around the service. A professional said; "I have always seen and heard the staff interacting with residents in a most positive, caring manner. They all have a lovely approach, engaging in conversation, while listening and responding to their individual needs."

A professional said of the care home and the domiciliary care service; "We receive feedback from members of the community about health and care services that they have experienced. We have not received any negative feedback about Park House and the service that they provide."

Medicines were ordered, stored and disposed of safely within the care home. All medicines were held in individuals' bedrooms. People who lived in the community received visits from staff to check people had taken their medicines as prescribed.

People were supported by staff who completed an induction, received appropriate training and support to enable them to carry out their role safely, including fire safety and manual handling training. There was time for people to have social interaction and staff carried out activities to assist people. Staff knew how to keep people safe from harm.

Records were accessible and up to date. The service used a computerised care planning system which held records for the care home and for the domiciliary care service. The management and staff knew people well and worked together to help ensure people received a good service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

Records of people's care were individualised and reflected each person's needs and preferences. Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. People's communication needs were identified, and where they wanted, people had end of life wishes explored and recorded.

Staff told us the registered manager was available, assisted them daily and helped cover shifts when needed. They went on to say how the registered manager was approachable and listened when any concerns or ideas were raised. A staff member said; "Feel very supported (by staff and management) and everyone very friendly." A professional said; "Particularly I have found the manager of Park House to conduct themselves in a professional, competent, caring manner with genuine desire to care for, support and meet the needs of each and every one of their clients."

People and their families were provided with information about how to make a complaint and details of the complaint's procedure were displayed at the service.

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

Rating at last inspection and update

The last rating for the service was good, (published 2 October 2018.)

Why we inspected

This inspection was prompted by a review of the information we held about this service and due to receiving information of concern about people's care.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have found breaches in relation to the environment and governance.

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

Notice of inspection

This inspection was unannounced.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-Led findings below.

Park House

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Park House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Park House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service also provides care and support to people living in their own homes, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for care and support at homes service, this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We met and spoke with people who used the care home service, however many were not able to tell us about their experience of the care provided. We spoke with 8 members of staff including the nominated individual, registered manager, community care workers, care workers and auxiliary workers. We spoke with and received information from 4 relatives, including a relative whose family member had experience of using the DCA. We received feedback from 9 professionals.

We reviewed a range of records. This included 2 people's care records and 4 medicines records. A variety of records relating to the management of both services, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At the time of the inspection there were sufficient numbers of staff on duty to meet people's assessed needs. This had been achieved by using agency workers from the mainland to cover shifts and staff working extra shifts to cover vacant posts.
- There was a small staff team working in the DCA. When required staff based in the care home were also able to support people in the community. This was normally for short visits such as basic welfare checks or to prompt people to take their medicines. Records showed visits took place as planned and there had been no missed visits.
- Limited local housing options meant it was difficult to source accommodation for staff from the mainland, including agency staff which the service was relying on heavily. The registered manager and nominated individual acknowledged the staffing situation would become more pressing during the summer when rental property became scarcer. The service action plan stated; "Continuity of care at risk, service standards at risk of falling below what is desirable." They were in discussion with the local authority over the future plans for recruiting staff. One relative said; "They do a great job, though have the pressures of staffing and the conditions. Shame they have the pressure of that which can take focus away from what they are doing, and another said; "Additional funding is needed to help recruitment linked to housing provision for staff." One relative said they had been informed by their relative living in the home; "(named relative) finds it very frustrating how short staffed they are." While a staff member said; "Can be difficult with staffing." One professional commented; "I'm aware that they were struggling to recruit staff."
- Staff and the registered manager worked additional hours, so people were supported by staff they knew and trusted. The service action plan stated; "Staff working above and beyond to allow us to maintain staffing and keep safe, but not sustainable and we are one incident away from not being able to do so." A relative said; "The team at Park House are incredibly stretched predominantly due to staff shortages."
- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs and staff could usually spend quality time with people. However, on the first day of our visit, in the care home there were 2 agency staff, 1 new to the island and the service, and 1 newly appointed staff member on shift to support people, some of whom were being cared for in their rooms. The service action plan records; "Gaps in service have been covered for many weeks by the manager who has a variety of roles including cooking, senior and community (work)."
- Staff said they completed full recruitment and pre-employment checks from the Disclosure and Barring Service before they started work.

We recommend the provider seek advice and guidance about reviewing staffing levels and introducing systems to ensure they are able to meet safe staffing levels throughout the year.

