

# Ultimate Care UK Ltd

## Park Manor

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Park Manor is a residential care home providing personal and nursing care for up to 21 older people, in one adapted building. At the time of our inspection there were 21 people using the service, some of these people were living with dementia.

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

People received an extremely responsive service. People's care needs were thoroughly assessed, planned for and was tailor made to meet their individual needs and preferences. There were excellent systems to provide people with high quality end of life care which met their needs and wishes. People had the opportunity to participate in meaningful, varied and imaginative activities which took into account people's interests. There was a complaints procedure in place and people's concerns were promptly addressed.

The service was extremely well-led. Robust systems to monitor and assess the service provided helped the registered manager to identify where improvements were needed, and these were addressed quickly. This demonstrated the commitment to provide high quality care. People were asked for their views about the service and these demonstrated a high level of satisfaction relating to the service they received. People's views were valued and used to continuously improve the service. All staff spoken with were extremely passionate about providing high quality care to people. Comments received from people and their relatives was extremely positive.

People were treated with respect by staff who were kind and compassionate. People's rights to privacy, dignity and independence were promoted and respected. People's choices about the service were valued and used to plan their care.

There were enough staff to ensure people's needs were met. Recruitment of staff was done safely. There were systems designed to reduce the risks of people being abused and experiencing avoidable harm. Medicines were managed safely, and people received them as prescribed. Infection control processes reduced the risks of cross infection.

People were supported by staff who were trained to meet people's needs. People's health care and dietary needs were assessed and met. People had access to health professionals where required. The environment was suitable for the people who lived in the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 31 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

# Park Manor

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

Park Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. This service does not provide nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, who was also a director, the assistant manager, lead senior, care staff and activities staff. We observed the interactions between staff and people using the service.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at one staff file in relation to recruitment and three additional files relating to supervision. A variety of records relating to the management of the service, including audits were reviewed.

#### After the inspection

We reviewed records in relation to quality assurance feedback from people, received by the service. We received electronic feedback from three members of care staff, three health and social care professionals and seven people's relatives, who told us about their experiences of the service. We also received positive feedback anonymously via our national contact centre.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding and understood their roles and responsibilities in keeping people safe. Where there were concerns about people's safety, the service had contacted the professionals responsible for investigating concerns appropriately.
- The staff meeting minutes from April 2019 showed staff were advised to read and update themselves with the local authority revised thresholds for safeguarding.
- People told us they felt safe living in the service, this was confirmed by relatives. One person commented how they went for a daily walk in a park with their partner and the systems in place to ensure their safety. One person's relative said, "I feel that [family member] could not be in safer hands and am confident that [family member] is in the best place possible given [their] needs." A compliment received by the service from a person's relative stated, "It was nice to feel reassured that [family member] was safe and cared for 24/7."

Assessing risk, safety monitoring and management

- People's care records demonstrated that risks in their daily living were assessed and mitigated.
- The assistant manager told us there were no people using the service who had a pressure ulcer. Records showed people used equipment when they were assessed at risk of developing pressure ulcers.
- Where people were at risk of falls, equipment was provided to reduce the risks, such as pressure mats which alerted staff if people attempted to mobilise independently in their bedrooms. Appropriate referrals were made to health care professionals when there were concerns about people falling.
- Some people needed staff to regularly check they were safe, these were undertaken and recorded.
- The risks to people were reduced because regular health and safety checks were undertaken in the service. This included checks on fire safety, mobilising equipment, call bells and actions taken to reduce the risks of legionella in the water system.

Staffing and recruitment

- The assistant manager told us the service was fully staffed. There was ongoing recruitment to ensure any staff leaving could be quickly replaced and to ensure specific times were adequately staffed. An example of this was the recent employment of a staff member who worked weekends.
- The assistant manager told us how the service was staffed for each 24-hour period which was confirmed by the staffing rota reviewed.
- People told us that staff were always available when they needed them. This was confirmed in our observations, staff responded to verbal and non-verbal requests for assistance promptly.
- Appropriate checks were undertaken on new staff before they could work in the service. This reduced the risks of people being cared for by staff who were unsuitable to work in this type of service.

