Pallottine Missionary Sisters

Park Mount Care Home

Inspection report

52 Park Mount Drive
Macclesfield
Cheshire
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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

The inspection was unannounced and took place on 5 and 6 September 2016.

Park Mount Care Home is a purpose built care home for older people. It is located in Macclesfield. The home has capacity to accommodate 40 people in single en-suite rooms over two floors and has one double room. It has two lounges, two dining rooms and a large garden which is accessible to residents and a chapel where regular services are conducted and all denominations are made welcome. Access between the floors is via a passenger lift and there is car parking to the front of the building.

The service was last inspected in May 2014 which was a responsive inspection following a concern around medication. We followed this up in August 2014 when we found the service to be compliant.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection there were 39 people living in the home.

We found that people were provided with care that was safe, person centred, sensitive and compassionate. The home was managed and staffed by a consistent team of care assistants who were well supported.

We saw that the service had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. All the staff we spoke to confirmed that they were aware of the need to report any safeguarding concerns.

We looked at recruitment files for the most recently appointed staff members to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that they were suitable to work with vulnerable adults.

We found that there were sufficient staff deployed to meet the needs of the people living in the home. The manager had identified the need to increase the staffing numbers and was taking action to address this.

The provider had their own induction training programme which was designed to ensure that any new staff members had the skills they needed to do their jobs effectively and competently. This resulted in staff having the skills and knowledge to carry out their jobs well and provide safe and effective care.

We asked staff members about training and they all confirmed that they received regular training throughout the year and that this was up to date and provided them with knowledge and skills to do their jobs effectively.

People had care plans which were personalised to their needs and wishes. Each care plan contained detailed information to assist support workers to provide care in a manner that respected the relevant person's individual needs, promoting their personal preferences'.

People living in the home told us that the standard of care they received was good. Comments included, "You couldn't have a nicer group of staff, nothing is ever too much trouble for them" and "They treat me well. I'm happy with how they look after me". Relatives spoken with praised the staff team for the quality of care provided. They told us that they were confident that their relatives were safe and well cared for. One person told us, "I'm so happy he is here".

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This meant that staff were able to help and support people who had difficulty in making decisions and ensured that plans were put in place in the person's best interests. We saw that applications had been made appropriately.

There was a flexible menu in place which provided a good variety of food to people using the service. People living there told us that the food was good and they had a wide variety of food choices as well as where they could eat their meal.

Staff members we spoke with were positive about how the home was being managed and felt that the managers were supportive and approachable.

There was an internal quality assurance system in place to review systems and help to ensure compliance with the regulations and to promote the welfare of the people who lived at the home. This included audits on care plans, medication and accidents.

The home was well-maintained and clean and provided a calm, relaxing atmosphere. There were a number of maintenance checks being carried out weekly and monthly. These included water temperatures as well as safety checks on the fire alarm system and emergency lighting. These were audited regularly.

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.

The provider had sufficient staff to meet the needs of the people living in the home. Staff, people living in the home and relatives were reporting occasional shortages, however recruitment was in process and the manager was taking action to address this.

Staff knew how to recognise and respond to abuse. We found that safeguarding procedures were in place and staff understood how to safeguard the people they supported. People staying at the service felt safe and had no complaints.

The arrangements for managing medicines were safe. Medicines were kept safely and were stored securely. The administration and recording of when people had their medicine was safe.

Is the service effective?

Good

The service was effective.

Staff members had received regular training and they confirmed that this gave them the skills and knowledge to do their jobs effectively. Staff completed induction training and shadowing on commencing with the service.

There was a flexible menu in place which provided a good variety of food to people using the service. People living at the home told us that the food was good and they had a wide variety of food choices, as well as where they could eat their meal.

Managers and staff were acting in accordance with the Mental Health Act 2005 to ensure that people received the right level of support with their decision making.

Is the service caring?

Good

The service was caring.

People living at Park Mount said that they were well cared for and were treated with kindness and compassion and maintained good relationships with the staff.

Visiting relatives were positive about the standard of care, the staff and the atmosphere in the home.

The staff members we spoke to showed us that they had a good understanding of the people they supported and they were able to meet their various needs. We saw that they interacted well with people in order to ensure that they received the care and support they needed.

Is the service responsive?

Good

The service was responsive.

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan was personalised.

