

Leonard Cheshire Disability

Park House Hotel - Care Home with Nursing Physical Disabilities

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an inspection of Park House Hotel on 27 February 2017. The inspection was unannounced. At the time of our visit, the registered manager was on annual leave, so we conducted an interview with them by telephone on 17 March 2017.

Park House Hotel is registered to provide accommodation and personal and nursing care for up to 24 people. Park House Hotel is a large historic building that has been adapted to ensure access for people with a physical disability. The service provides support for people who want to take a holiday break. The level of care and assistance required is assessed before guests stay at the service. The person receiving care or support is also able to have a family member, partner or companion accompany them.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Please note that as the staff refer to people as 'guests' due to the nature of the service provided, we have used this term throughout the full report and in previously published reports.

During this inspection guests said they felt safe and that staff treated them extremely well. Safeguarding adults' procedures were in place and staff understood how to protect guests from the risks associated with abuse, and were encouraged to raise and report any concern they had. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Risks associated with guests care were clearly identified, assessed and recorded.

Staff had been recruited safely and had been well trained. Staff had completed an induction programme when they started work and they were up to date with the provider's mandatory training. Staff received regular supervision and felt supported in their roles. They turnover of staff was very low and many had worked at Park House for a number of years.

Policies and procedures were in place to guide staff with the safe ordering, administration, storage and disposal of medicines. Medicines were managed, stored, given to guests as prescribed and disposed of safely by trained staff.

Staff acted in a courteous, professional and safe manner when supporting guests. The registered manager and staff prided themselves on paying close attention to detail, and were passionate that guests stays were always of high quality. There was an ethos that guests would be able to have a relaxing and individual experience. There were enough staff on duty with the skills and knowledge to provide people with the support they needed. Staff were attentive and responsive, guests did not have to wait for their support, and any requests were quickly attended to.

The registered manager and staff understood the main principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

There were appropriate arrangements in place to support guests to have a varied and healthy diet. The food provided was of very high quality, guests had a wide range of meals to choose from, and the catering team was very flexible in their approach and planning. Guests had access to a GP and other health care professionals when they needed them.

There was a friendly and welcoming atmosphere within the service, contributed to by every member of the staff team. There was a strong ethos of high quality customer service at Park House. Staff provided guests with support in a very respectful and dignified manner, ensuring that they respected their privacy. Staff were kind, caring and compassionate, and often went the extra mile to provide them with high quality care. Guests felt valued by staff and had confidence in them, guests valued this as an essential part of the experience of staying at Park House.

The service was extremely responsive to people's needs. Staff consulted guests staying at the service about their care needs and involved them in the care planning process in great detail. Guests were very comfortable and relaxed with staff. Support plans and risk assessments provided guidance for staff on how to meet guest's needs and were reviewed regularly. Staff encouraged guests to remain as independent as possible and supported them to participate in a variety of daily activities. Staff worked sensitively with guests who had their care provided by a relative or partner, ensuring that they were unobtrusive and gained their trust.

The home was exceptionally well led. There were very effective systems were in place to monitor the quality of the service provided and ensure guests received safe and effective care. These included seeking and responding to feedback from guests in relation to the standard of care and oversight by a senior manager. Regular checks were undertaken on all aspects of care provision and actions were taken to continuously improve guests' experience of care.

The registered manager and the head of care was very approachable and took action promptly if changes were needed. Staff were extremely positive and passionate about working at Park House, and enjoyed working at the service. They were enthusiastic about how the home was managed and benefitted from a clear management structure that was open and transparent. The registered manager attended local quality improvement events and was an active part of these networks. The registered manager and management team had a clear vision and process to provide high quality care and a holiday experience that guests considered to be of a very high standard.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were arrangements in place to keep guests safe from avoidable harm and abuse.

Risk management plans were in place to protect and promote guests safety.

There were sufficient numbers of suitable staff employed to meet guests needs safely.

Guests were supported by staff to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained to carry out their roles and responsibilities.