### Using medicines safely

- People's medicines were stored, obtained, disposed of and administered safely.
- We observed some people receiving their medicines by staff, this was done safely, and staff explained what the medicines were. Records were appropriately completed to show people received their medicines as prescribed.
- Specific information was in place, such as how people preferred to take their medicines. Records included where medicines in the form of patches were administered on different parts of the body to ensure effectiveness. There were protocols to guide staff when medicines were to be administered 'as required' (PRN).
- There was a robust system for auditing medicines, this assisted the management team to quickly identify any discrepancies and address them.

### Preventing and controlling infection

- The service was visibly clean and there were no unpleasant odours. Records of cleaning demonstrated there were systems to reduce the risks of the service being unhygienic.
- There was a stock of gloves and aprons for staff to use and we saw them wearing them, such as when serving meals and preparing to support people with their personal care needs.
- Staff had received training in food hygiene and infection control.
- The service had achieved the highest rating in a local authority food hygiene inspection in January 2019.

### Learning lessons when things go wrong

- Falls and incidents and accidents were analysed, and actions taken to learn from them.
- Learning from incidents included changing door codes and obtaining an audible door alarm to ensure people's safety.
- Learning was included in the message of the day on the electronic care planning system. This meant that staff would see this when they logged onto their hand held device and the management team could check the message had been received.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to a person moving into the service, a needs assessment was undertaken by a member of the management team with the person and their representatives, such as relatives and other professionals.
- The needs assessments covered the holistic needs of each person, including their physical, emotional and diverse needs. The assessments were used to develop people's care plans and risk assessments.
- People told us their needs were assessed and felt welcome when they moved in, relatives confirmed this. One person's relative said, "Right from the start [family member] was welcomed into the home and the staff had strategies and plans to help [family member] settle in and be happy in [their] new home."

Staff support: induction, training, skills and experience

- Staff received training, had the opportunity to achieve qualifications in care and were supported to meet people's needs. One staff member said as well as core training such as moving and handling and safeguarding, they received training in people's specific needs, including dementia and delirium, and behaviours that may be challenging.
- Feedback showed staff had the training and skills to meet people's needs. One person said, "They are very efficient." One person's relative told us staff, "Appear to be well trained and up to date in their practices." One health care professional said, "The staff seemed well trained and experienced enough to manage minor illness but aware when to escalate and request home visits/add to ward rounds when it was appropriate."
- New staff received an induction which prepared them for work. This included training, shadow shifts, and observed shifts. Those who did not have a qualification in care were supported to undertake the Care Certificate, which is a set of standards care staff should work to.

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

- People told us they had a choice of good quality food. One person said, "You can't beat the food here." One relative commented, "When [family member] was not able to eat solid food [they were] fed by staff with a very healthy and appealingly presented diet and they made sure [family member] was able to have all [their] favourite foods regularly."
- The registered manager told us how people were supported with their specific diets, including using moulds to make softer food look like the meal they had chosen. They said, "This increases the meal consumption considerably as 80% of what you eat is with your eyes...The kitchen have worked hard and gone on courses to improve the meals and snacks which are served to ensure the residents feel included and still have a variety of options to choose from like everyone else."
- Staff had been trained in nutrition and hydration and had a good knowledge of people's needs. This included support people required to increase their calorie intake, reduce choking risks, and the amount of

drinks recommended for each individual, taking into account their needs, such as risks associated with developing urinary tract infections. Referrals were made to professionals including dieticians and speech and language therapists (SALT) when there were concerns.

- Lunch was a relaxed and social occasion. Staff sat with people to eat their meal and asked for their consent before they joined them. Where required, people were offered support, such as cutting their meal up and staff encouraged people to eat. People had specialist equipment, such as cutlery with larger handles to help them to eat their meal independently.

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

- The service worked with other professionals involved in people's care. One health care professional told us when they visited, "I was always accompanied with a member of staff that had in depth knowledge about the patient... and they would always provide as much information including baseline observations which was valuable when treating complex vulnerable patients."