The arrangements for social activities were good. The manager monitored the attendance at activities monthly and staff were asked to comment in daily sheets as to whether people had engaged and enjoyed each activity. This enabled staff to observe as well as gain verbal feedback about people's enjoyment of the various activities.

The provider had a complaints policy and process. We looked at the most recent complaints and could see that these had been dealt with appropriately.

Is the service well-led?

Good

The service was well-led.

The registered manager operated an open and accessible approach to both staff and people living in the service and actively sought feedback from everyone on a continuous basis in order to improve the service. Staff said that they could raise any issues and discuss them openly within the staff team and with the registered manager.

There was an internal quality assurance system in place to review systems and help to ensure compliance with the regulations and to promote the welfare of the people who lived at the home. We saw that audits were being completed regularly and action was being taken to address any shortfalls.

Park Mount Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 and 6 September 2016 and was unannounced. The inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit. We invited the local authority to provide us with any information they held about Park Mount. They told us that they currently had no concerns. We also sought feedback from a local GP prior to the inspection and viewed the most recent Healthwatch enter and view report.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home.

We spoke with a total of eleven people living there, four visiting relatives and ten staff members including the registered manager and six care staff. We also spoke with a visiting doctor and two visiting nurses and a hairdresser.

Throughout the inspection, we observed how staff supported people with their care during the day.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked around the building including, with the permission of the people who used the service, some bedrooms. We looked at a total of four care plans. We looked at other documents including policies and procedures. Records reviewed included: staffing rotas; risk assessments; complaints; staff files covering

recruitment; training; maintenance records; health and safety checks; minutes of meetings and medication records.

Good

Is the service safe?

Our findings

We asked people if they felt safe. All the people we spoke with said that they felt Park Mount was a safe environment and all family members said that they were more than happy that their relative was safely cared for. Comments included, "I definitely feel safe, there are enough staff" and "If I need anything, I just tell them and they come". One relative told us, "I'm confident he's safe here".

We saw that staff were aware of individual needs and people we spoke with felt that they were well cared for. Comments included, "very good people (staff)", "I've been very happy here, I don't want to be anywhere else, certainly being looked after". All the relatives we spoke with stated that their relative was well cared for, comments included, "They provide excellent care and seem to take a real joy when he has improved" and "The staff are caring and look after my sister".

We saw that the provider had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. The home manager was aware of the relevant process to follow and the requirement to report any concerns to the local authority and to the Care Quality Commission (CQC). We checked our records and saw that any safeguarding or incidents requiring notification at the home since the previous inspection took place had been submitted to the CQC.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff members we spoke with told us that they understood the process to follow if a safeguarding incident occurred and they were aware of their responsibilities for caring for vulnerable adults. One member of staff told us, "I'd report it straight to the manager". Staff were aware of the need to report safeguarding incidents both within and outside of their organisation. We saw that the provider had a whistleblowing policy; however this did not contain contacts for external reporting. We spoke to the manager who agreed to update the policy with the correct contact details. Staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to senior staff or to the local authority. All staff confirmed that they were aware of the need to escalate concerns internally and report externally where they had concerns. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

Risk assessments were carried out and kept under review so the people living in the home were safeguarded from unnecessary hazards. We could see that the home's staff were working closely with people and where appropriate their representatives and other health professionals to keep people safe. For instance we saw that a risk assessment and care plan for one person had been completed following advice from the speech and language therapy (SALT) team. We could see that the home's staff members were working closely with people to keep them safe without unnecessary restriction. Relevant risk assessments, regarding for instance falls, nutrition, and pain assessments were kept within the care plan.

Staff members were kept up to date with any changes during verbal handovers that took place at every staff

change. This helped to ensure they were aware of any issues and could provide safe care. We were able to view the notes from previous handovers and could see that they provided information on any actions that were carried forward from the previous shift, any referrals that needed completing, who was visiting the home that day, any appointments and anyone that was considered at high risk and what needed to be observed for that person.

We looked at the files for four most recently appointed staff members to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks has been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held a photograph of the employee, suitable proof of identity, an application form as well as evidence of references and notes from the interview showing that people had the relevant experience to carry out their roles.