Guests consent to care and support was sought in line with current legislation.

Staff supported guests to eat and drink safely, and maintain a balanced diet.

Guests had access to other healthcare services.

Is the service caring?

Good ●

The service was caring.

Staff had developed positive and caring relationships with guests.

Staff ensured guests privacy and dignity were promoted.

Staff promoted guests independence.

Is the service responsive?

Outstanding ☆

The service was very responsive.

Assessments and care plans provided the information staff needed to be extremely responsive toward guests needs. Guests support needs were reviewed regularly and reviews were in depth and very persona centred.

The programme of activities was varied and very personal. Guests chose to join in activities if they wished to. Guest's needs and preferences were responded to very quickly. Staff knew what guests wanted or needed and strove hard to provide this.

Guests knew how to complain if they were not satisfied.

Is the service well-led?

The service was well-led.

The registered manager was visible, guests and staff felt that they were approachable. They were passionate about delivering high quality and innovative services for guests.

There was a friendly, open and positive culture which encouraged good communication. Staff morale was high, and team work was very strong.

The service had quality assurance systems in place which were used to improve the service. The registered manager was involved in local quality forums and played an active part in local networks.

Good ●

Park House Hotel - Care Home with Nursing Physical Disabilities

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.

The inspection was unannounced and was carried out on 27 February 2017 by one 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 service.

Before the inspection the provider completed a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us. At our last inspection, we rated the quality service as "good". At this inspection, we found that the service had continued to develop and make improvements to the quality of care that they provided.

On the day of our inspection, we spoke with four guests staying at Park House, the chef, two members of staff, the head of care and the registered manager at a later date. We also spoke with a relative of a guest. We looked at records relating to three guests' care, which included risk assessments, medicine administration records and guidance from health professionals. We also looked at quality assurance audits that were completed by the registered manager and the provider. On the day of our visit, the registered manager was on annual leave. We spoke with the registered manager by telephone on the 17 March 2017.

Is the service safe?

Our findings

All of the guests we spoke with told us they felt safe and secure when staying at Park House. Prior to arrival at the service, guests completed a form about their needs and how they would like to be kept safe. Returning guests told us that staff spoke with them on arrival, to see if their needs to keep them safe had changed. One person told us that they found this, "Reassuring." Another person commented that responses to call bells were answered very quickly if there was a problem. They told us that they had accidentally pressed the emergency call button and that "Two staff members were with us in 30 seconds."

The registered manager had taken suitable steps to ensure staff knew how to keep guests safe and protect them from abuse. We found there was an appropriate policy and procedure in place which included the relevant contact details for the local authority. The procedure was designed to ensure that any safeguarding concerns were dealt with openly and guests were protected from possible harm or abuse. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

The staff understood their role in safeguarding guests from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would report any incidences of abuse and were confident the registered manager would act on their concerns. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with. Staff said they had completed safeguarding training and we saw records confirming this.

The risks involved in delivering guests care had been assessed to help keep them safe. We found individual risks had been detailed in guests support plans. Guidance had been provided to staff on how to manage risks in a consistent manner. We saw risk assessments relating to personal care included moving and handling, nutrition and hydration, pressure areas, and falls. Records showed the risk assessments were reviewed and updated at each stay at the service. This meant staff had up-to-date information about how to manage and minimise risks.

General risk assessments had been carried out to assess risks associated with the services environment. These covered such areas as fire safety, the use of equipment, infection control and the management of hazardous substances. The risk assessments were reviewed on an annual basis unless there was a change of circumstance. This ensured guests staying at Park House were safeguarded from any unnecessary hazards.

There were plans in place to respond to any emergencies that might arise and these were understood by staff. We saw that all guests had a personal emergency evacuation plan, which detailed the assistance they would need in the event of an urgent evacuation of the building.

The premises and equipment were appropriately maintained to help keep guests safe. We saw regular checks and audits had been completed in relation to fire, health and safety and infection control. The provider also had arrangements in place for ongoing maintenance and repairs to the building.