Assessing risk, safety monitoring and management

- Staff knew people well and were aware of people's risks and how to keep them safe. A relative said; "I consider that my mother is safe and well looked after." While a professional commented; "I have no concerns about safety at Park House."
- Risk assessments were detailed and up to date which meant staff had guidance on how to manage people's care safely. They covered areas such as personal care and people's health.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans documented information for staff on people's health needs, so they could respond quickly to prevent situations from escalating.
- Equipment and utilities were regularly checked to ensure they were safe to use. Any equipment in people's homes was regularly checked to ensure it remained safe to use.
- Contingency plans were in place and showed how the service supported people during outbreaks of COVID-19.
- Plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Systems and processes to safeguard people from the risk of abuse

- The service had effective systems in place to protect people from abuse.
- Staff received training and were able to tell us what safeguarding, and whistleblowing was. Staff were able to describe the signs and types of abuse. Staff understood how to report any concerns they had to the management team. A professional said of Park House; "Very supportive to their needs and is a safe place to be."
- The management team was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

Using medicines safely

- People received their medicines in a safe way, as prescribed for them.
- People's medicine support needs had been assessed and were recorded in care plans. Care plans included additional risks related to medicines. For example, highlighting allergies and reactions to certain medicines.
- Medicines were ordered, stored and disposed of safely and securely. Staff recorded medicines following administration.
- Where people were prescribed 'as required' medicines there were protocols in place detailing the circumstances in which these medicines should be used.
- Medicines were audited regularly with action taken to make ongoing improvements.
- External creams and lotions to maintain people's skin integrity were applied during personal care.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

The provider was facilitating visits for people living in the home in accordance with current guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.

Is the service effective?

Our findings

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

The previous rating for this service had been good. This key question has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The environment was safe and there was equipment available to support staff in providing safe care and support. However, the internal environment required updating and attention, with some areas found to be neglected and in a poor state of repair. Carpets were heavily stained and threadbare. Lino in a bathroom had holes in it, making it difficult to clean which posed an infection control risk, many items of furniture were old and dated. For example, armchairs were badly stained and bedroom furniture was worn and scuffed. We also found many areas of the service were cluttered and untidy.
- A lounge was being used to dry laundry and a new washing machine had been left in the room and there were several boxes of activity equipment. This meant the room was not a pleasant environment for people to spend their time in. Boxes of equipment were left in many areas of the service, although these were not blocking thoroughfares and did not pose a trip hazard. The registered manager told us this was due to lack of storage. The downstairs toilet was not working and had not been working for several months. We were informed that it was not repairable. This meant some people who were using a downstairs lounge and whose room was upstairs had to be supported upstairs to use a toilet. This could have put additional pressure on staff.
- Areas of the premises were no longer adequate to meet the needs of the service. The service action plan states; "Currently the building that's houses the care home is not fit for purpose in size or amenities it offers." Then gives examples; "A lack of space generally, a general worn and tired presentation." Shared lounges and the kitchen area were small and corridors were narrow which could pose difficulties for people using wheelchairs. There was no lift or sluice room in place. Shared bathrooms were outdated and limited people's choices.

The Isles of Scilly Council, who owned the property, had been given the go ahead to build a new purpose-built care home along with a new hospital, however this had been put on hold. Instead money had been made available to upgrade and update the current property and to bring it up to standard. This had not commenced partly due to difficulties in identifying a contractor to carry out this work, as well as problems associated with the impact of the Covid-19 pandemic. The registered manager and nominated individual also stated some of the delay was due to the long process of applying to have work carried out. They both agreed the process was cumbersome, difficult and frustrating. For example, they had requested 2 washing machines be moved to a more suitable area. This had taken several months to be carried out due to the amount of paperwork and requests needing to be made. One professional commented; "Unfortunately the building is very dated, but this does not deter from the positive experience that the residents have when staying there." A relative said; "The building is very run down. It is very dated and could do with a total

revamp or better still be relocated somewhere on the island to a more suitable site that caters for modern day needs."

The nominated individual sent us a list of plans outlining the required updates and details of the work needed to be carried out. One of the areas they specified needing attention stated; 'Carpet finishes were generally worn, dated and stained. First floor level rucking and lack of/defective thresholds over joints creating tripping hazards.' It went onto report, 'bathrooms required to change to accessible wet rooms.'