We saw the provider had a policy for the administration of medicines, which included controlled drugs, the disposal and storage of medicines and for PRN medicines (these are medicines which are administered as needed). Medicines were administered by staff who had received the appropriate training. We saw both the medicines trolley and the treatment rooms were securely locked. We checked the medicine arrangements and observed medicines being dispensed. We saw that the practices for administering medicines were safe. We observed the medication practitioner watching that medication was taken and then fully completing the Medicine Administration Record (MAR) sheet. The provider used an electronic system, where medication was scanned by a handheld device when it was to be administered and this also contained the MAR sheet. We checked the system and could see that the records showed people were getting their medicines when they needed them and at the times they were prescribed. This meant that people were being given their medicine safely. We saw clear records were kept of all medicines received into the home, administered and if necessary disposed of. Controlled drugs were stored securely and in the records that we looked at these were being administered and accounted for correctly. We noted that temperatures were not been taken every day of the medication storage. We raised this with the registered manager to address. She has written to us since the inspection to confirm that this is now happening daily.

On the day of our visit, there were 39 people living in the home. There was an assistant manager, one medication technician and five carers on duty between the hours of 7.30am and 7.30pm and three carers on duty between 7.30pm and 7.30am. The registered manager was, generally, in addition to these numbers, however she was working in the capacity as assistant manager on the first day of our inspection. We looked at the rota and could see that this was the consistent level. The registered manager advised she had a table of dependencies which was displayed visually on the office wall, therefore they could see immediately if people's needs increased as this was updated regularly alongside the care plans. She advised they used this alongside regular discussions about staffing at her meetings with the two assistant managers and at handovers.

In addition to the above there were separate ancillary staff including a chef and four kitchen assistants and three housekeepers. There was also a maintenance staff member and a receptionist.

On the days of our inspection, our observations indicated that there were enough staff on duty as call bells were being answered promptly and staff were going about their duties in a timely manner. Staff were busy and purposeful and they seemed well organised and efficient. We received conflicting comments about the staffing in the home from staff, people living in the home and relatives. People living in the home told us, "A lot of staff and they look after you, very nice, we have a good time", "they've got enough staff" and "staff meet my needs and occasionally they could do with more staff". One relative told us, "there are not as many

around as there used to be. (Staff) very rarely come in to chat like they used to; they don't have time". Staff told us, "It's nice and calm. At times there are not enough staff if someone needs to go downstairs", "there are not enough staff – we have lost some really good staff", "There's good staff to resident ratios" and "we generally have enough staff, but you can always do with more".

We spoke to the manager about staffing and she confirmed that they had identified that people's needs within the home had increased and that she was actively recruiting for more staff. She advised that she was considering using agency staff in the meantime to provide additional cover at certain times. Since the inspection the manager has written to confirm that one additional person has started their induction within the home and she has approached an agency to gain additional cover for certain shifts.

From our observations we found that the staff members knew the people they were supporting well. They could speak knowledgably about the people living in the home, about their likes and dislikes as well as the care that they needed. There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

The provider had received a five star rating in food hygiene from Environmental Health on 10 May 2016. This is the highest rating for food hygiene which meant they were observing the correct procedures and practices in this area.

We conducted a tour of the home and our observations were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely.

We checked some of the equipment in the home, including bath hoists and saw that they had been subject to recent safety checks.

We found that the people living in the home had an individual Personal Emergency Evacuation Plan (PEEPS) in place. PEEPS are good practice and would be used if the home had to be evacuated in an emergency such as a fire. They would provide details of any special circumstances affecting the person, for example if they were a wheelchair user.

Good

Is the service effective?

Our findings

All the people living at the home who we spoke to and their family members felt that their needs were well met by staff who were caring and knew what they were doing. Comments included, "Good meals, they feed me well", "They do a very good job and look after me well" and "Food's lovely, I couldn't have better anywhere". Comments from family members included, "There is always a lovely feel in the home, the food looks nice and the people have a really good bond with the staff".