- The service worked with a local GP surgery who attended the home weekly, and when required. The assistant manager told us the usual routine was to send information to the surgery the evening before the planned visit. If people needed to be seen out of this time, the service called the surgery to arrange a visit.

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

- The service was suitable for the needs of the people using the service. This included being accessible to people who used wheelchairs to mobilise. There was a range of communal areas which people could use. There was a rolling programme of refurbishment, to ensure it was well maintained and safe. One person's relative said, "The home is comfortable and well equipped... It is a very homely home."

- One person who was sitting in the lounge told us, "I like it here, it is nice, light and airy. It is very comfortable." They added they were happy with their bedroom and pointed out the secure and well maintained garden which they said they went in when the weather was better.

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

- People were supported to access health care professionals, where required. One health care professional said, "Staff were very responsive to patient's needs, the patients that were requested to be seen during ward rounds had genuine and appropriate need to be seen."

- People's care records demonstrated how their health care needs were assessed and met. For example, one person did specific exercises, as advised by a health care professional.

- Staff received training in oral care and care records guided staff how people's oral care needs were met. The staff meeting minutes from September 2019 demonstrated staff were reminded to support people with their oral care.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

- People's care records included information about their capacity to make their own decisions and those who were responsible for supporting them, such as with their finances.
- DoLS referrals had been appropriately made to ensure any restrictions were lawful. These were kept under review and re-applied for when required.
- People had signed documents to show they consented to the care provided.
- Staff received training in MCA and DoLS and understood the importance of gaining people's consent. During our inspection visit we saw staff asking for people's consent before providing any care and support and acting on people's decisions.

## Is the service caring?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We received feedback about the caring attitude of staff. One person told us the staff were all, "Nice and polite." Another person said, "All the staff are so kind, you can have a joke with them." One person's relative said, "The carers are marvellous with [family member] and support us as a family. They are always cheerful, helpful and nothing is too much trouble. They have so much patience and empathy with the residents." Another relative told us, "I have come to care very deeply for the home and staff working there, they are the most compassionate and most loving people as well as being outstanding at their job."
- One health care professional told us, "Park Manor staff excel in knowing their patients very well... the staff treat the residents as though they were their own family, and this is commendable. This approach always made me feel when entering the home that everyone was one large family." Another health care professional said, "Staff are caring and responsive to the needs of their clients. We have always found the home friendly and welcoming."
- Staff spoke about people in a compassionate way and they knew the people they cared for well. One staff member told us, "The residents at Park Manor are treated with respect and dignity and loved dearly, they are always given choice and Independence, all of their interests are at heart."
- Interactions from all staff including care, domestic, catering and activities were positive and caring. For example, a domestic staff member greeted people by name and engaged in a fun exchange with a person who asked if they were going to give them a clean as well. A person offered to pay for their meal. The staff member reassured them and said, "No it is okay you paid in advance."
- One staff member told us what made the service caring, "It is the cooks who make sure that each resident has a bespoke birthday cake made on the day for their birthday, and all staff stopping to sing them a happy birthday. It is the domestics who will pause in their work to talk to the resident who is sad or unhappy, or escort them when they have lost their way, who smile and make welcome the families and friends," and, "Organising valentines/wedding anniversary/birthday meals for a resident and their [relatives] at no cost to them in the quiet lounge, with food, cakes and decorations to make it a special occasion for them when they are too frail or poorly to be able to go out, so they have happy memories."
- People's spiritual needs were met, this included Holy Communion and the activities staff told us how they had introduced reflection time on Sundays, for people to say prayers, read and talk, if they chose to.

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

- People's care records demonstrated people's views and preferences were valued and used to plan their care.
- One relative told us, "From the first visit to Park Manor I liked the friendliness and small homely setting..."

Everyone knew [family member] well and [their] preferences, for example, small things like [specific things their family member liked]. Carers knew [family member] liked a tease and a joke and to dance and they could always raise a smile from [family member] even if [family member] was feeling low. When we returned from a shopping trip [family member] was always greeted with such enthusiasm and usually a hug by a staff member."