We saw records were kept in relation to any accidents or incidents that had occurred at the service. All accident and incident records were checked and investigated by the registered manager to make sure that responses were effective. They identified if any changes could be made to prevent incidents happening again. The registered manager and head of care had made referrals as appropriate to the persons GP and community based services. For example, a guest had a changing health need identified by the services nursing staff. The head of care made contact with the persons community professionals to arrange a reassessment of need. The registered manager carried out a monthly analysis of accidents in order to identify any patterns or trends. The findings were discussed and recorded as part of management team meetings.

We looked at how the registered manager arranged the deployment of staff. Guests told us there were sufficient staff on duty. Guests told us that requests for support were always met in a timely manner, and that staff were available to support them as required. Our observations confirmed this. Staff spoken with confirmed they had time to spend chatting with guests staying at the service, and that this was an essential part of their role. We saw evidence to demonstrate the registered manager continually reviewed the level of staff depending on how many guests were staying, and the level of support they required. In addition to the care staff, there were also ancillary staff including kitchen staff, an administrator, maintenance and cleaning staff. We found that there were enough staff on duty to keep guests safe and meet their needs.

We looked at the recruitment records of three staff members and spoke with a member of staff about their recruitment experiences. The recruitment process included a written application form and a face-to-face interview. The applicants were asked a series of questions at the interview which were designed to assess their knowledge and suitability for the post. We also saw two written references and an enhanced criminal records check had been obtained before staff started work in the home. This meant the provider only employed staff after all the required and essential recruitment checks had been completed.

During the inspection, we looked at how information in medication administration records and care notes for guests staying at Park House supported the safe handling of their medicines. When we asked guests about their medicines, they told us that they received them on time. There was personal identification information on each guest's record to help ensure medicines were administered to the right guest. Records also included details about how guests preferred to take their medicines. Where guests were prescribed medicines on an 'as and when required' (PRN) basis, there was written information available to show staff how and when to give them these medicines consistently and appropriately. Records showed that guests staying at Park House were receiving their medicines as prescribed.

Medicines were stored securely in a locked cupboard and there were appropriate processes in place to ensure medicines were ordered, administered, stored and disposed of safely. Staff authorised to handle and administer guests their medicines had received training and had been assessed as competent to undertake medicine-related tasks. Frequent internal audits were in place to enable staff to check records and monitor and account for medicines.

Is the service effective?

Our findings

The guests and their relatives we spoke with told us they felt staff were appropriately trained and had the necessary skills and abilities to meet their needs. One guest told us, "I'm very confident staff know my care needs, and I trust them." A relative told us, "I've not met a single member of staff who's not excellent, the cleaners, caterers and carers all included." Another guest told us, "They're [staff] very friendly, they know your needs, with the care staff and nursing staff there is an air of confidence."

We looked at how the registered manager trained and supported their staff. We found all staff completed induction training when they commenced work in the home. This included an initial orientation induction, training in the organisation's policies and procedures and mandatory training. Staff also completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff newly recruited to the home were initially supernumerary to the rota and shadowed more experienced staff to enable them to learn and develop their role. All new staff completed a probationary period of six months during which their work performance was reviewed at regular intervals. Staff we spoke to told us that they felt that their initial training when employed was very useful to them in completing their role.

There was a programme of ongoing training available for all staff, which included, safeguarding, moving people, safe handling of medicines, health and safety, Mental Capacity Act (MCA) 2005, person centred planning and proactive approaches to conflict. We looked at the staff training records and noted staff completed their training in a timely manner. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the guests. All staff spoken with told us the training was beneficial to their role.

All staff spoken with told us they were provided with regular supervision and we saw records that confirmed this. The supervision sessions provided opportunities for staff to discuss their performance, development and training needs. As part of the supervision process, the management team carried out regular observations of staff providing direct care. The registered manager and head of care also carried out an annual appraisal of each member of staff's work performance. This meant the staff received regular support and feedback to enable them to carry out their roles effectively.