The provider had their own flexible induction training programme that was designed to ensure that any new members of staff had the skills they needed to do their jobs effectively and competently. We looked at the induction records for four newly appointed staff members and could see that they varied dependent upon someone's previous experience. All staff were expected to undertake the provider's induction and prior to starting work on shift, they would shadow existing staff members and would not be allowed to work unsupervised for a period. The induction included introduction to the workplace, fire safety, confidentiality, care planning and going through the provider's policies and procedures including safeguarding and whistleblowing. Where someone had previous care qualifications for instance a National Vocational Qualification in Care, which were verified by the provider, they would then be expected to undertake the provider's mandatory training as soon as possible. This included, first aid, safeguarding, moving and handling and Mental Capacity Act training. For staff who had little previous experience in care, they were expected to undertake the mandatory training prior to working unsupervised and complete the Care Certificate within 12-16 weeks of starting in post. One staff member we spoke to said "I'm shadowing now, it's my fifth day. I've worked in care before and done some more training here before starting". Where staff were administering medication, they received additional training and underwent three competency checks year. We were able to view the paperwork in relation to this and could see that these were being completed.

We asked the manager and staff about training and they all confirmed that they received regular training throughout the year; they also said that their training was up to date. The manager advised that the training was monitored via a training matrix, which flagged immediately to the manager is someone's training was about to go out of date in order that plans could be put in place to refresh that particular training need. We subsequently checked the staff training records and saw that staff had undertaken a range of training relevant to their role. This included safeguarding, moving and handling, nutrition and hydration, mental capacity and DoLS. Staff were also encouraged to take other courses and the assistant manager was now sourcing additional training as they had links to the local college. One staff member told us, "We can do other courses that we are interested in as well as the mandatory training".

Staff members we spoke with told us that they received on-going support, supervision approximately every four months and annual appraisals. The registered manager told us that staff are supervised three times a year, but can request additional supervision at any time. We checked records which confirmed that supervision sessions for each member of staff had been held regularly. We also saw records that each member had received an annual appraisal. One staff member told us, "We get regular support, I don't always need my supervision as I can approach the managers for support at any time".

During our visit we saw that staff took their time to ensure that they were fully engaged with each person and checked that they had understood before carrying out any tasks with them. Staff explained what they needed or intended to do and asked if it was alright rather than assuming consent. Comments included, "I'm treated with respect" and "they are very patient with me". One relative also commented, "there is lots of respect, they are kind and in the way they speak to him". We observed a staff member helping someone to mobilise who was using a walking aid. We noted that they took their time, they did not rush the person and spoke to them during the whole time they were assisting the person. This was carried out in a dignified and respectful way.

The information we looked at in the care plans was detailed which meant staff members were able to respect people's wishes regarding their chosen lifestyle. We asked the people living at the home about their care plans and everyone felt that they had choices in terms of their care. We saw that the home tried to obtain consent to care from the person themselves; if this was not possible because they had been assessed as not having capacity then their family or representative would be consulted to make sure their known preferences and previous likes and dislikes were taken into account when looking to make decisions and provide care that was in the person's best interests.

Visits from other health care professionals such as GPs, physiotherapists, chiropodists and opticians were recorded so staff members would know when these visits had taken place and why. We spoke to people living in the service about whether they had access to health services. They told us, "They do not hesitate to get the doctor if I'm not well". We contacted a visiting GP and spoke with two visiting nurses and a hairdresser. Comments included, "They are compassionate about their residents' care and in particular provide excellent end of life care with the aid of the district nurses. They act appropriately upon advice given by myself and colleagues", "Staff are really good, it's a lovely environment and they contact for advice and act upon this", "It's really nice here. The staff are really on the ball and they know the people who live here really well. The people appear happy and well-cared for" and "It's a lovely home and the staff are nice and residents are all happy".

The provider had policies and procedures to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We were able to view the paperwork in relation to both standard and urgent DoLS applications and saw that these had been completed appropriately. We checked two care files and found mental capacity assessments and best interests' decisions relating to each specific area had been completed. The registered manager had a clear system in place as to when each application had been granted and when these needed to be updated.

We spoke with staff. They all confirmed that they had received training on MCA and DoLS and they were all able to tell us who was subject to DoLS within the home.

The provider prepared their own food and had a chef and four catering assistants that were employed by

the service. The menu provided a good variety of food to the people using the service. The home followed a four week flexible menu. We saw that the menu was displayed in the dining room and on both the upstairs and downstairs corridors. In addition to a written menu, a picture of that day's meal was also displayed. We spoke to the chef who explained that they had previously had a number of people who could not understand the choices that they were being offered, therefore they undertook to take a photograph of each dish that they prepared and they now had this contained within a picture menu folder. People were asked what they wanted at every meal time. Special diets such as gluten free and diabetic meals were provided for if needed. The chef confirmed that people could request an alternative option such as an omelette if they did not like the meal of the day and this was recorded on the menu choices form. We observed on the first day of our inspection that someone had been given an alternative main course and someone indicated that they did not like the desert that day and requested an alternative and this was accommodated immediately. The people using the service told us, "There is always an alternative, it's very well cooked (the food)" and "I'm not always keen on the food, lots of continental flavours, but if I don't like it I can have something else".

