Council of the Isles of Scilly

Park House

Inspection report

The Parade
St Mary's
Isle Of Scilly
TR21 0LP

Tel: 01720422699
Website: www.scilly.gov.uk

Date of inspection visit:
03 September 2018
04 September 2018
05 September 2018

Date of publication:
03 October 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected Park House between 3 September 2018 and 5 September 2018.The inspection was unannounced. The service is for elderly people, some of whom may have physical disabilities or dementia. At the last inspection, in October 2016, the service was rated as 'Good,' and following this inspection the service retains this rating.

Park House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Park House accommodated up to fourteen people, and nine people lived at the service at the time of the inspection.

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

The service did not have a registered manager, although the current manager had submitted an application to be registered with the Care Quality Commission. 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.

The service was viewed by people we spoke with as very caring. We received positive comments about the service. For example we were told, "I could not ask for better," and "(My relative) has only good things to say about the care." An external professional said, "Park House (provides) a high level of care and support…in a warm and supportive environment," and another said, "Park House has undergone a significant change in the last year or so and now appears to me to be a vibrant, friendly and safe facility."

People told us they felt safe. The service had a suitable safeguarding policy, and staff had been appropriately trained to recognise and respond to signs of abuse.

People had suitable risk assessments to ensure any risks of them coming to harm were minimised, and these were regularly reviewed. Health and safety checks on the premises and equipment were carried out appropriately.

There were enough staff on duty to meet people's needs. The service had an effective recruitment procedure, and appropriate checks were carried out on new staff to ensure they were suitable to work with vulnerable people. Staff were suitably trained. Staff received a comprehensive induction when they started to work at the service, and they received regular supervision to provide them with feedback and guidance about their work. Overall staff had received appropriate training although some staff members still needed

to complete some training required by law.

People in the community, who we contacted, said they were happy with staffing provided. The care people received was provided by a small group of staff, who they knew well. Staff arrived on time, stayed to assist them the correct amount of time, and did not leave out any assistance which they were required to give. People said staff had not missed any visits. One person said if there was any lateness, there was usually good reason, for example the carer had been delayed at a previous call. The person said staff were never late by more than 25 minutes. People said they did not receive personal care from someone from the opposite gender if they did not want this.

The medicines' system was well managed, medicines were stored securely, and comprehensive records were kept regarding receipt, administration, and disposal of medicines. Staff who administered medicines received suitable training.

The service was clean and hygienic. The building was suitable to meet the needs of the people who lived there. There has been some decoration and improvement to the home's environment.

There were suitable assessment processes in place before someone moved into the service. These assisted in helping staff to develop detailed care plans. The managers and staff consulted with people, and their relatives, about their care plans. Care plans were regularly reviewed.

People enjoyed the food and were provided with regular drinks throughout the day. Support people received at meal times was to a good standard. Comments about food included: "The food is very good," "Excellent," and, "Pretty good really."

The service had well established links with external professionals such as GP's, Community Psychiatric Nurses, District Nurses, and social workers.

Some people lacked capacity due to their dementia. Where necessary suitable measures had been taken to minimise restrictions. Where people needed to be restricted, to protect themselves, and/or others, suitable legal measures had been taken. No physical restraint techniques were used at the service. Staff had received suitable training about mental capacity.

Everyone we saw looked well cared for. People were clean and well dressed. The service provided some activities. We were told, "We play scrabble," and we were told there were singsongs. We were also told the service made a lot of effort to celebrate community events, such as 'May Day,' and the manager said there had been a dinner where the wider community was invited to the service to encourage links with them. An external professional said, "I often see them [people using the service] out and about for walks or to visit local parks / fete / events." The manager said some people liked to go out, so people would be assisted to go to the sea front, or to go out to have an ice cream. Activities provision was however currently being reviewed so a wider variety of opportunities could be provided.

The manager, and the management team were well respected by people, relatives, staff and external professionals. External professionals said managers were, "Supportive and helpful," and the manager had "Brought a refreshing stimulus to Park House with her welcoming personality." Staff also said team working at the service was good, and team members were supportive and communicated well with each other.