The Mental Capacity Act (MCA) 2005 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 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles

of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider had policies and procedures on the MCA and staff had received appropriate training.

The registered manager and staff spoken with had a good knowledge of the principles of the Act. They understood the importance of assessing whether a person had capacity to make a specific decision as well as the process they would follow if the person lacked capacity to make decisions. Staff confirmed they asked for guests consent before providing care, explaining the reasons behind this and giving guests enough time to think about their decision before taking action. We observed staff speaking with guests and gaining their consent before providing support or assistance.

We looked at how staff supported guests with eating and drinking. Guests told us they enjoyed the food and were given a choice of meals and drinks. One guest said, "The food is lovely, as is the service, it's like the sort of place I would choose to go out to in the wide world, excellent quality and I can get my knees under the table, not like most places!" Another guest commented, "I'm gluten free and have a choice, a real choice, not like most places." One guest told us, "The food is beautiful here, second to none." We observed that refreshments and snacks were offered throughout the day, including a formal afternoon tea. Guests were able to join this as a social occasion, or have this served in their rooms.

The daily menu was displayed on menus on the tables in the dining area. Guests could choose where they wished to eat, either in their room or in the restaurant. We saw that the dining tables were set with place settings and condiments. We spoke to the services chef. They told us that they sought guests preferences and nutritional needs before their first stay. These preferences were kept on a database and updated at any subsequent return visits. This was the menus planned during the duration of their stay could include these needs or preferences. Guests weight and nutritional intake was monitored in line with their assessed level of risk. Specialist dietary requirements, such as those for guests living with diabetes were provided for. The chef ensured that menu options were planned for to include when guests had enjoyed a meal away from the service on a day trip. For example, a guest who had diabetes had decided to participate in an outing to the local seaside for lunch. On their return, the chef established what they had eaten, and made changes to the evening meal options so that the guest could choose a meal that would not affect their health.

Guests using the service confirmed that care from health professionals, such as the GP or dentist could be accessed as and when required. One guest told us that they had developed a vulnerable area on their leg. They said, "A carer didn't like the look of it, she got the nurse and I was with the doctor within the hour."

Is the service caring?

Our findings

Guests staying at Park House told us staff treated them with respect and kindness. One guest said, "Staff are there when you need them but not over present, they always knock to enter and address people as they choose." Another person commented, "Staff are unobtrusive but always at hand and available, they remember your needs."

We observed that staff interacted in a caring and respectful manner with guests staying at the service. For example, support offered was carried out sensitively and at a pace that suited each person. Where staff provided one to one support, they interacted politely with the person. Staff also acted appropriately to maintain guest's privacy when discussing confidential matters or supporting them with personal care. We observed appropriate humour and warmth from staff towards guests using the service. Guests said they were comfortable in the company of staff and had developed positive relationships with them. One guest said, "I feel like part of a family when staying here." Another guest told us that staff always provided them with a 'listening ear' when they wanted to talk about something that worried them. They went on to tell us that this support was always given in a way that was 'genuine' and they trusted staff to be 'discreet'. The overall atmosphere in the service was calm, friendly, warm and welcoming.

The registered manager and staff were considerate of guests feelings and welfare. The staff we observed and spoke with knew the guests well. They understood the way they communicated and this helped them to meet their individual needs. Guests told us that staff were available to talk to and they felt that staff were interested in their well-being. Guests were supported to be comfortable in their surroundings. Staff spoken with understood their role in providing guests with compassionate care and support.

We saw instances of guest's independence being valued and upheld. For example, being supported to make a skype call to their family. One guest who used a wheelchair told us, "I like coming here because I can be independent, everything is at the right level, and I'm treated like a human being. Even the reception desk is at the right level. Staff spoken with gave examples of how they promoted guests independence and choices, and ensured that any assessment of need made prior to their arrival was re-evaluated during, and after their stay. Guests said they made choices throughout the day regarding the time they got up, went to bed, whether they stayed in their rooms, where they ate and what they ate.