We undertook a SOFI observation in the ground floor dining room over lunch and saw that the food looked tasty and appetising and was well prepared. The tables were set with table cloths, paper napkins and cutlery so the meal times were distinguished from other times of the day. The food was served directly from the kitchen into the adjacent dining room. We saw that staff offered people drinks and they knew people's preferences and choices. Staff were attentive and there were a number of staff on hand observing lunch and they were walking through the dining room checking whether people wanted assistance where appropriate and prompting people and offering encouragement and alternatives where people did not appear to be eating much. Staff took the time to explain to people what the food was and asking permission before helping someone. Staff were available to people needing support with eating. These people were assisted by staff members in a patient and unhurried manner.

We saw that staff used the Malnutrition Universal Screening Tool to identify whether people were at nutritional risk. This was done to ensure that people weren't losing or gaining weight inappropriately. On the care files that we looked at, this was being reviewed on a regular basis. This was also monitored through the home's on-going auditing systems. The manager produced a monthly report of anyone gaining or losing significant amounts of weight and this was discussed each month with the GP.

We saw staff offer drinks and that they were alert to individual people's preferences and choices in this respect. We saw in care plans that where someone was identified at being at high risk additional monitoring of fluid and food intake was undertaken. We viewed these records and they were up to date and detailed. We did note that the care plans did not contain the optimum amount that each person should be eating or drinking in order to remain healthy. We raised this with the manager and she agreed to look into this.

The home was very clean and maintained to a high standard and provided calm, relaxing environment that met the needs of the people living there. There were two lounge areas; one which was quieter which provided communal spaces for people undertaking different activities. There was a garden which was accessible to people living in the home which housed chickens and the home's vegetable plot. The home had its own chapel and daily services were held there.

The provider provided adaptations for use by people who needed additional assistance. This included bath and toilet aids, grab rails and walking frames and sticks to help maintain independence.

The laundry within the service was well equipped and it was neat, tidy and well organised.

Good

Is the service caring?

Our findings

We asked people living in and visiting Park Mount about the home and the staff who worked there. They all commented on how kind and caring all the staff were. Comments included, "The staff are very kind and I am well looked after", "(the home) is extremely good" and "the staff are marvellous, nothing is too much trouble for them they are very, very caring and the night staff are absolutely wonderful". Visiting relatives told us, "The care is very personal. They notice little things and are very kind and caring. I can't praise them enough. I have just recommended the home to someone" and "the staff are caring".

It was evident that family members were encouraged to visit the home when they wished. One person living in the home told us, "I can have visitors anytime". Comments from relatives included, "I'm always made to feel welcome" and "it is very welcoming, you can help yourself to tea".

We viewed cards that had been sent into the home. One person's relatives wrote, "I am writing to say a huge thank you for looking after my Mum so well for the last four years she lived with you. I know this required a lot of patience on occasions but I believe the staff were wonderful with her". Another person's relative wrote, "Thank you doesn't seem adequate to express our sincere gratitude for your selfless dedication and the exemplary care you gave [name] during his stay at the home".

The staff members we spoke to showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They told us that they enjoyed working at Park Mount and had very positive relationships with the people living there. Comments included, "I'm here for the residents - they are well looked after. I always think , that could be my Mum or Dad", "It's one of the best places I've ever worked" and "I like coming to work".

We saw that the relationships between people living in the home and the staff supporting them were warm, respectful and dignified. Everyone in the service looked relaxed and comfortable with the staff and vice versa. During our inspection, we saw there was good communication and understanding between members of staff and the people who were receiving care and support from them. We saw that staff members were interacting well with people in order to ensure that they received the appropriate care and support from them. Staff took their time with people and ensured that they understood what the person needed or wanted without rushing them and always seeking their permission before undertaking a task. We observed that staff used a dignified approach to people, for example knocking on people's door before entering and using their preferred names.