There was a suitable quality assurance system in place. The managers had a hands on approach, and had a comprehensive system of checks and audits in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service continues to be safe.	**Good**
Is the service effective? The service continues to be effective	**Good**
Is the service caring? The service continues to be caring.	**Good**
Is the service responsive? The service continues to be responsive.	**Good**
Is the service well-led? The service continues to be well led.	**Good**

Park House

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 checked 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 between 3 September 2018 and 5 September 2018 and was unannounced. The inspection team consisted of one inspector. Before the inspection we reviewed information we kept about the service and previous inspection reports. This included notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. We also emailed professionals and relatives of people who used the service to ask for their views of the service.

During the inspection we used a range of methods to help us make our judgements. This included talking to people using the service, their relatives and friends or other visitors, interviewing staff, pathway tracking (reading people's care plans, and other records kept about them), and reviewed other records about how the service was managed We looked at a range of records including five care plans, records about the operation of the medicines system, three personnel files, and other records about the management of the service.

Before, during and after the inspection we communicated with four relatives of people who used the service. We also communicated with 11 external professionals including specialist nurses, GP's and social workers. We also spoke with six staff. We spoke with six people about their experiences of living at the care home, and two people who received support in their own homes from the service. We spoke with the nominated individual, and other managers about the operation of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. Relatives told us: "It is very safe, well run and the staff are incredible, kind and considerate," and "I have no concerns about the safety of the residents." An external professional said, "I do believe the service is safe and the residents are well looked after."

The service had a satisfactory safeguarding adult's policy. Staff had received training in safeguarding adults. Staff were provided with information about who they should contact, and what action they should take if they had concerns about somebody being subject to abuse. Staff demonstrated they understood how to safeguard people against abuse. Staff told us they had not witnessed or heard about any poor practice. For example, one member of staff told us, "No one is nasty or degrading." Staff we spoke with thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe. Where necessary the registered persons had submitted safeguarding referrals to the local authority where they felt there was a risk of abuse.

Risk assessments were in place for each person. For example, to prevent poor nutrition and hydration, skin integrity, falls and pressure sores. We were told these were initially completed when a person came to live at the service. Risk assessments were reviewed monthly and updated as necessary. Health and safety risk assessments were completed for all areas of the building, as well as tasks which may present a risk.

Managers said the majority of people who lived at the service had capacity and the service minimised restrictions where possible. For example if people were physically and mentally able, they could walk around the building, spend time in their bedrooms and were encouraged to make a range of choices such as what to wear, what to eat and how to spend their time. The front and internal doors were unlocked so people could move around the building, and come and go as they pleased. The managers said where people had limited, or lacked capacity, staff supported them to maximise choice and independence.

Care records were stored securely in a filing cabinet. Records we inspected were up to date, accurate and complete. All care staff had access to care records so they could be aware of people's needs. The managers said there were formal handovers between each shift. These enabled staff to share information and concerns about the care of people.

The service had a whistleblowing policy so if staff had concerns they could report these without feeling they would be subject to subsequent unreasonable action for making valid criticisms of the service. Where concerns have been expressed about the service; for example if complaints have been made, or there have been safeguarding investigations; the registered persons had carried out, or co-operated fully with these.

Equipment owned or used by the registered provider was suitably maintained. Systems were in place to ensure equipment was regularly serviced, and repaired as necessary.

Health and safety checks on the premises and other equipment were carried out appropriately. Heating and cooking appliances had been tested to ensure they were safe to use. Portable electrical appliances had

been tested and were safe. The electrical circuit had been tested and we were told all remedial work required had been completed. Records showed manual handling equipment had been serviced. There was a risk assessment to minimise the risk of Legionnaires' disease, and systems were in place to take action to minimise the risks identified. There was a system of health and safety risk assessment in place. There were smoke detectors and fire extinguishers on each floor. Fire alarms, emergency lighting and fire extinguishers were checked by staff, the fire authority and external contractors, to ensure they worked. The service had a fire risk assessment.