- People told us they felt their choices were respected and staff acted on what they wanted regarding their care, including when they chose to get up and when they went to bed. One person told us in the darker nights they tended to go to bed earlier, sometimes watching television in bed. They laughed and told us how one morning a staff member told them they had come into their bedroom at night and took their spectacles off and switched the television off.
- People's relatives, where appropriate, were invited to review their family member's care, when they were asked to complete the annual quality assurance surveys.

Respecting and promoting people's privacy, dignity and independence

- People's care records included guidance for staff about how their privacy and dignity were to be promoted and respected. Areas of care the person attended to independently and what they needed support with were documented.
- One person's relative told us, "[Family member] was cared for as an individual, [family member] was always treated with the greatest dignity and care." One health care professional said, "Care I saw during my visits at Park Manor was always outstanding and done with dignity."
- We saw staff spoke with people discreetly when offering support. People told us they felt their privacy was respected, such as staff knocking on their bedroom door and waiting to be invited in.
- Staff encouraged people's independence, such as when mobilising and eating their meal.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Without exception, we received extremely positive feedback from people using the service and their relatives regarding the highly personalised and responsive care received. The management team and staff were very passionate about the care they provided to people. They were committed to provide high quality care at all time to achieve excellent outcomes for people. People were clearly comfortable in the presence of staff and there were lots of smiles, laughter and chatting. This contributed to people being supported to enjoy their time in the service.
- Following our inspection visit, people's relatives had taken time to contact us to tell us about the excellent and personalised care provided which had positive outcomes for their family member's wellbeing. One person's relative said, "Park Manor has become [family member's] home very quickly because of the way it is run and the carers' continued outstanding care." Another relative said, "We have seen all the other residents treated as individuals and with the highest of standards of care regardless of their condition or behaviour."
- Discussions with people using the service and staff, and feedback received from relatives demonstrated a high level of responsiveness in how the service supported people with their changing needs and conditions to maintain good wellbeing. One person told us about their condition and how their wellbeing could fluctuate. They said the staff had a good understanding of their needs which made them feel secure and happy. We looked at this person's care records which were extremely person centred and guided staff on the support required and potential triggers to anxiety and distress.
- One person's relative told us, "When [family member] went into a very challenging phase of behaviour [registered manager] and the staff quickly got the health care professionals responsible for [family member] to work with them to find a solution that did not result in [family member] being over medicated." This demonstrated the highly responsive and personalised care provided, and how the staff worked with other professionals to have good outcomes for the person. For example, being able to participate in the daily activities in the service.
- People using the service and relatives told us how they felt the person using the service was highly valued and central to the care provision. One person told us how they felt empowered to tell the staff how they wanted to be cared for and were confident staff always acted on their wishes. One person's relative gave an example of how the service worked to improve their family member's wellbeing and experiences, "[Family member] had many episodes [relating to their condition] prior to living at Park Manor and it is down to their vigilance in partnership with us that these are far less and short lived." This demonstrated the staff worked to support people to reduce their anxiety and distress and have positive experiences.
- People's personalised care records showed how their specific needs were assessed, planned for and guided staff how the needs were to be consistently met. People's conditions, how they affected their daily

living and how staff should provide care in consideration of these conditions were documented.