We undertook a SOFI observation in the ground floor dining room over lunch. We saw that staff members were moving around the dining rooms attending to people's needs and speaking to people with respect and encouraging them to eat their lunch and seeking out whether they needed support. People were very relaxed and comfortable with the staff who supported them. We saw people joking and laughing with staff members which showed there were trusting relationships between the staff and the people living in the service. All the interactions we observed and overheard throughout the inspection were caring, kind and compassionate.

We saw on the day of our inspection that the people living in the home looked clean and well cared for. For example ladies in the home had their hair styled. Those people being nursed in bed also looked clean and well cared for.

The quality of the décor, furnishing and fittings provide people with a homely comfortable environment to live in. Rooms were all personalised, comfortable, well-furnished and contained individual items belonging to the person.

The provider had a range of information available for people living in the home available in the reception area. There were leaflets about the service, leaflets about dementia as well as the mission of the home and the weekly activities plan, which was both written and in pictorial form.

In the care files we viewed we could see that discussions had taken place with people about their end of life care, which included preferred place of care and where Lasting Power of Attorney provisions were in place. We found that appropriate 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) records were in place on two of the care files we reviewed. We saw that either, the person, or where appropriate, their relative or health professional had been involved in the decision making process. We found that the records were dated and had been reviewed and were signed by a General Practitioner.

A 'Do Not Attempt Cardio Pulmonary Resuscitation' form (DNACPR) is used if cardiac or respiratory arrest is an expected part of the dying process and where cardio pulmonary resuscitation (CPR) would not be successful. Making and recording an advance decision not to attempt CPR may help to ensure that the person dies in a dignified and peaceful manner.

We saw that personal information about people was mainly kept on the computer as the provider's care plans were electronic; however other paper information about people was stored in locked cabinets in the manager's office.

Good

Is the service responsive?

Our findings

Those people who commented confirmed that they had choices with regard daily living activities and that they could choose what to do, where to spend their time and who with. Comments included, "We have quizzes and entertainers", "They (the staff) listen which is the main thing", "A full Mass takes place once a week on a Thursday and is taken by the local priest" and "I spend most of the time in my room which I prefer, but also go to the lounge"

Everyone in the home at the time of our inspection had received a pre-admission assessment to ascertain whether their needs could be met. As part of the assessment process the home asked the person's family, social worker or other professionals who may be involved to add to the assessment if it was necessary at the time. As many of the people living in the home had been there for a significant time, much of this paperwork was archived, however we were able to view the most recent pre-admission paperwork on one care plan and could see that assessments had been completed prior to the person moving into the home.

We looked at the care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and captured the needs of the individual. We also saw that the plans were written in a style that would enable a staff member reading it to have a good idea of what help and assistance someone needed at a particular time. We could see that where there had been a change, prompt action was taken and the relevant professionals were consulted for advice appropriately. All the plans we looked at were well maintained and were being reviewed regularly so staff would know what changes if any had been made. We found that people's preferences were observed and they were receiving the care specified in the care plans.

The four care plans we looked at contained detailed information regarding background history to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. For example the food the person enjoyed, where they had lived, holidays they had enjoyed, what they preferred to be called, preferred social activities, people who mattered to them and it was recorded on each care plan whether the person had any preferences for male or female carers. We asked staff members about several people's choices and the staff we spoke with were knowledgeable about them.

The receptionist booked any entertainers and activities and staff provided other activities at other times. We could see that there were organised activities each afternoon which varied from entertainers to armchair activities and there was a short service held each day in the chapel. We spoke to the manager about activities and she told us that people using the service were asked what kinds of activities they liked to do during the assessment and care planning processes and they discussed this at the residents meeting. The registered manager also conducted a monthly audit of activities looking at comments made in people's daily records of whether they had enjoyed the activity and she also monitored how many people attended the activities to keep an overview of whether these needed to be changed. The manager was encouraging staff to put comments in people's daily records as to whether someone had enjoyed the activity based on verbal feedback but also from their observations of that person during the activity. We observed the entertainer on the second day of our inspection and could see that four people were enjoying the music and

smiling along with the sounds.