Any behaviours which the service found challenging was recorded in individuals' care plans. Staff recorded all incidents that occur and these are reviewed by senior staff. Where necessary there was appropriate liaison with external professionals such as district, and community psychiatric nurses.

There were enough staff on duty to meet people's needs. On the days of the inspection, at the care home, there were two care assistants on duty during the day and evening. Overnight there were two staff on duty. In addition the service had cleaning, kitchen and administrative staff to help ensure the service ran effectively.

Staffing for the community support services was provided on the basis of the needs of people. The majority of staff who worked a the service worked in the community as well as within the care home. People requiring community support received from very limited support, for example one visit a week, to intensive support, for example two care staff providing visits up to four times a day. Staff told us that if they did not think they had enough time to support individuals in the community, they would discuss this with the manager, and where possible more time would be provided to increase support the person needed.

People in the community, who we contacted, said they were happy with staffing provided. The care was provided by a small group of staff, who they knew. Staff arrived on time, stayed to assist them the correct amount of time, and did not leave out any assistance which they were required to give. People said staff had not missed any visits. One person said if there was any lateness, there was usually good reason, for example the carer had been delayed at a previous call. The person said staff were never late by more than 25 minutes. People said they did not receive personal care from someone from the opposite gender if they did not want this.

Comments about staffing levels and staff responses included, "I can't fault them, they do their best." Staff members we spoke with said staffing was fine. One member of staff said, "The rota is very good." We received some comments from external professionals who felt staffing levels could be improved, although these are currently similar to other care services with people with similar needs, and similar numbers of people.

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check. Staff turnover was satisfactory.

The registered provider has a suitable policy regarding the operation of the medicines system based on current guidance such as issued by the Royal Pharmaceutical Society and NICE. Most care staff had received suitable training about the operation of the medicines' system. Medicines were given to people at the correct times. Suitable administration records were kept. There were no gaps on medicine administration records.

Suitable procedures were in place for people to self-administer their medicines if they were able to do this. There were systems were in place for medicines which required additional security. The service had systems in place to order medicines. Medicines were stored, in locked metal cupboards, in people's bedrooms. There was a store room where stock and medicines no longer required were stored. Items which required refrigeration were kept appropriately, and the temperature of the refrigerator was suitably monitored. Stock levels were satisfactory. Procedures were in place if people required medicines administered covertly [administered in a hidden way]. People's behaviour was not controlled by excessive or inappropriate medicines. When medicines were prescribed to be given 'as required', rather than at specific times, guidance was in place when this should be given. People's creams and lotions were stored and administered correctly, although a minor number of items were not dated when opened. The manager assured us they would remind staff to do this in future.

People in the community, who received support from the service, said they received appropriate help with their medicines. Suitable records of administration were kept in people's files.

People had links with their GP's, and other medical professionals who were involved in prescribing and reviewing people's medicines. Where necessary staff appropriately consulted with medical professionals to ensure types of medicines prescribed, and dosages were helping people with their health needs. One external professional said in respect of the management of medicines that there was "A willingness to improve and a keen attitude to take on board recommendations and implement them…This is a massive improvement."

The service had suitable arrangements in place to ensure the home was kept clean and hygienic. The service had policies about infection control which reference national guidance. The registered persons understood who they needed to contact if they need advice or assistance with infection control issues. Cleaning staff were employed and had clear routines to follow. There was a record that only some of the staff received training about infection control. Staff understood the need to wear protective clothing such as aprons and gloves, where this was necessary.

The majority of staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance. The local authority environmental health department had judged standards to a satisfactory standard.

The registered persons understand their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns management would listen and take suitable action. The managers said if they had concerns about people's welfare they liaised with external professionals as necessary, and had submitted safeguarding referrals when appropriate.

