

Helen McArdle Care Limited

Park House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

We inspected Park House on 17 February 2016. The inspection was unannounced which meant staff and the registered provider did not know that we would be visiting.

Park House provides care and accommodation to a maximum number of 56 older people, some of whom were living with a dementia. Park House is a three storey purpose built facility. There are three units within the service. Grace unit can accommodate 23 people living with a dementia. The ground floor unit can accommodate 21 people who need personal care. The lower ground floor can accommodate 12 people who need help with personal care. There are communal lounges and dining facilities on each floor. Bedrooms are for single occupancy and have en-suite facilities which comprise of a toilet, hand wash basin and shower. The home is close to shops, pubs and public transport. At the time of the inspection there were 54 people who used the service.

The home had a registered manager in place. 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 registered manager displayed exceptional leadership qualities, drive and enthusiasm. They empowered staff to provide outstanding care that was tailored to individual's needs. Without exception people, their relatives and professionals told us they experienced and we observed compassionate care from staff who strove for excellence. This ensured the service was run in the best interest of people who used the service.

There were robust systems and processes in place to protect people from the risk of harm. Staff were able to describe in detail different types of abuse and what their responsibilities were in protecting people. This ensured the welfare of vulnerable people was protected through the rigorous whistle blowing and safeguarding procedures.

There were meticulous control measures in place to make sure safe care was delivered at all times and this was in a safe environment. This included comprehensive and detailed individual and collective risk assessments covering health and environmental issues. This meant that staff were enabled staff to help people to remain safe.

Staff displayed enthusiasm and pride in their work. We saw the registered manager provided comprehensive levels of supervision and appraisal for staff. This resulted in a talented and motivated workforce. The management team recognised potential and invested in their staff. This empowered staff to support the people who used the service effectively.

People using the service were involved in the recruitment process. The robust recruitment and selection process ensured the safety of individuals who lived at Park House.

Staff were enthusiastic and proud to work at the service. Staff had been trained and had the skills and knowledge to provide support to the people they cared for. The management team encouraged staff and gave excellent support to enable staff to develop their knowledge and skills further. The management team recognised potential and invested in their staff. This meant they could support the people who used the service more effectively. People and relatives told us that there were enough staff on duty to meet people's needs. Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

We found a stimulating environment with a warm and welcoming atmosphere. People, staff and relatives had developed strong and mutually respectful relationships. Feedback we received about the service was unswervingly high. We saw positive interactions between people and staff and staff treated people with dignity and respect, anticipating their needs.

We saw that staff had been creative in their introduction of social experiences for people; an example was a twilight dining experience, introduced at tea time on Grace Unit. A restful and tranquil atmosphere was created with background music and flameless candles. Staff minimised distractions to ensure people relaxed and were able to concentrate on the dining experience and people were content to sit at the table. The registered manager told us that since introducing this experience people's appetites had increased resulting in better nutrition. Staff told us that because of the enormous success of this experience they were to introduce it to other units.

We saw that people were provided with a choice of nourishing food and drinks which helped to ensure that their nutritional needs were met. Nutritional screening had been used to identify specific risks to people's nutrition and this helped staff to make sure people's dietary needs were tailored to each individual. The registered provider had a genuine interest in developing and resourcing new ways to enhance and improve people's nutrition. Innovative products were sourced to enable pureed food to be fortified, given texture and moulded to resemble the original shapes of meat and vegetables. This meant the dining experience for those people who needed a soft or pureed diet was greatly enhanced and their dignity maintained as they could use a knife and fork to eat, rather than a spoon. Another product used was a powder that could be added to a variety of drinks, using an air pump, to create bubbles and foam. This provided a refreshing substitute to conventional mouth rinses where oral care was required.

There was a strong presence of health care professional involvement at the service where people had access to all healthcare professionals and services. Professionals who visited the service during the inspection told us the service was outstanding. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

Assessments were undertaken to identify people's care, health and support needs. There was a strong emphasis on person centred care. People and their families were at the centre of decision making whilst working alongside professionals to get the best outcome possible. Care plans were developed with people who used the service and relatives to identify how they wanted to be supported.

People's independence was actively encouraged. The registered manager and staff displayed clear resolve to make a positive difference to people's lives. Activities were invigorating, outings and events were well thought through, varied and in plentiful supply. Staff encouraged and supported people to access activities within the community. The registered provider had initiated a 'Three wishes campaign'. People who used the service were asked to write down things they wanted to accomplish over the coming year. Staff then worked hard to make sure at least one of their wishes comes true. People who used the service told us this

had happened and their wishes had been granted. There were meaningful activities for people living with a dementia and thought had been given to the layout of Grace Unit to ensure it enhanced the life of people who used the service. Themed areas had been created in corridors which encouraged people to stop, look and interact with the surroundings and others. Meticulous thought had been given to sensory stimulation such as beads and fluffy throws.

The registered provider had a system in place for responding to people's concerns and complaints. People and relatives told us they knew how to complain and felt assured that staff would respond and take action to support them. People and relatives we spoke with did not raise any complaints or concerns about the service.