The staff were knowledgeable about guest's individual needs, backgrounds and personalities and were familiar with the content of their care records. Guests were consulted about the care they needed and how they wished to receive it prior to they stay at Park House. They told us they were involved in developing and reviewing their support plans and their views were listened to and respected. The process of reviewing support plans helped them to express their views and be involved in decisions about their care. Guests were also able to express their views by means of daily conversations and satisfaction surveys.

Some guests chose to spend time alone in their room and this choice was respected by the staff. We observed staff knocking on doors and waiting to enter during the inspection. There were policies and procedures for staff about caring for guests in a dignified way. This helped to make sure staff understood

how they should respect guests privacy, dignity and confidentiality in a care setting.

Is the service responsive?

Our findings

Guests, relatives and their visitors spoke highly of the quality of care and service provided. We saw very positive feedback in the services comments book. These included, "Staff are wonderful, the food is excellent", "Staff are friendly and most helpful at all times with a smile," "The staff could not of been more helpful", "I cannot thank the staff and volunteers enough, they are so caring, thoughtful and helpful". We saw that one relative had written to the registered manager and said, "It is immensely reassuring to us that [relative] is so well looked after by yourselves. You have made such a huge difference for them."

Guests we spoke with during our inspection were equally complimentary about the service they were receiving. One guest told us that staff were 'responsive' and had a 'can do attitude'. They told us, "One day I mentioned that a grab rail would be useful in my room, by the time I went up there it was there! This time I needed a couple of pillows and they were there within ten minutes." Another guest told us, "They added a rope to my door to help me close it at a previous stay, it's on my door now whenever I visit." During our observations, staff supported guests in a proactive way, providing the care they needed and recognising when additional care maybe needed.

The service strived to provide high quality support in a very person centred way. Staff were clear that guests staying at the service were doing so as a holiday or short break, and expected high standards. A key element of ensuring the best possible experience for guests was the identification of needs, preferences and levels of support that was needed before guests arrived. This included collating, reviewing and improving the experience of guests who had stayed at the service before to be used at their next stay.

Prior to guests arriving at the service, the head of care spoke with guests to gain the necessary information to collate a care plan that staff could use to deliver high quality care. This included information that would be shared with other departments within the home, such as catering, housekeeping and maintenance teams. For example, dietary requirements and preferences were passed to the kitchen staff. We saw that for one returning guest, they preferred a particular type of beer, which the services bar did not usually stock. This had been identified at the previous visit, and arrangements had been made so that the bar now had this in stock for this guests stay. The restaurant manager kept a database of guests preferences, including whether they preferred to dine alone, or as part of a group.

For new and returning guests, the head of care ensured that they had up to date information about their health needs, and liaised with community health professionals before they arrived if required. This meant that the homes nursing team could continue to provide any healthcare support that was needed. When the guests left after their stay, any information about their health needs was passed on to their community at home if required.

Prior to their arrival at Park House, guests were asked what level of support they felt that they required during their stay. The service provided varying levels of support depending on what they required. If guests were bringing relatives with them to stay, who also provided care and support to them, care plans identified what care was to be provided by staff, and what was to be provided by accompanying guest. Staff worked

sympathetically with guests and their accompanying relatives, recognising that their presence could have an impact on their experience, and were sensitive and unobtrusive. Staff took time to work alongside relatives to build trust and to enable the relative to provide less support during their stay, transferring this role to staff.