Following our visit, the provider sent us reports showing future plans for the care home. The provider provided information that in 2021 it was recognised that intermediate work needed to be carried out to maintain the building to an acceptable standard. They confirmed that the work would be commencing in February 2023.

They also informed us the Council of the Isles of Scilly took a lead role early in 2018 to support an integrated workforce and an integrated building that would involve the refurbishment of the hospital and a new build for the care home. However, they were still awaiting confirmation that the project would go ahead.

The provider had failed to ensure the premises used by people is properly maintained. This was a breach of Regulation 15 (Premises and Equipment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them. Some rooms had been repainted.
- There was a suitable range of equipment to support the needs of people using the service.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs. Staff comments included; "Care wise- no better place." While a professional said; "Staff are incredibly committed" and a relative said; "The staff treat my mother with care, respect and affection. As you will be aware Scilly is a close community and I wouldn't want her anywhere else for her final years."
- Staff told us about the updated and recent training they had completed. There was a system in place to monitor training. A professional said; "The team at Park House are trained in dementia care to ensure a personalised and least restrictive response to meet the needs of individuals."
- Staff were provided with opportunities to discuss their individual work and development needs. Staff received one to one meetings to enable them to raise any issues and share ideas. Staff told us they were well supported by the registered manager.
- Staff, new to the care sector, were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident and their competence was assessed before they started to provide support independently.

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

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments had been completed for people living in the care home. A professional said; "I have always found the standard of care to be personalised, least restrictive and safe."
- People were asked for their consent before any care was delivered. People, who were able to, had signed their care plans to indicate they agreed with the planned delivery of care.

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

- The management team and staff worked with external healthcare professionals to deliver care in line with best practice. During the pandemic the nominated individual and registered manager said the local healthcare team had been supportive. All 9 professionals we received feedback from spoke positively about the service. One said; "The staff co-ordinate our visits well" and another said; "From my perspective I have engaged with various staff members from carers, receptionists to management and have found all to have one common theme and approach - a person centred approach, showing kindness and consideration for the residents, how to meet the residents needs and how to support and meet the needs of family members of residents, to ensure relationship and family connections so important to those who find they need to be in residential care often separated from their loved ones continues."
- People's individual needs had been assessed before they moved in.
- Assessments of people's individual needs were detailed, expected outcomes were identified and their care and support regularly reviewed. All documents relating to people's care were on a computerised care record system. Staff agreed this system was working well and held comprehensive information on each person.

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

- People were provided with healthy meals which they enjoyed. One person said; "The food is very good."
- Staff were aware of any specific dietary requirements for people. People were involved in menu planning.
- Some people living in the community required support to prepare meals. Staff prepared meals in line with people's preferences and ensured drinks were available for people.
- Care plans included information about people's dietary needs and their likes and dislikes. People who needed their nutrition to be monitored had records in place which were used to help identify any concerns.
- Drinks were served regularly throughout the day to prevent dehydration.

Staff working with other agencies to provide consistent, effective, timely care

- Managers were highly motivated to support people to remain in their own homes as long as possible and worked with other agencies to achieve this.
- People were supported to maintain good health and were referred to appropriate health professionals as required.
- Staff supported people to see external healthcare professionals regularly, such as GPs and district nurses. Home visits by some healthcare professionals continued during the pandemic and the service was able to

contact other professionals via phone calls in an emergency. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.

Supporting people to live healthier lives, access healthcare services and support

- People's health conditions were well managed, and staff engaged with external healthcare professionals including a psychiatrist.
- There were clear records to show staff were monitoring specific health needs such as people's mental health and skin care.
- Staff supported people to continue to access the local community and to remain independent.
- Care records were updated to reflect any professional advice given and guidance was available for staff through shift handovers.

Is the service caring?