The management team sought feedback from staff, people, relatives and external partners on a regular basis. There was a culture of continuous learning and improvement. Survey responses were analysed and shared with all stakeholders. The registered manager had regularly completed a wide range of audits to maintain people's safety and welfare at the service. Staff told us that the home had an open, inclusive and optimistic culture.

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.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

There were arrangements in place to ensure people received medicines in a safe way.

People and relatives told us there were enough staff during the day and night to meet the needs of people who used the service. Robust recruitment procedures were in place to help ensure suitable staff were recruited and people were safe.

Is the service effective?

Outstanding ☆

The service was extremely effective.

Staff received excellent training and development, supervision and support. Staff were enthusiastic and the registered provider was very keen to invest in learning and development which led to career progression for staff. This helped to ensure people were cared for by knowledgeable and competent staff.

People were supported to make choices in relation to their food and drink. Menus were varied and provided people with choice. The registered provider was continually looking to see what could be done better with food and nutrition. The registered provider had researched and introduced an innovative idea that helped to ensure people who required a pureed diet enjoyed their food. A fine dining experience (twilight dining) was promoted to make sure people were eating and drinking well.

The registered manager and staff had a good understanding of MCA 2005 and DoLS.

Is the service caring?

Good ●

The service was caring

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs.

Is the service responsive?

Outstanding 

The service was very responsive.

People consistently received person centred care. People who used the service and relatives were involved in decisions about their care and support needs.

People were provided with numerous opportunities to take part in a varied range of stimulating activities of their choice inside and outside the service. Careful thought had been given by the registered provider and staff to enhance the life of those people living with a dementia.

People did not raise any concerns. The registered provider had a system in place in which complaints could be made.

Is the service well-led?

Outstanding 

The service was extremely well led.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and optimistic culture.

Surveys for people who used the service had been completed and regular meetings took place with people relative and staff.

The service had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

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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.

We inspected Park House 17 February 2016. The inspection was unannounced which meant staff and the registered provider did not know that we would be visiting. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed all the information we held about the service. The registered provider completed a provider information return (PIR). This is a form that asks the registered to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection visit there were 54 people who used the service. We spent time with people on all units. We spent time in the communal areas and observed how staff interacted with people. We spoke with 11 people who used the service and six relatives. We looked at all communal areas of the home and some bedrooms.

During the visit we spoke with 12 staff, including the registered manager, the operations manager, the senior team lead and acting senior team lead, the cook, a kitchen assistant, the activity co-ordinator, a senior care assistant and care staff. During the inspection we spoke with two visiting health care professionals to seek their views on the service.

We reviewed a range of records. This included five people's care records, including care planning documentation and medication records. We also looked at eight staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

We asked people who used the service if they felt safe. People told us they felt safe. One person said, "You are always getting checked on." Another person said, "I couldn't feel more safe. If I need anything day or night they [staff] are there for me." People told us there were enough staff on duty to meet their needs. One person said, "The staff are there whenever you want them, you never have to wait very long." A relative we spoke with said, "Whenever we visit there are always staff around to greet us and look after the residents." The registered manager told us that staffing levels were flexible, and could be altered according to need.

The registered provider had an open and accessible culture to help people to feel safe and supported and to share any concerns in relation to their protection and safety. We spoke with the manager and staff about safeguarding adults and action they would take if they witnessed or suspected abuse. All demonstrated a deep understanding of their responsibilities to protect people and said they would have no hesitation in reporting safeguarding concerns.

Staff told us of the different types of abuse and what would constitute poor practice. They had completed training in safeguarding and were able to describe how they would recognise any signs of abuse or issues of concern. They were able to state what they would do and who they would report any concerns to. Staff said that they would feel confident to whistle-blow (telling someone) if they saw something they were concerned about. Staff we spoke with told us about the registered provider's whistleblowing policy. This ensured the welfare of vulnerable people was protected through the rigorous whistle blowing and safeguarding procedures.

There were meticulous control measures in place to make sure the building and maintenance systems were safe. This included comprehensive and detailed individual and collective risk assessments. This meant that staff were enabled to help people to remain safe.

The five care plans we looked at incorporated a series of risk assessments. They included areas around moving and handling, going out, falls, skin integrity, nutrition and hydration and choking. Risk assessments and care plans had been reviewed and updated regularly. Staff supported people to take responsible risks. One person who used the service liked to go out independently. This person had limited communication and to help ensure their safety staff had supplied them with a card which detailed Park House address and telephone number. This person was aware that if they needed any help they showed this card to a member of the public. Staff told us how this person usually went out and returned to the service at similar times and that if the person didn't they would presume there may be a problem and take the appropriate action. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restriction. Another person was identified at risk of falling. Staff at the service had contacted the falls team to request an assessment. Staff had incorporated the advice provided by the falls team into the person's care plan.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that a monthly analysis was undertaken on all accidents and incidents and

that these were analysed to identify any patterns or trends and measures put in place to avoid re-occurrence.

The registered manager told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits. We saw records that showed water temperatures were taken regularly.

We saw certificates to confirm that portable appliance testing (PAT) was up to date. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the registered provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, hoists, fire extinguishers and gas safety.

Personal emergency evacuation plans (PEEPs) were in place for each of the people who used the service. PEEPs provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that regular checks were made on the fire alarm to make sure it was in working order and that staff had taken part in fire drills.