Where there were safeguarding concerns or complaints managers said the service learned from these. Key learning points had been shared with staff within the service. An example of this was an incident which resulted in an error about the administration of medicine. As a consequence procedures had been thoroughly reviewed and changed to ensure the chance of such an error occurring again was minimised. We saw a copy of the investigation report about this matter, and the investigation was thorough. There was a clear action plan, which has subsequently been implemented. The registered persons participated and cooperated when there had been external investigations for example about safeguarding matters.

The service kept some monies, and at times valuables, on behalf of people when people needed to purchase items such as for toiletries and hairdressing items. Monies were stored securely and records were

kept of expenditure. We discussed the intensive level of support from staff that one person, who lived in the community, received with their finances. Managers told us the current arrangements had been discussed with the persons social worker, and the social worker monitored the arrangement. It was agreed the current risk assessment, and care plan regarding this matter would be reviewed.

Good

Is the service effective?

Our findings

The service had suitable processes to holistically assess people's needs and choices. Before starting to use the service, managers told us senior staff went out to assess people to check the service could meet the person's needs. People, and/or their relatives, were also able to visit the care home before admission, or stay at the home on a trial or respite basis. Copies of pre admission assessments on people's files were comprehensive. Assessments assisted staff to develop a care plan for the person so care was delivered in line with current legislation, standards and guidance.

Some of the people came to stay at the care home for respite support for reablement support (for example if someone had a fall, or a stroke, and needed to regain the skills to live more independently), with the objective of returning to their home once they regained their skills and confidence. Some others were provided with respite care to provide their primary carers a break. Some people also used the care home for day care.

Nobody we spoke with (for example people who used the service and staff) said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age. The registered persons' had an anti-discrimination policy which covered staff and people who used the service.

The use of technology and equipment to assist with the delivery of effective care, and promote people's independence was limited. There was a call bell system which people could use to alert staff in emergency. We observed staff responding to call bells promptly. The people we spoke with, and their relatives, said they did not have any concerns about staff responsiveness to call bells.

Staff have appropriate skills, knowledge and experience to deliver effective care and support. The managers said when staff start working at the service they received an induction. This included spending time with senior staff where they were provided with essential information about the running of the service, and shadowing more experienced staff to learn their roles. One staff member said, "The support that I have had from everyone is very good. I love the fact that I have earned certificates. I knew nothing but I have learnt more here than I have learned in donkey's years."

Managers had a understanding of the Care Certificate, which is an identified set of national standards that health and social care workers should follow when starting work in care. The registered provider had just introduced this approach. There were records that newly recruited staff had begun to complete the Care Certificate. One member of staff said, "I am just studying mine."

Records showed staff had mostly received relevant training which enabled them to carry out their roles. By law all care staff are required to receive training about first aid, fire safety, infection control, moving and handling, first aid and safeguarding. Where necessary staff should receive training about dementia awareness. Records showed there were some gaps in staff receiving some required training. However, staff told us they believed they received a lot of training. For example a staff member told us, "There is always

training…recently we have done 'Equality and Diversity,' and manual handling," and "A lot of training is online but we have done first aid and moving and handling face to face. I have been very impressed, there is plenty of it." A member of staff who was new to care said, "I feel competent now. There is great training and support." An external trainer said, "All staff who attended the training consistently demonstrated warmth, compassion and spoke of the people in a respectful manner. They engaged fully with the learning in a warm and friendly way."

Staff told us they felt supported in their roles by colleagues and senior staff. There were some records which demonstrated staff had received formal supervision with a manager. Supervision is a process where members of staff sit down with a supervisor to discuss their performance, any goals for the future, and training and development needs. Staff told us they could approach senior staff for help and support if they had a problem. The manager confirmed that she, and other senior staff responsible for supervising staff had received formal training in this area.