### End of life care and support

- There were currently no people who required end of life care. However, we received extremely positive feedback relating to the end of life care provided to people, which was in line with their wishes and demonstrated the compassion and empathy of staff and the very personalised systems to support people at the end of their lives.
- One person's relative told us, "The excellent care, support and organisation from [registered manager] and all of her team has enabled me to look back on this last and difficult stage of my wonderful [family member's] life with satisfaction and ease of mind. There is no greater gift than this and it is something I will carry with me for ever." Another relative said, "[Staff] ensured [family member] was able to pass away quietly and pain free as we had hoped. It was due to [registered manager] and her staff that suitable end of life care and pain medication were all sorted out. We were as a family able to spend the last couple of days staying at the home with our [family member]." This demonstrated the extremely compassionate end of life care provided which was supportive to people's relatives, as well as the person using the service.
- One staff member told us how they felt the service provided high quality care to people at the end of their lives, "The carers we have who will sit for hours holding the hand of a resident in their last hours until their family can come and talking, singing to them and giving them comfort."
- One health care professional said, "Park Manor was very up to date with record keeping making sure residents had yellow folders with their care wishes filled out and [records relating to if they chose to be resuscitated]." This was confirmed in care records we reviewed, which identified people's end of life wishes, where they had chosen to discuss this.
- We saw several cards and letters sent to the service from people's relatives thanking them for the end of life care and support provided to their family members. One stated, "Each member of staff treated [family member] as though they were their own [family member]," and how they appreciated staff when they washed this family member and still spoke with the person. A staff member told us they learnt in their training to always speak with the person, even when they had died, which was respectful and caring. Another relative wrote that they found their family member's end of life care as, "Remarkable and touching."

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

- There were varied, innovative and inclusive activities which people could participate in, both individually and in groups. These were designed to meet people's preferences and people were continuously consulted about the activities they wanted. An example of this was how two people valued going out for a daily walk. To support this, the service had worked with the people to continue with their routine in a safe way. We spoke with these people who told us they really valued this time and were very happy they could do what they wanted to do.
- There were three health and wellbeing staff members who were responsible for providing activities seven days a week. We saw activities happening throughout our visit. There was lots of laughter and a high level of participation from people, which demonstrated they enjoyed their day. People said this was usual, and were keen to tell us what they had done and how much fun they had. The day of our inspection visit was Remembrance Day, a person and an activities staff member showed us the poppy display people had made. One person told us this was a very important day for them and were happy it was observed.
- Where people chose not to or were unable to participate in group activities, support was provided to ensure they were not isolated or bored. One person, who told us they preferred their own company, folded napkins and put toppings on the pizzas for tea. They showed a level of pride in what they had done, particularly when they were telling others about the choices of toppings they had prepared. One relative

told us, "Staff found ways or had suggestions to try to keep [family member] content and well engaged as [their] dementia worsened...for the last year of [family member's] life [they were] not able to communicate [their] wishes but the home made sure that [family member]... was up and in with other residents so [they] could hear what was going on even when [they] could not participate. [Family member] was also given a lot of one to one conversation and physical contact which [family member] responded very positively to."

- The activities staff member we spoke with during our inspection visit was extremely enthusiastic about their role and ensuring people's choices and aspirations were met, whilst introducing new experiences for people to enjoy. This was evident in how they included people using the service in telling us about what they had done, this included baking, dog therapy, visits from local children to sing to people, reading and reciting poetry and occasions celebrated such as bonfire day. Trips out of the service ensured people could access and be part of the community they lived in.
- The registered manager told us, "We have an [tablet computer] which we use for the residents and do reminiscence with them, going back to where they grew up and seeing old pictures of their towns and communities, they also like to play [games on the tablet]. This is also available to skype relatives who live away or relatives that just can't make it in to see them." This showed the service were using technology to enable people to reminisce and maintain contact with important people in their lives.
- People's records included the relationships they had with relatives and friends and the support provided to maintain them. The service was inclusive and ensured people's diversity, including sexuality, was equally respected. We spoke with two people who were extremely happy they could continue with their relationship whilst they lived in the service. This was confirmed by a relative who said, "I can't explain enough how important it is for the both in still being together and not apart. I think we are fortunate in that...They are treated as both individuals and as a couple which is hugely important for their future."