The robust recruitment and selection process ensured the safety of individuals who lived at Park House. We looked at the files of eight staff who had been recently recruited and found that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with children and vulnerable adults. People who used the service had been part of the interview process for prospective staff. We saw records which verified that people who used the service had asked questions and helped with the decision of which staff member to recruit. The registered manager told us they were going to expand this to make sure people using the service were part of the interviewing and recruitment process.

We looked at the arrangements in place to ensure safe staffing levels on each of the three units. The registered manager completed a dependency assessment of people who used the service to determine how many staff should be on duty. We looked at staffing levels and deemed them to be appropriate.

We saw that appropriate arrangements were in place for the management, storage, recording and administration of medicines.

At the time of our inspection people who used the service were unable to look after or administer their own medicines. Staff had taken responsibility for the storage and administration of medicines on people's behalf. We saw that people's care plans contained information about the help they needed with their medicines and the details of the medicines they were prescribed. We checked people's Medication Administration Records (MARs). We found these were fully completed, contained the required entries and were signed.

Staff recorded when people refused or did not take their medicines for any reason. Records confirmed that

the registered manager audited medicine records and checked the medicines each month. Senior care staff also made other checks twice daily to make sure people received their medicines as prescribed. We checked records of medicines against the stocks held and found these balanced. Staff we spoke with were able to describe the arrangements in place for the ordering and disposal of medicines. Staff told us that medicines were delivered to the home by the pharmacy each month and were checked in by senior care staff to make sure they were correct. Records of ordering and disposal of medicines were kept in an appropriate manner with copies of prescriptions kept for each person's medicines. Staff told us they checked these against the medication received from the pharmacist. They said the medicine administration records were checked each month to ensure they corresponded with the information from the previous month's records and with the medicines prescribed. These systems helped to ensure people received their medicines safely.

People were prescribed medicines on an 'as required' basis and we found 'as required' guidelines had been written for these medicines.

The registered manager told us staff responsible for the administration of medicines had their competency to handle medicines checked regularly. We saw records to confirm this.

Is the service effective?

Our findings

We spoke with people who used the service who told us that staff provided an extremely good quality of care. One person said, "This is the Rolls Royce of care homes in the way they look after me. The staff are impeccable." Another person said, "I couldn't find a better place to live. I am surrounded by kind and very caring staff." A relative we spoke with said, "I can't speak too highly of this place. We are very satisfied. [Person] was one of the first residents in this home. [They] had been to another place before coming here and hadn't settled but at Park House [They] settled immediately. I think that speaks for itself."

We asked staff to tell us about the training and development opportunities they had completed at the service. Staff told us that there was a plentiful supply of training. They told us they had received training in moving and handling, mental capacity, fire safety, infection control, deprivation of liberty safeguards and health and safety amongst others. Staff told us the quality of their training was excellent. One staff member said, "We [staff] are all trained to such a high standard. The training has helped me to do my job well." Another staff member said, "The training we get is excellent."

Two staff we spoke with were keen to tell us how the registered provider recognised potential and was very keen to develop staff who worked at the service. One staff member who was a care assistant was in the process of training to be a senior care assistant. They told us how they were given supernumerary time to learn and work with other senior staff to aid their development and how they had observed a visiting doctor and social worker assess a person's capacity. They also said they were provided with a training pack and that other senior staff acted as mentors to provide them with guidance and support. The registered manager told us this training enabled staff to put their learning into practice to deliver exceptional care to people who used the service. This showed that the registered manager aimed for excellence in facilitating learning opportunities that appealed to different learning styles so that staff could provide the very best of care to people.

Another staff member told us they had not worked before in such an organisation that invested in its staff. They told us about the excellent programme of training they were in the process of completing to become a senior team lead. This staff member said, "I can't tell you how much opportunities we are given to change and improve. All the staff at Park House are so keen to learn. The [registered manager] and [senior team lead] are so supportive and want to help you to learn and develop as a person as much as they can." This staff member told us how they were interested in palliative care and had asked for additional training which had been provided. The training had been extended to other staff. This showed the registered provider was very much committed to the training and development of staff that would ultimately improve and enhance the quality of care experienced by people living at Park House.

They told us how this palliative care training had improved their understanding and given them more confidence. The staff member told us how they had put this training into practice in their day to day work. They told us how important it was to treat people as an individual and respect their wishes whilst ensuring privacy and dignity was maintained and pain and symptom control was managed. On the day of the inspection two relatives of a person who had recently died visited the service to speak with staff. We heard

them complimenting staff on the care the person received but in particular the end of life care of which they described as "Excellent" and "Exceptional."

The registered provider recognised the importance of learning and development for each of its staff members and in January 2015 opened its own training academy. The academy is based in Gateshead and has two training rooms for internal and external courses. In addition there is a training kitchen and a bedroom for staff to receive hands on training and multimedia facilities. The registered manager and staff told us all new staff completed a 12 week induction training programme. As part of this induction staff completed a work book which incorporated the Skills for Care induction standards along with the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

The registered provider had invested in an account with Skills for Care for the National Minimum Data Set for Social Care (NMDS –SC). This is an online workforce data collection system for the social care sector. The registered manager regularly updated the NMDS – SC with workforce information such as staff training and qualifications to support the service and workforce plan. This was then used to track staff retention rates, monitor training and qualifications and identify any gaps in training. Having this account also enabled the registered manager and staff to access a range of valuable training in areas such as dementia and end of life. The registered manager told us how the organisation worked in partnership with other organisations such as the Alzheimer's Society to make sure they were training staff to follow best practice in relation to people living with dementia and where possible in order to contribute to the development of best practice.