The service had a suitable menu. At breakfast time people could have a cooked breakfast, cereal or toast. People had a choice of lunch time meal. People were consulted with about the menu. Staff had a good understanding of people's likes and dislikes. Managers said if people did not like what was on the menu people were always offered an additional choice of meal. In the evening people were offered sandwiches or a hot snack such as soup, eggs or quiche. People could have their lunch or evening tea in the dining room, or their bedroom. Teas, coffees and cold drinks were provided to people throughout the day. People were offered a hot drink and a snack in the evening, and drinks and snacks were also provided throughout the night if this was required.

Currently there were no people who used the service who had specific cultural or religious preferences about the food they eat, or had a vegetarian or vegan diet. Special ingredients were purchased for people who were diabetic. Where necessary people could be provided with a 'soft' or pureed diet for example if they were at risk of choking. When this was necessary the components of the meal (for example meat, vegetables and potatoes), were pureed separately so the meal was presented appealingly. The managers recognized that meals were an important part of people's day, and subsequently worked to ensure food was well cooked and presented, and meal times were pleasant and unrushed occasions. Meals were appropriately spaced and flexible to meet people's needs.

All people had eating and drinking assessments in their files. Where a person was at risk of for example malnutrition, dehydration or choking suitable approaches were in place to minimize risks. Where necessary, detailed records were kept of what people ate or drank. Where appropriate people were provided with one to one support to eat their meals. Advice was sought from external professionals, such as speech and language therapists, if people had eating difficulties, for example difficulty in swallowing.

People were positive about the meals. Comments included: "The food is very good," "Excellent," and, "Pretty good really." A relative said "Food appears to be good and (my relative) not usually liking puddings is now enjoying them!." We observed part of one meal time which was a pleasant and unrushed occasion. Staff spent time talking with people and encouraging them to eat. Where people needed assistance with their food nobody was rushed to eat, and people were supported at their own pace.

The managers said the service had good links with external professionals to ensure their health care needs were met. The service worked closely with a wide range of professionals such as community psychiatric nurses, social workers, community nurses and general practitioners to ensure people lived comfortably at the service. Chiropody and dental services were also available and these professionals regularly visited the service. Records of some professional involvement (for example dental and optician support) was limited,

although the manager said they would subsequently improve this. People said they could see a GP when they needed to. An external professional said, "Staff appear to be very caring towards the residents. They are always quick to phone if they have any worries or concerns," and another said, "Staff are supportive and caring."

The managers said where appropriate referrals were made for additional support from professionals such as occupational therapists, and speech and language therapists. Where staff had concerns about somebody's welfare the service had good links with professionals to ensure any changing needs were reassessed, and where necessary, hospital admissions were arranged for people where their needs could be better met.

The building was clean, well maintained and satisfactorily decorated. Managers said some ongoing decorations (for example of bedrooms) was occurring.Some carpets had recently been replaced. The building appeared and felt comfortable and homely.

Accommodation was over two floors, and was connected by staircases and a shaft lift. There were a satisfactory number of shared toilets and bathrooms. Bathrooms were accessible for people with physical disabilities. For example, there was a walk in shower for people who were wheel chair users, and an overhead hoist. Some en suite bedrooms were available. All bedrooms had wall mounted televisions provided by the service. There was seating outside. There were some raised beds if people wanted to participate in any gardening. There was a lounge / dining room where most people spent their time. In addition to this there was a second lounge which was also used as an activities space.

We raised a concern about security at the building. Residential flats adjacent to the care home, shared the front door to the care home. Although during the day an administrator was situated within the entrance area, this was not always guaranteed. Visitors to the flats, (or people from the wider community) could enter the building, and also go within the care home without any restriction. The activities room was also accessible to these visitors. Although there had never been any incidents of concern, there was a risk of intruders. The manager said she was aware of the risk, and was currently arranging for security to be improved. The Director of Social Services, attended part of the inspection, and confirmed finances had been approved for the structural change.

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).

Some people had limited capacity, so if there was significant decisions needing to be made about people's health care needs they were made through the best interest process, and /or in liaison with the person's power of attorney (if the person had one).