#### Improving care quality in response to complaints or concerns

- There was a complaints procedure which explained what actions would be taken should a complaint or concern be received. There was a folder in the entrance hall with forms that people could complete if they wanted to raise a complaint, concern or compliment.
- People told us they knew how to make a complaint but had not needed to. They said any concerns were addressed promptly. One person's relative told us where issues had arisen, "These were dealt with very professionally and promptly and taken seriously. [Registered manager] always listens and is able to resolve problems very ably, giving me a feeling of security." One health care professional commented, "Residents were happy, and no one ever complained about the care they were receiving at the home."
- Records showed concerns and complaints were addressed and responded to in a timely way, the outcomes to the complaints were used to drive improvement and reduce future risks. This included providing more training for staff, reimbursement for damaged or lost items and attending mediation.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records included information about how they communicated. Guidance for staff was included in how to communicate effectively with people.
- The registered manager told us important documents, such as the complaints procedure and statement of purpose was available in accessible formats, such as easy read and larger print, where required.

## Is the service well-led?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The registered manager and all the staff we spoke with were extremely passionate and committed to providing a high quality service to people. The registered manager had a clear understanding of what was happening in the service and was a visible presence. One staff member said the registered manager, "Puts her residents, families and staff first, who will always be the last to leave the office, who will carry out care herself and never ask anything of anyone, that she wouldn't do herself."
- Without exception we received extremely complimentary feedback about the service and how it was run from people using the service, relatives, staff and other professionals. People commented on the family atmosphere in the service, which they saw as their home. This was supported by feedback we received from a person's relative, "As a family when we go there it really is like visiting [family member] as if [they] were still at home in [their] little house. I think this is the biggest complement I can give to them and a reflection of the services they provide."
- We received feedback from health care professionals about the high level of very good quality care provided in the service. One health care professional told us they, "Have worked effectively together to develop an excellent standard of care for the residents." Another said about the service, "In my opinion it delivers excellent patient centred care, great staff and managed well."
- Feedback from people's relatives demonstrated the high level of satisfaction regarding the care provided to their family members. One person's relative told us, "I would unreservedly recommend them to anyone needing care and would be happy to live there myself if and when the need arises." Another relative commented, "The management and staff of the care home, I believe do a wonderful job and provide first rate service." A compliment received by the service from a person's relative stated, "We will never forget your kindness and will take every opportunity to recommend Park Manor."
- Staff told they felt extremely supported and could speak with the registered manager at any time, or to any of the management team. One staff member told us the staff team were empowered and the registered manager wanted to hear innovative ideas from staff about what was working and areas for improvement. Another staff member said, "We are one big happy family we work as a team and [the management team] are very supportive with anything we need...whatever the issue or problem management are always there with a helping ear or hand."
- Another staff member told us how the registered manager had supported them with their specific needs, by making adjustments to enable them to do their job, "I can't emphasize how much support I received and still receive from [registered manager], not only in my job role but also in my personal life, if I ever have any problems at all the door is always open for chats, help and support from [the management team]." Another

staff member said the registered manager, "Wears different hats of mother figure, social worker, councillor and financial guru to help her staff through the tough times in their lives." This support encouraged and empowered staff in providing high quality care to people using the service.

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

- The registered manager and all staff spoken with had a clear understanding of their roles and responsibilities in providing high quality care and support to people who used the service. A member of the management team told us, "We encourage staff to be the best they can be, we work with a good team good encouraging to be the best work to own strengths, focus on strengths makes a good team, all help each other good atmosphere." This focus on strong team work supported and empowered staff to deliver care to people which consistently met their needs.
- The registered manager had a robust programme of checks and audits which helped them to identify potential shortfalls and quickly act on them to ensure people received high quality care at all times. This included with medicines, health and safety, falls and the care provided. There was clear guidance for staff relating to falls and associated risks, such as if people were on anti-coagulation medicines, and protocols for supporting people if they had fallen and those with potential head injury. Best practice guidance was followed including using the 'I stumble algorithm for help' documentation to support decisions. This demonstrated the service kept up to date with best practice to reduce risks to people.
- Staff were observed in their usual work practice by a member of the senior team, to ensure they were working to the required high standard. These were followed by discussions and staff recorded lessons learned, how they planned to improve and what support was needed to do this. The staff member responsible for observing staff told us they, "Keep a hand in everything, I know them [people using the service], I speak to all several times a day and look after them, I can't instruct staff how to look after them if I don't know how to." This demonstrated a high commitment to ensure staff were always providing high quality care to people.
- A member of the management team told us how they routinely checked the computerised system, which flagged up if people had not been supported. They also checked people's fluid intake throughout the day and if the records showed they were low, staff were advised, and discussions happened how people could be supported to reach their documented target. This showed people's care was closely monitored to ensure they received the support they needed to meet their assessed needs.