It is clear from speaking with the registered manager and staff and from looking at records the registered provider was committed to achieving excellence in the provision of care.

Staff told us they felt extremely well supported and that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw records to confirm that supervision had taken place. One staff member said, "There is a good staff team and communication is good. We all support each other. I feel able to put forward my views." Another staff member said, "The manager and senior staff support us and we can speak to them any time about any issues or concerns. It is a good place to work."

We asked the registered manager if staff received an annual appraisal. An annual appraisal is a review of performance and progress within a 12 month period. This process also identifies any strengths or weaknesses or areas for growth. The registered manager told us they had completed appraisals with staff, and we saw records to confirm this.

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).

The registered manager told us that staff had attended training within the last 12 months on the MCA. We saw records to confirm this. Staff we spoke with were extremely knowledgeable and able to articulate their

obligations with respect to people's choices and consent. Staff told us that people and their families were involved in discussions about their care.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager showed us documentation which confirmed 17 people who used the service were subject to Deprivation of Liberty Safeguards (DoLS) with no conditions attached to the authorisations. A further 11 applications to deprive people of their liberty had been sent to the local authority for which the registered manager was awaiting authorisation. Discussion with the registered manager identified that where delays in authorisations occurred, the registered manager pursued this with the local authority and in the interim the least restrictive options were used.

We saw all processes were in line with legislation and extremely well managed, whilst following good practice guidance. We saw, for example, DoLS records were decision-specific to the person's individual needs. Records showed clear decision-making processes, mental capacity assessments and best interest meetings. Care plans were clear and updated to show all the information and legal authorisation.

People were supported to maintain a healthy diet. The service used the Malnutrition Universal Screening Tool (MUST) to assess people. This is an objective screening tool to identify adults who are at risk of being malnourished. As part of this screening we saw people were weighed at regular intervals and appropriate action taken to support people who had been assessed as being at risk of malnutrition. This helped staff to make sure people's dietary needs were tailored to each individual. We saw completed charts to record people's fluid intake. Care records showed the service was referring people to a dietician or speech and language therapist (SALT) in a timely way if they required support with swallowing or dietary difficulties.

We looked at the menu plan. The menus provided a varied selection of meals based on what people had told the staff they liked and also on individual's nutritional needs. People told us there were two choices available at each meal time. There were also other alternatives available at each meal time such as a sandwich, soup, jacket potato or salad. Staff were able to tell us about particular individuals and how they catered for them. They told us how they varied portion size depending on the person as a large plate of food could be off putting. At lunch time we saw that staff supported people discretely and in a very caring way. Staff provided help to maintain people's independence where needed. Food was well presented and looked very appetising. Several people chose to have trays in their rooms. These also were well set and food looked appetising and attractive. We saw staff picked up when one person was overwhelmed by the number of sandwiches provided and reduced the portion size and the person ate their food well.

The registered manager and staff told us about a twilight dining experience they had implemented on the dementia unit from October 2015. They told us about the importance of making sure people were eating and drinking well. A relaxing atmosphere was created by ensuring tables were attractively set with matching crockery. Flameless candles were placed around the room and soft background music played. The registered manager told us that staff ensured that teatime was a relaxed, peaceful and an enjoyable experience for people who used the service. They told us about the positive effects the twilight dining had made to people. The registered manager told us that since introducing this, people were eating more; gaining weight and that people were content to sit at the table rather than losing interest and wandering. Our observations confirmed that this process had a positive impact on people living with a dementia. We saw staff were quiet and gentle when they supported people, enhancing independence at every opportunity. The candles and soft music created a calm and relaxed ambience. We saw people smiled at staff and each other and their body language showed they were relaxed and content. We saw that all 17 people within the dining area remained seated throughout the whole of teatime. Staff told us that because

of its success they were to roll out the tea time experience to other floors. This showed how staff were able to think creatively about how to increase the nutritional intake for people by creating an atmosphere that also contributed to their overall health and wellbeing.

People on other units also experienced an extremely pleasant and relaxed dining experience. Tables were beautifully dressed with table cloths and serviettes. The registered manager told us the importance of creating an environment that resembled eating in a restaurant as a good mealtime experience can have a positive impact on health and wellbeing.

The operations manager told us they used two innovative products which the head of catering had researched in Germany. One of the products enabled pureed food to be fortified, given texture and moulded to resemble the original shapes, such as meat and vegetables. This food could then be eaten with a knife and fork. This had been used with people who used the service who had difficulty with swallowing. We saw this food during the inspection. This food was colourful and attractively presented. We saw records that showed people had gained weight following the introduction of this initiative. As well as improving individual nutritional intake, the fact that people could eat pureed food with a knife and fork showed how an individual person's dignity could be maintained despite having special dietary needs.