The managers said people when people were accommodated who did not have capacity; applications to deprive people of their liberty had been submitted, for assessment, to the local authority. Records demonstrated satisfactory procedures had been followed. Copies of DoLs applications were available along with any approvals received. The managers said they had a system for monitoring DoLs orders to ensure

they were implemented, and reviewed before any authorisations expired. No physical restraint was used at the service. Records showed the majority of staff had received training about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Good

Is the service caring?

Our findings

We received many positive comments about the attitudes of staff. People and their relatives said people were treated with kindness, respect and compassion. We were told, "Staff have been very, very good," and "It is very good, excellent." Relatives were very positive about their experiences of the service. Relatives said, "Staff are deeply caring. Nothing is too much trouble," and "I have never heard the staff sound impatient or cross with any of the residents and to all they show is care and love." A relative of someone receiving community support said, "(My relative) has only good things to say about the care." Staff members said, "Care is excellent…staff work extremely hard," and, "There are some really good staff." An external professional said, "Staff are passionate about their work." We received several comments from external professionals saying that there is "genuine affection," between people and staff.

People receiving community support were generally positive about their care. One person raised a concern about their support, and this matter was discussed with the manager to investigate. Otherwise we were told staff were, "Nice people," and were "Good." One person said staff would always ask if they could do anything else before they left. They said staff would also do additional tasks such as pick up items of shopping, in their own time.

At the care home, we observed staff sitting with people at the morning coffee time. They were chatting with people and there seemed a friendly and pleasant atmosphere. Staff were patient and took time to listen to them. There was lots of discussion between staff and people who lived in the home. We did not witness staff talking about people in front of others.

Most people and their relatives said staff responded to people quickly if they needed help for example if people called or pressed the call bell. A relative said, "When (my relative) called the bell, it was always answered promptly."

People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. Where possible staff involved people in care planning and review. Where people had limited capacity involvement was often limited, and consultation could only occur with people's representatives such as their relatives. People and their relatives were provided with information about external bodies (such as the local authority) community organisations and advocacy services.

We observed people looked well cared for. People were clean, well dressed and their hair combed nicely. People had the opportunity to have a bath or and shower when they wanted to. Relatives were positive about people's personal care. Staff we spoke with said they felt they had enough time to sit and spend time with people. We did not see staff rushing or ignoring people. Staff took time to listen to people, and give people time to respond to questions. Staff were friendly.

We observed staff making sure people's privacy and dignity needs were understood and always respected. Where people needed physical and intimate care, for example if somebody needed to change their clothes,

help was provided in a discreet and dignified manner. When people were provided with help in their bedrooms or the bathroom this assistance was always provided behind closed doors. Staff worked with people to encourage and / or respect people's right to be as independent as possible.

People said they could get up and go to bed when they wished. We observed routines at the service and these seemed very relaxed. For example some people were up, dressed and had their breakfast by 9am, whereas others chose to stay in bed until past 11am and got up later: which seemed very much about individual choice. We were told, " You can get up when you like," and "You can stay up as late as you like."

The relatives we spoke with said they could visit the service at any time. For example we were told, "Visiting times are VERY flexible." Visitors said they always felt welcome and were offered a drink. Relatives said staff always answered any questions they had. Visitors said they felt staff were helpful if they had any queries or concerns.

Good

Is the service responsive?

Our findings

Everyone who used the service had a care plan. Where possible people, and their representatives, were consulted about their care plans and their review. Care plans were detailed and included information about people's physical and mental health care needs and information about their lives before living at the service. Care plans also included risk assessments for example in relation to people's mobility, and any risks in relation to eating and drinking. Care plans outlined people's preferences and interests. Reports about the person's needs were also obtained from external professionals such as the local authority. However, in some cases care files were unwieldy, and contained excessive information. For example two or three documents defined as a 'care plan'. For example in one person's file there was three documents which were defined as a care plan dated between February 2013, and August 2018. This made it difficult to ascertain what was the definitive, current document. The managers said they were going to introduce an electronic care planning system which would result in records being streamlined.