We saw newspapers available in the reception area as well as books and puzzles and games in the lounge areas for quieter activities. There was a poster in the upstairs and downstairs corridors advertising activities each week ranging from musical moments to armchair activities with the local football team. The manager told us that staff also will organise board games and quieter activities at other times and some people like to spend time in the garden. At weekends, they arrange afternoon tea and parties linked to festivities and seasonal events, such as a summer fayre.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. Copies of the complaints policy were displayed in each person's room. We looked at the only complaint that had been received in 2016 and could see that these had been dealt with appropriately. The people we spoke with during the inspection told us that they were able to raise any concerns and were clear that they could raise these with the manager. Comments included, "I've never needed to make a complaint, I'm very satisfied", "I have no complaints, but would tell the manager if I did" and "I would tell the manager if anything is wrong but I've not made any complaints at all".

Good

Is the service well-led?

Our findings

There was a registered manager in place and they had been registered since November 2014. There were also two assistant managers, who worked alongside the manager providing support to all care and nursing staff. The manager told us that information about safety and quality of the service provided was gathered on a continuous and on-going basis via feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate. They 'walked the floor' regularly in order to check that the home was running smoothly and that people were being cared for properly. The manager also told us that she got involved in delivering care and she often stood in on the rota as a staff member. The manager conducted regular night spot checks. We asked the people living in the home how it was managed and run. Comments included, "I'm quite happy with what they are doing", "I try to go to the manager who does listen and eventually puts things right" and "I'm generally happy and have no complaints". We spoke to relatives and they told us, "The managers are accessible and I can approach them. It's very much like home" and "it's generally ok".

People living in the home and families told us residents and relatives meetings were held by the registered manager although one relative commented that they did not feel that they were as regular as in the past. We were able to view the minutes from the last meeting held on 29 April 2016. Issues discussed included, entertainment in the home and the menus.

In order to gather feedback about the service being provided, the provider completed a new resident's questionnaire shortly after someone moved into the home as well as an annual residents' survey. We looked at the new resident's survey and could see that people were asked for feedback on whether they were made to feel welcome and listened to, whether they were given information on the service and whether staff understood their needs. All the surveys returned were positive. Comments included, "all staff were fantastic" and "[name] made us feel very welcome as we walked through the door along with [name] and [name]". We looked at the annual resident survey completed in March 2016 and could see that it asked people about whether they were satisfied with personal care, catering , daily activities, premises and management. The manager had analysed this and the majority of respondents were positive, however where there were any issues raised, she offered to meet with each residents to find a solution and had noted the action taken.

Park Mount had its own internal quality assurance system in place. The registered manager conducted monthly audits of care plans, activities, personal choices (for instance whether people had been able to eat their meal where they wanted and how many alternative meals were given in any month), weights, training, accidents and incidents and medication. We were able to view these audits and could see that these were carried out regularly and analysis carried out each month and any areas for improvement were acted upon or any patterns detected were investigation and again action taken to improve.

In addition to the above, there were also a number of maintenance checks being carried out weekly and monthly. These include the water temperature, equipment such as wheelchairs and bedrails as well as safety checks on the fire alarm system and emergency lighting. We saw that there were up to date certificates covering the gas and electrical installations, portable electrical appliances, any lifting equipment

such as hoists and the lift.

Staff members we spoke with had a good understanding of their roles and responsibilities and were positive about how the home was being managed and the quality of care being provided and throughout the inspection we observed them interacting with each other in a professional manner. We asked staff how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns that they had. They said that they could raise any issues and discuss them openly with the registered manager. Comments from the staff members included, "Sarah is lovely", "the door is always open" and "I like them (managers), they are all really approachable and will respond".

The staff members told us that regular staff meetings were being held and that these enabled managers and staff to share information and/or raise concerns. During our inspection we viewed minutes from the last staff meeting on 12 July 2016. Staff had the opportunity to discuss a variety of topics including handovers, training, medication and issues relating to individual people living in the home. The manager told us that she also held meetings with the assistant managers about issues around the home and the general running of the home. We were able to view minutes from past meetings and could see that they discussed training, audits, staffing and risk assessments.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Cheshire East's Council contract monitoring team. This was an external monitoring process to ensure the service meets its contractual obligations to the council. We contacted the contract monitoring team prior to our inspection and there were no concerns highlighted.

As part of the inspection, all the folders and documentation that were requested were produced quickly and contained the information that we expected. This meant that the provider was keeping and storing records effectively.