The other product was a powder that could be added to a variety of drinks and, using an air pump, created bubbles / foam. This provided a refreshing alternative to oral care swabs which were used when people received end of life care. This product could also be used if people were experiencing a loss in appetite. They told us how this stimulated people's taste buds. The registered manager told us how this product had been used recently in sherry, a particular person's preference, and how the person had enjoyed this. Training had been provided to staff on the use of both products. This showed that the registered provider was committed to developing initiatives to enhance how people's nutritional needs were met.

We asked people from the other units about the food provided. One person said, "I sometimes have a smaller main course so I can eat more pudding. I enjoy the fish in sauce and have put on weight since I came here." Another person said the food is marvellous." A relative told us, "The food is good and the puddings are fabulous." We saw that people were offered a plentiful supply of hot and cold drinks. People told us they were provided with snacks. One person said, "You could never go hungry in here. There is always something or other on the go." Another person said, "I love my cups of tea and you can have one whenever you want."

The registered provider had considered the design of the building to ensure this met the needs of people who used the service. Park House is a three storey purpose built facility. There are several spacious communal lounges and dining areas on each floor. There is a beauty / hairdressing salon which was accessible to people from all units. A beautician and hairdresser visited during the week. All bedrooms were spacious and had ensuite facilities including their own shower. Some of the bedrooms had their own front door. All areas of the home had been designed to meet the health, physical and wellbeing needs. There was free internet access 24 hours a day and a direct dial telephone in every room and a cinema room with a large screen. All furniture and fittings were extremely attractive and of a very high standard. People had easy access to very attractive landscaped gardens. One person said, "This is a beautiful place to live. I have made my room my own and the garden is magnificent."

We looked at the dementia care unit ('Grace Unit') and saw that careful thought, effort and an immense amount of work had gone into creating a dementia friendly environment. The registered manager told us how they had researched dementia friendly environments and materials from the University of Stirling, the National Institute for Health and Care Excellence (NICE) guidance and the Alzheimer's Society. We saw how

this had been successfully implemented in the home resulting in positive outcomes for people. The 'Grace Unit' had been set up to provide a smaller number of themed areas to improve the environment and quality of care for people living with a dementia. There themed areas consisted of a garden, seaside and a bus stop. The main corridor area had been transformed with thoughtful use of colour, art work and tactile objects such as rummage boxes containing scrap books from the 40's, 50's and 60's and other objects. This included local artwork, some pictures of recognisable local and national landmarks and items that would be familiar to people, for example cushions and rugs. There were lots of sitting areas with interesting items for people to touch and hold.

Within the service there were dementia champions who had the skills and knowledge in the care of people living with a dementia. The dementia champions were an advocate for people and a source of information and support for other staff.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician, and their doctor. The registered manager said that they had excellent links with the doctors and community nursing service. During the inspection we spoke with representatives of the community nursing service, who told us the care and service provided at Park House was excellent.

People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. People told us staff contacted the doctor if they were unwell. One person said, "I saw my GP not so long since. I only have to tell them [staff] I don't feel well and they are on to the doctor straight away."

Is the service caring?

Our findings

People and relatives told us that they were very happy and that the staff were extremely caring. One person said, "I was a bit anxious when I first moved in but I shouldn't have been as they [staff] are all great." Another person said, "The staff are lovely and very kind." A relative approached us during the inspection to tell us about the staff and service, they said, "The staff who work here are excellent, very caring and genuinely care about their [people] welfare. We are always made welcome. They [staff] are always friendly. We can't speak too highly of this place."

The registered manager told us they fully involved people and their representatives in the care planning process. Records we saw were very detailed about personal needs and wishes and this showed us how people and their relatives had been involved. The records showed clearly and in great detail how preferences and wishes were to be met. We saw how staff had worked collaboratively with people and their relatives to complete life stories in order to fully understand each person and gain the best understanding of each individual.

During the inspection we spent time observing interactions between staff and people who used the service. On all units there was a calm and relaxed atmosphere, we saw staff interacting with people in a very caring and friendly way, promoting independence, dignity and choice at all times. We heard staff speaking to people about topics that interested them or they had experienced in their lives. One staff member spoke to a person about their family. The person clearly enjoyed this conversation and was not rushed. On another occasion a staff member danced with a person who used the service in the lounge, the person told us they loved dancing. We heard another staff member compliment a person on the way they were dressed and their hair, we saw the person smile as they were complimented. These examples showed that staff were knowledgeable about each individual and were able to use this knowledge to have meaningful interactions with people in a very caring way.

We saw staff were extremely polite, friendly and caring in their approach to people and their relatives. They carried out their tasks in an unhurried manner. Before care was completed they talked with people and explained what they needed to do, and got their agreement. We saw, for example when moving people from one place to another in their wheelchair or when using the hoist and made sure that at all times people consented to their care and treatment.

We saw staff were always respectful and called people by their preferred names. Staff were patient when speaking with people and took time to make sure that people understood what was being said. We saw staff were affectionate with people and provided them with the support they wanted and needed. We saw staff explained what they were doing and were encouraging and chatty. Staff made sure that people were safe and comfortable at all times.