The head of care and senior staff held a weekly meeting to review guests experience from the previous week. We observed this meeting and saw that it was extremely detailed and included reviewing all aspects of the stay. The review included was the package of care right, how did the stay go for the guest, the guests feedback, was the room and equipment provided suitable. The team noted that for one guest, the level of support required had increased, which was discussed with them during their stay. This meant that the guest's provision of support was amended during their stay, and their care plan updated for future visits. Staff had identified that one guest's difficulties with speech had increased. Staff agreed that for a future stay that the guest had booked, that the rotas would be changed so that a consistent team would be provided to support this person. These staff knew this person well and understood how they communicated. This meant that the person would be more relaxed, and less frustrated as they would not have to repeat themselves. We also observed the daily afternoon handover of information between changing staff teams. Detailed information was shared at this meeting, staff were encouraged to share information about how to support new guests who staff were not yet familiar with. A key part of this was an emphasis by staff and promoting how guests could be supported whilst being as independent as possible.

One guest, who had stayed along with a large family party for the first time, had requested the main suite in the service to stay in as they were celebrating a special occasion. Before finishing their stay, they wished to book for a return visit. The head of care reviewed with them how their stay had been so far, and following this suggested that they may find another room with more adapted facilities suitable for their needs. The guest was able to see this room before they left and found that it would be more suitable in the future. Another guest who was staying for convalescence following a stay in hospital was discussed at the meeting. Their care and support needs had been reviewed on a daily basis as they recovered, and small amendments made to their support plan, promoting independence.

Staff also discussed what went well for guests during their stay, including what activities were enjoyed, which staff guests appeared to enjoy the company of, and any preferences expressed in the restaurant. Staff talked in detail about how guests were able to support themselves, and where they may require minimal support or prompts. This ensured that staff could be unobtrusive, promote independence but still be attentive. This information was collated and used to update the guests profile.

One person we spoke with told us that they had come to stay at Park House to celebrate their birthday. They told us that they live locally, but very much enjoy the company and friendship of staff. They told us, "I could think of no place I would rather be than here to celebrate." As part of their celebrations, they told us that friends were coming to join them for a dinner party in the restaurant during the evening. They said that the staff team had gone to "All kinds of efforts" to help them plan the evening. This included the guest meeting with the head chef to plan the menu for the evening, and to choose the wine. Another guest staying at the service received visitors, when they arrived, the head of care invited them to join their friend for afternoon tea in the drawing room, so that they could relax in comfort.

The various heads of department worked together very closely to ensure that guest's experiences was as positive as possible. The activities co-ordinator worked closely with the head of care and catering manager to ensure the programme of activities did not impact on other aspects of a guests stay. For example, arranging for activities and day trips to start or finish so that their preferred times of eating could be maintained. The catering manager told us that a guest had joined an outing to the coast for a fish and chips

lunch. As the person was diabetic, the catering manager, was informed by the activities co-ordinator. They amended the evening menu so that it included options that meant this person could have an evening meal that would not adversely affect their condition.

We saw that there was a varied programme of activities available for guests to partake in, both at Park House and with the local and wider area. At the time of our inspection, we saw that the pre-planned outing had been changed for that day because guests wanted to do something else. The approach to activities was very flexible, guests were asked what they wanted to do regularly. Guests were able to have different options depending on changes in the weather, or how they felt. We saw that there were regular themed weeks of activities at Park House. These included painting weeks, where local artists ran classes, a fine dining week for foodies, craft weeks, a 'stately home week', visiting homes in the area. There was also a 'warbirds' themed weeks, visiting local military museums. Guests told us that they thoroughly enjoyed the activities on offer at Park House, with some telling us it was an essential reason for their stay there.

Staff told us that as well as being trained in how to provide guests with care and support, they were also trained in how to provide guests with the best customer experience possible. They told us that attention to detail was essential for the service, to distinguish them from any other care home. Staff were clear that guests stayed at the service because they wished to have a holiday, and be entertained and relax. Staff understood the ethos of the service, and knew that their role in performing their duties was pivotal in achieving this.

We looked at how the service managed complaints and concerns. Guests told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. One guest told us, "I have never needed to complain, but if I did I would go to the reception, they attend to everything, I know that I could ask the manager to deal with it, I see her daily."