Daily record sheets were completed for each person. These were detailed and included information such as people's medicines, what they ate, what time they woke and went to bed, activities, mood, and relevant issues about personal and health care. This meant staff could respond to this information in order to meet peoples specific needs.

We were told currently only one person required food and fluid charts. An external professional said in the past there had been concerns about staff filling out fluid balance and repositioning charts, and management needed to monitor this matter should such monitoring be required in future. Another professional said in the past there had been some "lack of understanding" about pressure area care, and preventative measures to relieve pressure areas, and also about catheter care. We found there were no issues at the time of this inspection.

Records kept for people receiving support in the community were more succinct for example one care plan, daily records, and other relevant records such as medicine administration charts. Current records were kept in people's homes, so the person, as well as staff had access to them. Completed records were regularly returned to the care home, where they were filed and archived.

All staff were able to access people's records. All care records were stored appropriately. For example they were locked away in the filing cabinet.

Managers said some activities were provided. We were told, "We play scrabble," and "I watch TV." One person said they would play the piano. We were told there were singsongs. We were also told the service made a lot of effort to celebrate community events, such as 'May Day,' or pantomines, as well as religious holidays such as Christmas. The manager said there had been a dinner where the wider community was invited to the service to encourage links with the wider community. An external professional said, "I often see them out and about for walks or to visit local parks / fete / events." The manager said some people liked to go out, so people would be assisted to go to the sea front, or to go out to have an ice cream. Some people did say they were "Not sure," if there were any regular activities offered, although nobody said they were

bored. Representatives from the local church and chapel visited to enable some Christian religious observance. The service action plan stated that activities provision was to be reviewed with the expectation there would be further 'formal, interesting, interactive activities' provided in the future.

All of the people at the service had limited skills understanding correspondence due to their dementia. When people received correspondence staff would read this to people.

The service had a complaints procedure. People and their relatives, who we spoke with, said if they had any concerns or complaints, they felt they could discuss these with staff and managers. They felt any concerns and complaints would be responded to appropriately. The service had a system to record complaints made although the managers said there had been no formal complaints made. One person (who received community support) said, any concerns and complaints, "Would be dealt with," and said they would have no hesitation raising a concern if this was necessary. Relatives said "You could approach them and any concerns would be sorted out." People's relatives, who we contacted, said they did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint. The managers said if complaint was made, the management team would assess the complaint and its findings and use the experience as an opportunity to learn from what had occurred.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. The service consulted with, where appropriate, the person and their representatives about the development and review of an end of life care plan where this was appropriate. The managers said there were good links with GP's to ensure people received suitable medical care during this period of their lives.

Good

Is the service well-led?

Our findings

The manager worked full time at the service. The current manager had worked at the service for a year. The manager had submitted an application to be registered with the Care Quality Commission. We received positive remarks about the manager. For example one relative said the manager "Has a 'can do' attitude rather than a bureaucratic one. From the outset she had done all she could to make (my relative's) transition (from their home to the care home) as easy as possible" Staff told us, "She is good with us and good with the residents," "She is fantastic," "Amazing, I admire her, she always smiles. She has a consistent mood. She always has got time for you," and "You can go to her she is approachable." External professionals said managers were, "Supportive and helpful," and the manager had "Brought a refreshing stimulus to Park House with her welcome personality." The manager was observed assisting one person who required personal care. Although she was helping the inspector, she rightly prioritised assisting the person with the help needed. Her approach was very kind and helpful. She was also observed at other times talking with people and staff in a friendly and supportive manner.

The manager said when she took the job, there had previously been "a lot of problems," at the service. For example due to problems recruiting staff to work on the Isles of Scilly (such as problems in people finding reasonably priced accommodation,) the service had been heavily dependent on agency staff, and had faced closure. We were told the service had sometimes been perceived as not having a good reputation locally as a place to live or work. The manager said the service was now nearly fully staffed (there was one vacancy which was due to be filled). The manager was born and brought up on St Mary's, and had this had helped to rebuild trust within the local community. The manager said there had been a team building event to assist recently recently recruited staff, and those who had worked at the service for a long time to integrate together, and to assist in the development of the team to work effectively. The manager said this had been an effective process, and motivation and morale among the team had subsequently improved. The facilitator said, "Our feeling towards Park House management and staff is that they have recognised where they were and have actively seemed to improve the way they support people on the islands. We have been impressed by the non judgemental approach of the teams in recognising individuals' needs and searching for ways to support them."