Staff told us and we saw how they respected people's privacy. They told us how they always knocked on people's doors before entering and made sure they were covered with towels when they were providing personal care. They told us how they respected people as individuals and decisions that they made. They

told us how the fine dining experience promoted dignity. This meant that the staff team was committed to delivering a service that was compassionate, caring and had respect for people.

Each year people who used the service and staff celebrated Dignity Action Day. This provided an opportunity for people in health and social care to come together to uphold people's rights to dignity and provide a memorable experience for people. The manager told us that this year people who used the service, staff and relatives had celebrated with a cream tea and an entertainer.

There were many occasions during the day where we saw staff and people who used the service engaged in conversation, general banter and laughter. We saw staff speak with people in a friendly and courteous manner and saw staff were discreet when speaking to people about their personal care. This showed us that that people were treated with dignity and respect and this promoted their well-being.

We saw that people were able to move freely and safely around the service and could choose where to sit and spend their recreational time. The service was spacious and this allowed people to spend time on their own if they wanted to. We saw that people were able to choose to go to their rooms at any time during the day to spend time on their own and this helped to ensure that people received care and support in the way that promoted their comfort, security and happiness.

Staff said that they encouraged people to be independent and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. We saw that people made such choices during the inspection day. Staff told us how they encouraged independence on a daily basis. Staff were patient when supporting people to be independent with their mobility.

At the time of the inspection one person who used the service had an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The registered manager told us the advocate visited the person who used the service on a regular basis to provide this support. They also said that they would help people to source this service and had information freely available for people and their relatives about this service.

Is the service responsive?

Our findings

People who used the service and relatives constantly praised the staff, care and service provided. One person said, "Nobody wants to go into a care home but this place is brilliant." A relative we spoke with said, "The staff are fantastic, you won't find better."

During the inspection we spoke with representatives of the community nursing service who consistently praised the service for the high standard of care provided to people. They said, "This is a brilliant home. The staff are very friendly and always available to assist us." They told us staff at the service were proactive and if they noticed the slightest indication of early pressure damage they were quick to contact the community nursing service for advice and guidance. Another professional said, "There have been no issues of my advice not being followed. This is an excellent home and I have been very satisfied with the care people receive. It is like being part of a family in Park House. People are clean and well dressed. I have never seen any bad practice. I would rate the home as outstanding."

One relative told us how staff at the service was responsive to the individual needs of people. They told us how they had brought an iPad into the home so the person who used the service could speak to family in Australia. There had been some difficulty in connecting to the internet; however one staff member had gone out of their way to help. They told us how a member of staff had used their own mobile phone and connected it to the internet and the iPad so the person could speak to their family. This relative said, "We were so grateful. How many staff in a home would do that at their own cost? The staff are so kind and helpful. We come in each day and we are very happy with the care." The same relative also told how the person who used the service had been born in a different country and when they were unwell sometimes reverted to speaking in their native tongue. They told us how one of the staff had identified particular phrases in this language so they could speak with the person and understand their needs. They had recorded these phrases so that other staff also knew. The relative told us how this had provided reassurance to both the person who used the service and them.

We spoke with the activities coordinator who presented as being extremely enthusiastic about what they did. They told us people were enabled to be part of the local community and the service was also very much part of the community, with local groups often visiting. The activity co-ordinator told us how they shared their time between the units in the service but how they also arranged activities in which people would come together. One person told us "I enjoy the church services and the concerts." Another person said, "There is always something going on if you want to join in. I like the crafts." Another person said, "There's plenty to keep us busy."

We saw staff assisting people to get ready to go out to a local tea dance. They were helping a person with their coat and helped them choose the scarf to match their coat. They were laughing and joking with the person as they were getting ready to go, the person was in high spirits and excited, we could see they were really looking forward to the tea dance in the community.

We watched a quiz being run by the activity co-ordinator. The atmosphere was very relaxed and people were

organised into teams with much hilarity about which team they would join. Two visitors were also taking part. The activity was well attended, people had fun and laughed and one person who was unwell told us they were really sorry to be missing this as they had attended a previous quiz and really enjoyed it. The activity co-ordinator told people they had organised a competition with two other homes in the area and teams would be selected. We saw from our observation people were very excited and enthusiastic about this idea and quite competitive.

There was a full calendar of stimulating events in each of the units so people and relatives could see the activities taking place. Activities included arts and crafts, gentle exercises, bingo and quizzes and trips out into the community. The activity co-ordinator told us how they spent time on a one to one basis with those people who were less able or who did not want to join in group activities.

Some staff at the service were trained to deliver the HEARTS process which is a combination of therapeutic approaches that aim to enhance people's relaxation, peace and well-being. Staff trained in the HEARTS process provided gentle touch and massage to the hands of people who used the service with the aim of providing peace and calm.