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

- People using the service, relatives and staff were asked for their views about the service and these were highly valued and used to drive improvement. One person's relative told us, "We were always very regularly requested to give feedback and our thoughts and suggestions welcomed." Records demonstrated the discussions that took place with people's relatives about their family member's care. Suggestions for improvement were discussed and incorporated into care plans, where required.
- People and relatives were asked to complete annual quality assurance satisfaction surveys. We saw the results from the surveys in 2018 which were positive and demonstrated high satisfaction in the service provided. Many complimented the staff on their very caring nature and the high quality care provided.
- People using the service attended meetings, where they were kept up to date with what was happening and made decisions about the service, including the provision of activities and meals. The minutes from a resident meeting September 2019 showed they talked about what would happen if the UK came out of the EU and they were reassured they would receive consistent care. They were told about the new computerised system and staff would be inputting information on hand held devices, these were not their personal mobile telephones. People were asked for feedback on the care received, which was positive.

- The minutes from these meetings demonstrated people's comments were valued and acted on. For example, people asked for talks to be delivered in the service. A slide show about Suffolk was arranged, which was enjoyed by people and more were booked about the local community and sights.
- Staff meeting minutes showed people's comments were valued and followed up, for example a meeting with the catering staff in August 2019 showed people had said they wanted softer vegetables and the staff were advised of this. Good feedback had been received since the staff had been using a new steamer to cook the food and this was to continue.

#### Continuous learning and improving care

- The registered manager provided information of continuous improvement in the service, since our last inspection. As part of the service's ongoing improvements they had purchased a new computerised care planning system in October 2019. Staff had received training in the electronic system and they recorded all care provided on hand held devices. The registered manager and staff spoken with told us the new system allowed them to spend more quality time with people using the service. This was confirmed by people.
- There was an ongoing commitment of continuous learning and improvement. On the day of our inspection the registered manager attended an update training course in safeguarding. This kept their learning current in best practice and to support them to train staff in their roles and responsibilities. They had negotiated with the training provider to do their afternoon training on another day to enable them to attend the inspection.
- One health care professional told us, "Park Manor was very open to trial innovative ideas to improve services... We trialled a new [blood pressure] machine that reduced the inaccurate [blood pressure] recordings they would get from an older machine, resulting in reducing unnecessary visits." This demonstrated the service worked in partnership with other professionals to achieve very good outcomes to people.
- There were staff who were champions in subjects relating to people's needs. This included oral care and falls champions. Falls champions, for example, did additional best practice training such as falls prevention and bone health. Information was shared across the staff team and they offered guidance. This demonstrated a commitment to developing staff's roles, receiving best practice guidance and continuously improving the provision of care.

#### Working in partnership with others

- The registered manager and assistant manager told us they shared extremely good relationships with others involved in people's care, such as commissioners and social and health care professionals. This was confirmed in the feedback we received.
- One health care professional told us, "The [registered manager] was always accessible and approachable. [Registered manager's] door was always open and was very proactive in tackling problems when required... I felt privileged to have worked closely with Park Manor," Another health care professional said, "Communication between the home and department is good and we have a good relationship with them."
- People were supported to be an active part of the community they lived in. This was evident in the outings, such as to local public houses and links developed with local schools. A staff member told us they were hoping to arrange for people to attend a nativity play at a local school.

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

- The registered manager understood their role and responsibility relating to the duty of candour. We saw records, including correspondence sent to people's relatives, which evidenced that the service acted in line with the requirement. This included apologising, giving a full and open account of incidents and explaining what actions had been taken to reduce future incidents.