The manager said since she had taken the post a lot of effort had been made to improve the culture within the team. For example, staff were encouraged to 'Challenge', if they did not agree with management or other colleagues. Effort had also been made, for example through arranging coffee mornings, to help the service have a more positive image in the local community, and also be more "Outward facing to the community." The manager subsequently felt the service was now viewed more positively by the community. She felt it was viewed less as an institution and a "Place people came to die," and more as people's home when they needed more assistance than just being able to live independently.

Managerial and supervisory staff actively monitored care standards were to a good standard by working directly on care shifts, and providing staff with encouragement and feedback. Supervisory staff were encouraged to role model and encourage good values to ensure care was delivered to a high standard. A staff member said, "All are really supportive. You can speak to all of them (supervisory staff). They will take

time to listen."

Managers said they met regularly with staff informally and formally to discuss any problems and issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

The service had a clear management structure. The manager was supported by a deputy manager. Senior care assistants led shifts. There was always a senior care assistant each day. The nominated individual of the service visited regularly, and were actively involved in the running of the service. There was an out of hours on call service to support staff in emergency situations. A staff member said, " There is a clear chain of command. Seniors are very good, very knowledgeable, the deputy knows this place 'inside out', and the manager was a paramedic so that is useful."

Staff members we spoke with said their colleagues were supportive. For example we were told, "We are good as a team," "It is a pleasure to work here: It is more than a job," and, "The level of care is very, very high."

People and relatives said communication was good. Two external professionals said they thought guidance could sometimes not always be shared among the team and this could be improved. Managers said there was a monthly multi-disciplinary team meeting which was attended by external professionals such as the GP, and district nurses. This assisted in providing people with a good standard of care and ensuring effective communication between different professionals involved in people's care. Another health professional also told us, "Contact (between us) and staff there has improved significantly…The staff at Park House are proactive in their care and seek advice promptly."

The registered persons had ensured all relevant legal requirements, including registration, safety and public health related obligations, and the submission of notifications had been complied with. The previous rating issued by CQC was displayed. The managers said staff had a clear understanding of their roles and responsibilities. This was evident to us throughout the inspection. There were policies in relation to grievance and disciplinary processes.

The managers said both paper and electronic data was stored securely, and there were systems in place to ensure data security breaches were minimised.

The registered provider had a suitable approach to quality assurance. There was also a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Recent audits we saw included monitoring accidents and incidents, the medicines' system and staff training. The nominated individual completed a monthly report which showed that service standards were checked, and an action plan completed where necessary. Areas covered at the monthly monitoring visits included presentation of the building, health and safety, maintenance, staffing, care planning and complaints. Where necessary an action plan was developed. An annual development plan for the service had been drawn up. This was comprehensive and monitored on a regular basis. The service won the 'Cornwall and Isles of Scilly Care and Support Awards 2018,' as the 'Outstanding Residential or Nursing Home Care Team of the Year.' One of the staff told us, "We were nominated, and then did a video. We went to the award evening and we won!"

Overall record keeping was satisfactory. However care files could be more succinct and better organised as it was sometimes difficult to find the relevant and most up to date document which could be confusing for staff members. Similarly records about the management of the care home were in places disorganised, and

it was difficult to find some relevant documentation. Managers said they were aware of the problems, and would be addressing these matters accordingly. They said this had not yet been completed as they had been focusing on more fundamental issues about the operation of the service. Ultimately we were provided with all relevant documentation.

The managers said relationships with other agencies were positive. Where appropriate the managers said they ensured suitable information, for example about safeguarding matters, was shared with relevant agencies.