The registered manager and staff told us about the registered providers' own initiative, the 'Three Wishes Campaign'. People using the service were asked to write down three things they would like to achieve over a year. Staff then worked hard to make sure at least one if not all of the wishes comes true. One person new to the service had made a wish to get an electric wheelchair and staff had helped to make this happen for them. They said, "I had wanted one for a long time. I use it as often as I can. It means I don't have to wait for the staff to help me. It's quite fast and it is very exciting. The staff here helped me to get it." Another person had made a wish for the cubs group to come into the service as they had previously been a cub leader. They told us the staff had arranged for the local cubs group to visit the service. The person told us, "Everyone enjoyed it. It was lovely to see young life and we are hoping they will come back again. They were all very good. Some of them were really quite small." Another person had not joined in activities as much as they wanted because of their physical health; however they had made a wish to join in more activities. We spoke to this person during the inspection who told us they had recently enjoyed the bowls and a quiz and they would be joining in more activities. They also said how before joining in activities they had always stayed in their room. Staff had helped this to happen by gently introducing them to other people, making them feel more comfortable and sitting with them during the activities at first. They told us how much better they feel now.

One relative told us about how the registered manager and staff had organised a 100th birthday party for a person who used the service. They told us how everybody in the service was invited along with family and friends. The activity co-ordinator had arranged for afternoon tea and a photographer attended taking photographs for the local paper. They told us how everybody had thoroughly enjoyed this important event.

All of these examples showed us that staff worked hard to facilitate activities that were very individual and meaningful for people.

We spent time observing activities on the 'Grace Unit'. Grace is the name the registered provider has chosen to represent their philosophy of caring for people living with dementia. The registered manager explained the thinking behind this; (Graciousness, Respect, Acceptance, Communication and Empowerment). The unit had been set up with a number of themed areas that enhanced the quality of life for people living with a dementia. One area of the corridor had been set up to resemble the seaside. There were beach towels and pictures of the seaside. We saw two people who used the service sitting on chairs listening to recordings of sounds of the sea. To enhance this experience, we heard a staff member speaking to them about the

seaside. One person who used the service said, "This is beautiful." We saw them smiling and laughing, this helped to promote people's wellbeing.

In other areas of the corridor there were virtual areas such as a garden with gnomes and a bench. There was also a bus stop with seating. The registered manager told us many people congregated at this bus stop and chatted. There were items for people to pick up such as beads and necklaces. There was also fluffy throws on some of the chairs and settees. Sensory stimulation can play a major part in helping communication for people living with a dementia whilst helping to reduce agitation. It can also trigger memories from the past. On numerous occasions during the inspection, people who used the service stopped at the themed areas and picked up the items such as beads. We saw that staff engaged in conversation and people were smiling and calm, happy and content.

The registered manager told us how they had researched suitable and meaningful activities for people living with a dementia from the University of Stirling and we saw how this had been successfully implemented in the home resulting in positive outcomes for people.

The activity co-ordinator demonstrated a very person centred approach to the people who used the service. They talked about the importance of getting to know people and their hobbies and interests and tailoring activities to meet individual and collective needs. The activity co-ordinator told us how they got a range of talking books for three people who were registered blind. They told us how one person liked poetry, another person liked autobiographies and another action thrillers.

The local supermarket supported the home regularly. Every two weeks they sent numerous bunches of flowers to the service. Staff, people who used the service and relatives told us how when they received the flowers there was a flower arranging class. People told us they enjoyed this activity. The activity was used in a way that provoked memories for people, for example staff told us that one person had recalled how they had always bought a particular flower for their grandmother.

The service had other links with the local community. The school choir from a school in Guisborough visited the service twice yearly to sing to people who used the service. Another local school invited people who used the service to the school twice yearly for afternoon tea and to listen to the choir.

We saw posters advertising a Memory Lane Café. This was an event that provided an opportunity for relatives and people who used the service to come together and enjoy each other's company in a safe and supported environment. The registered manager told us they had invited representatives from Middlesbrough's Dementia Friends group to the Memory Lane Café to chat with people and visitors. There were reminiscence display tables and people were able to wander around freely and explore these. People from the local community had also been invited and some people brought along relatives who had been newly diagnosed with a dementia. After the event feedback had been received. This feedback indicated everyone had enjoyed the event and other events were to be arranged. One family who had attended with their relative who had just been diagnosed sent feedback that the experience had been "invaluable" and "dispelled myths about what care homes are like."

Whilst some of the initiatives (HEARTS, three wishes campaign and Memory Lane Café) were organisational, it was the drive and enthusiasm of the registered manager, staff and activity co-ordinator, that ensured they were implemented in a manner that made a positive difference to people's lives.

We saw people consistently received person centred care. This meant the service putting people at the centre of all decisions whilst working alongside other professionals to achieve the best possible outcome.

During discussion staff told us how they carefully considered what people wanted, their values, family, lifestyle and treating the person as an individual. During our visit we reviewed the care records of five people. We saw people's needs had been individually assessed and plans of care drawn up. The care plans we looked at included people's personal preferences, likes and dislikes. For example the care plan for one person detailed what time they liked to go to bed and the time they liked to get up on a morning. Another care plan detailed how the person wanted to spend their day. In another care plan it was detailed the importance of the person who used the service dressing smartly. The care plan documented how the person liked to wear smart trousers and a jumper. We spoke to this person on the day of the inspection and saw that they were dressed according to their choice. This helped to ensure that care was delivered in a way that was acceptable to the person. People and relatives told us they had been involved in making decisions about care and support and developing the care plans. We saw that staff had completed a One Page Profile. This is an introduction to a person that captures important information on a single sheet under three headings. This provided important information about what was important to the person, what people appreciated about the person who used the service and how best to support them. Care plans provided consistent and up to date information about each individual.