Our findings

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

The previous rating for this service had been good. This key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- There was a relaxed and happy atmosphere in the service and staff were friendly and supportive. People were positive about staff and their caring attitude and told us they were treated with kindness and compassion. A relative said; "Very happy (with the care their relative receives)." A professional said; "The culture here is one of enormous care."
- Staff enjoyed spending time with the people they supported and took time to sit and chat with people throughout the day. Staff knew what was important to people and how to offer people comfort and reassurance. We observed plenty of good interaction and humour between staff and people. A relative said; "Staff are caring and at each visit I see their professionalism." One professional said; "It is a place full of warmth, care and love." While another said; "Overall, the Isles of Scilly population and the residents themselves are lucky to have such caring staff working at Park House."
- Where people were unable to express their needs and choices, care plans, for both the care home and the domiciliary care service, detailed their ways of communicating.
- Care plans also contained background information about people's personal history. This meant staff were able to gain an understanding of people and engage in meaningful conversations with them.
- People receiving care in the community were supported from a small group of care staff. This meant people received care from staff who knew them well and understood their needs.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make as many decisions as possible about their daily living.
- People were able to choose how they spent their time. Some people chose to spend time in their own rooms, while others preferred one of the communal areas.
- Staff put people at the centre of the service and reflected the provider's values. Staff valued people's views and encouraged us to talk with as many people as we could during our visit.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care people could manage for themselves and what they needed help with.
- People were able to decline aspects of planned care and staff respected people's decisions and choices in relation to how their support was provided.
- When people's health meant they were no longer able to live in the community with support from the DCA the registered manager worked with them to help them adjust to life in the care home. This included respite visits to enable people to experience what worked for them and voice any worries they might have.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff clearly understood the importance of protecting people's privacy, dignity and independence. For example, ensuring that doors were closed when providing personal care and asking people if they could assist them. A professional said of the staff when they visit; "They all have a lovely approach, engaging in conversation, while listening and responding to their individual needs."
- People were supported to maintain and develop relationships with those close to them. Records showed family members had been updated when changes in people's needs were identified.

Is the service responsive?

Our findings

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

The previous rating for this service had been good. This key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People living in Park House and those receiving a domiciliary care service were all living on the islands before they either moved into the care home or started to receive a service at home. Therefore, everyone knew each other and often relatives of people living in the service also worked at the service. Therefore, creating a family friendly welcoming home.
- Park House was very much part of island life. The service involved people living in the care home as well as people receiving a domiciliary care service in any events happening on the island. This included the children from the local school making craft presents for people and attending fetes. A professional said of the registered manager and staff; "Have been extremely cooperative in encouraging and welcoming spiritual input as part of the holistic care offered."
- The service arranged Christmas dinner for anyone wishing to visit over the Christmas holidays. The service made the offer of Christmas box's for anybody who was vulnerable and lived in their own home. This resulted in 24 boxes being made up for people living in the community. Additional boxes were made up during the pandemic lockdown period. This was with the help of many volunteers on Christmas day and delivered all over the island and neighbouring islands. These included a 3-course dinner, a small bottle of 'fizz', a present, made by local school children, flowers, chocolates and cheese and biscuits.
- People were supported to maintain relationships that were important to them. Visitors were made welcome at the service and were supported by staff to go through procedures to ensure visiting was safe during the pandemic.
- The registered manager and nominated individual are setting up a 'warm space' (a place where due to the current financial climate and people being unable to afford heating in their home warm spaces are being set up in the community for people to drop in to receive warmth and food) for any islander to make use of.

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

- The service was using an electronic care reporting system. There was detailed information held which showed people's needs, routines and preferences.
- Care plans for everyone receiving a service were person centred and detailed people's likes and dislikes and how best to deliver care and support. For example, how to manage if a person's general health had deteriorated or the times people liked to receive their visits if they lived in their own homes.
- Care records detailed information about people's backgrounds, history, social, physical and health needs. Care plans provided information for staff on how to meet people's identified needs including, the support people needed to maintain their mental health and well-being.
- Where people had a specific health condition, guidance was in place for staff on how to manage and

support people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs, and preferences were identified, recorded and highlighted in care plans. This included reference to the type of communication the person may find difficult and how to support them. We observed people and staff communicating effectively together throughout the inspection.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how a complaint would be responded to and the timescale.
- We were made aware of one open complaint currently being investigated.

End of life care and support

- The service provided end of life care to people, supporting them at the end of their life while comforting family members and friends. Some people who had received care in their own homes had moved into the care home when they were no longer able to manage at home due to their deteriorating health.
- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care with other professionals.
- Staff worked with the appropriate health and medical professionals to ensure the appropriate equipment and medicines were in place for people at the end of their lives. A professional said; "(named the registered manager) has extensive knowledge which is vital in such a remote and rural setting."

Is the service well-led?