We saw that no complaints had been made recently. Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. This meant guests could be confident in raising concerns and having these acknowledged and addressed.

Is the service well-led?

Our findings

Guests and their relatives told us that the level of service provided Park House was exceptional. We saw comments such as, "What a team you all make, from the moment we arrived, we were all looked after," and "The staff could not have been more helpful".

The service was led by a manager who is registered with the Care Quality Commission. The registered manager had responsibility for the day to day operation of the service and was visible and active within the home. They were supported by the head of care, who was responsible for all nursing and care delivery at Park House. After our visit, we spoke with the registered manager about the daily operation of the home. They were able to answer all of our questions about the care provided to guests showing that they had a good overview of what was happening with staff and guests who used the service. During our visit, we spoke to the head of care, who had an in depth knowledge of guests needs, and how to deploy staff effectively to deliver this.

The staff members spoken with said communication with the registered manager and management team was very good and they felt very supported to carry out their roles in caring for people. One member of staff told us, "The head of care is amazing, really approachable, and is really good at finding a way to solve any problems." Another staff member told us, "The manager is great, really friendly." Staff told us they were part of a strong team, who supported each other and were very enthusiastic about working at Park House. One staff member told us, "I love working here, staff are so supportive, it's a great team and we work well together." Another staff member told us, "Staff morale is good, the best thing is we get great satisfaction from helping our guests. We found there to be a strong culture of good teamwork, and morale amongst staff was very positive.

There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the registered manager was not present, there was always a senior member of staff on duty with designated responsibilities. We noted guests and their relatives were regularly asked for their views on the service. As part of this, guests were invited to complete a satisfaction questionnaire. This took place at the end of each guests stay. We noted all had made positive comments about the service. These questionnaires were reviewed by the services management team to share any learning or areas of development.

The registered manager used various ways to monitor the quality of the service. These included audits of the medication systems, staff training, infection control and fire systems. The audits and checks were designed to ensure different aspects of the service were meeting the required standards. Action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made.

Due to the unique nature of the service, the registered manager told us that the management team skills set was different from most care settings. Their background was in hotel management, but had worked in a care setting for several years. Conversely, the head of care was a registered nurse but had now worked in a

hospitality setting. The registered manager told us that they found it essential to work closely with the head of care, to ensure that these two sets of skills were combined to ensure a good experience for guests. They told us that clear lines of responsibilities were essential, and that between them they managed this well.

The registered manager told us that they enjoyed their role and working at the service. They were passionate about the services provided and had a clear desire to provide innovative and high quality services. They told us, "We provide holidays for people who thought they would never have one. I have my dream job as I work in the two industries I am passionate about." As part of promoting the service, and improving the quality of it, the registered manager was part of a number of regional development forums. This including the West Norfolk disability forum, registered manager forum and 'Holidays For All' consortium, of which they were Chair.

The registered manager told us that they attending meetings and briefings run by the local clinical commissioning group, as they felt it was essential to be part of local networks, and include the community in their offer. An example of this a new initiative called 'Norfolk care and repair'. This was a service where by people could come to Park House and stay as a day guest, whilst work or servicing of equipment at their home was carried out. They were also days whereby people could come and try new equipment out at sessions run by local community professionals. There were also plans to start running sessions at the service by community neuro physiotherapists. It was felt that group sessions in special environment would be more enjoyable and beneficial, as well as increasing attendance and reducing social isolation.

We saw there were organisational policies and procedures which set out what was expected of staff when caring for people. Staff had access to these and they were knowledgeable about key policies. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed they would report any concerns and felt confident the registered manager would take appropriate action. This demonstrated an open and inclusive culture within the service.

The service had a strong history of providing high quality care and has always been rated by the Care Quality Commission as compliant or good. The ethos of the service was very much centred in exceptional customer service. The registered manager's approach was to adopt the values and focus of customer service found in high quality hotels, and apply this to the nursing and care provision. The service user guide for guests outlined that they could expect to receive a high quality service, and how this would be provided.