During the inspection we spoke with staff who were extremely knowledgeable about the care people received. People who used the service told us how they felt supported to plan all aspects of their life. Staff were seen to be responsive to the needs of people who used the service.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who in the organisation to contact. We spoke with people who used the service and relatives who told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. One person we spoke with said, "I have nothing to complain about but would do so if I felt the need."

Discussion with the registered manager and operations manager confirmed that any concerns or complaints were taken seriously. We looked at records which indicated that complaints had been dealt with promptly and appropriately. We saw that the service kept a record of compliments.

Is the service well-led?

Our findings

The service had a registered manager who had been in post for three years. People who used the service and relatives spoke highly of the registered manager. They told us that they thought the home was well led. One person said, "[Registered manager] is really good. She wants the best for us." A relative said, "This home is very well led. We are very satisfied." Visiting health professionals confirmed the registered manager was extremely effective in their role.

At the time of the inspection the registered provider was preparing to host its recognition awards for staff. Nomination forms had been left out in the main entrance of the service for the last couple of months providing people who used the service, visitors, staff and other visiting professionals with the opportunity to nominate staff at the service for an award. Other services within the organisation also took part in this process. We saw one of the nomination forms which had been completed by a local GP. This stated, 'I am a local GP who covers many of the patients in this home. The staff are all outstanding with their level of care for the patients. I am impressed with the holistic nature of care and they allow the residents to live a full, varied and active life as possible.' After the inspection we learned that the registered manager of Park House had been awarded the 'Care home manager of 2016.' This award was given as they had demonstrated expertise in managing the home for the benefit of people who used the service and staff.

The registered manager told us the importance of following best practice guidance. They told us how they followed guidelines and recommendations from the University of Stirling and the Alzheimer's Society. The registered manager and staff had received training on the Alzheimer's Society Dementia Friends programme. Dementia Friends is about learning more about dementia and the small ways you can help, from telling friends about Dementia Friends to visiting someone you know living with dementia.

The registered manager told us about their values which were communicated to staff. The registered manager told us of the importance of honesty, being open and transparent and treating people who used the service and staff as individuals. They told us that they had an open door policy in which people who used the service and staff could approach them at any time.

Staff told us that they felt valued and supported by the registered manager. One staff member said, "The manager and senior staff support us and we can speak to them any time about any issues or concerns. It is a good place to work." Staff also told us the registered manager was passionate about Park House and the care and service provided to people. One staff member said, "[Registered manager] is here for the wellbeing of residents. She is Park House, its one big family." Another staff member said, "She [registered manager] has faith in all of the staff she strives for excellence."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Monitoring of the service was very good. The registered manager completed a wide range of audits to maintain people's safety and welfare at the service. These looked at quality in areas of the service

such as infection control, housekeeping, medicines, care records, the environment and health and safety. Any areas identified as needing improvement during the auditing process were analysed and incorporated into a detailed action plan. A detailed report was frequently produced in relation to quality. We saw there was a culture of continuous learning and improvement.

Records showed that the operations manager visited the service every other month to talk to staff and people who used the service and check on the quality of service provided. We saw that the registered manager made unannounced visits to the service during the night to check on staff, care and service provided. The operations manager told us the registered provider had recruited a compliance manager who would be taking over the quality monitoring visits to the service. The operations manager said they would still be involved with the development of action plans and work with the registered manager to improve quality. The registered manager said, "I don't just want to sustain good practice, I strive to continually improve it."

We asked the registered manager about the arrangements for obtaining feedback from people who used the service and their relatives. They told us that satisfaction surveys were used to gather feedback. We saw that a satisfaction survey for people who used the service had been undertaken in May 2015 and that the response rate was 86% of people. The results of the service showed that everyone was very happy with the care and service received.

In addition, the registered provider had also signed up for an external survey to be conducted by a market research organisation. The survey asked people about staff at the service and care they received. This included a range of indicators including staff kindness, showing respect and dignity, home comforts, quality and choice of food and laundry, including cleanliness, choice and quality of life. The results demonstrated an improvement from 2014 to 2015. The manager told us how the results of the survey were shared with people and staff and used to drive improvement and quality.

We saw records to confirm that staff meetings had taken place on a regular basis. There were regular meetings with care staff, kitchen staff, housekeeping staff, senior staff, heads of department and management. Staff told us that the meetings provided staff with an opportunity to share their views. .

People were at the heart of the service. Meetings for people who used the service and relatives also took place on a regular basis. We saw records of meetings in which people and relatives had discussed activities, housekeeping and food. We saw that people's views were listened to and appropriate action taken. For example, people had pointed out the garden area was lovely for people to sit out in, however it was a sun trap and at times very hot. The provider had purchased an awning to help to shade people from the sun and be able to sit outside comfortably.

Clergy from local places of worship visited the service regularly. People were taken to the local shops and cafes. The service had excellent links with the local schools and shops. This meant people were supported to maintain links with the local community.

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission and these had been received where needed.