Our findings

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

The previous rating for this service had been good. The rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The nominated individual and registered manager had oversight of what was happening in the service and were visible taking an active role in the running of the service. They had worked to improve the service. This included the introduction of new systems, including a computerised care system. This assisted staff to ensure people's needs were met. However, the premises did not provide a pleasant and homely environment for people. The environment needed updating and attention with some areas neglected and in a poor state of repair, as reported under the effective section of this report. The nominated individual and registered manager were fully aware of the need to carry out these updates and repairs. Both were in discussion with the Local Authority about carrying out this work. There was an action plan highlighting the updates and improvements required, however there was no planned start date to commence the work. Following our inspection, we received information that the Council report for December 2022 states; "Improvements at Park House to be implemented following agreement in the capital programme." It goes on to say in the report; "That the renovation work is going to be started in mid to late February."
- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs. However, as reported under the safe section of this report staffing and recruitment was a major concern. The nominated individual and registered manager had difficulties recruiting staff on the island and, though they could use agency workers, this was only possible in the winter months due to lack of affordable rental accommodation in the summer months. The services action plan highlighted the concerns over staffing and recruitment. There were, however, no plans in place to address this foreseeable staffing crisis.

Following the inspection, we received information showing the plans that the provider and the Council for the isles of Scilly have to try to address the staff shortages at the service, and lack of affordable housing available for staff working in the care home. These plans had involved all relevant stakeholders and a range of actions to attract staff as well as provide housing.

The provider had failed to seek and act on feedback about the environment from people using the service, those acting on their behalf, staff and other stakeholders. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service. A

staff member said; "Feel very supported (by staff and management) and everyone very friendly." While another staff member said; "Great team to work for and the manager is approachable."

- The registered manager oversees both services from the care home office. There are 2 staff rotas to separately cover the care home and the domiciliary care team. However, some staff, on duty in the care home, also cover some short visits to people in the community. There was good communication between all the staff. Important information about changes in people's care needs was communicated to staff effectively.
- The management team understood their role in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention. Not all regular audits took place, for example weekly room checks, sling (safety) checks and weekly checks of wheelchairs, hoist and door alarms. We requested and received confirmation these had been updated and completed.
- The management and staff worked to drive improvements across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely. One professional said; "I have found the manager to be a powerful advocate for the rights of their residents and always professional, informed and competent in their duties and responsibilities often going above and beyond to ensure residents are treated with respect and dignity in their home."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff and professionals were complimentary of the service. One staff member said; "I have only worked here for a short while but it's a very friendly place to work."
- There was a warm and friendly atmosphere in the service.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Staff told us they enjoyed their roles. Comments included; "I've been here helping out but going to apply to work here permanently."

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

- Systems were in place to enable people, staff and relatives to give feedback. A relative said; "(names the registered manager) contacts me to discuss any issues if they come up and equally is easy to contact should I wish to."
- Communication between people, staff and families was mostly good. However, we did receive feedback from one family who said they had little communication from the service.
- Staff and people told us the service was well managed and they felt valued. Staff told us the management team were very approachable and always available for advice and support.

Continuous learning and improving care

- Policies and procedures were designed to support staff in their practice.
- The service used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care. They also worked in close association with the local surgery and district nurse team during the pandemic.
- The management kept up to date with developments in practice through working with local health and social care professionals.

Working in partnership with others

- The management team told us how they had worked alongside the local GP surgery and the local

authority during the pandemic and the lockdowns. The management team worked collaboratively with professionals and commissioners to ensure people's needs were met and people had the relevant support and equipment was made available. One professional said of the registered manager; "Is extremely pro-active, (in contacting health care services)." While another said; "Is an exceptional leader. She is passionate, caring, hardworking, supportive and kind."

- Where changes in people's needs were identified, prompt and appropriate referrals for external professional support were made. These included GPs and psychiatrists to provide joined-up care and support. One professional said how the registered manager is "extremely pro-active" in contacting healthcare professionals.

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

- The management demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements. One professional said of the registered manager; "Conducts themselves in a professional, competent, caring manner with genuine desire to care for, support and met the needs of each and every one of their clients."
- Staff confirmed they worked in an environment where learning from incidents and feedback took place to make improvements where possible.
- CQC were notified of all significant events.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider must ensure the premises used by people is properly maintained.</p> <p>This was a breach of Regulation 15 (Premises and Equipment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Regulation 15 (1. e)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>As part of their governance the provider had failed to seek and act on feedback about the environment from people using the service, those acting on their behalf, staff and other stakeholders.</p> <p>This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Regulation 17 (2. e)</p>