

# Peninsula Care Homes Limited

## Parkland House

### Inspection report

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Date of inspection visit:

04 March 2019

07 March 2019

Date of publication:

03 June 2019

### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service:

Parkland House is a care home which provides accommodation and nursing care for up to 52 older people, including people living with dementia. At the time of our inspection 51 people were living at the home. The provider, Peninsula Care Homes Limited, also operates a nursing home and three further residential homes in the South West.

### People's experience of using this service:

People received an outstanding, personalised, caring service. People told us they received very kind and respectful support from staff who promoted their abilities, knew them well and genuinely enjoyed their company. The whole staff group worked as a team to support people in a person-centred way.

People were valued and placed at the centre of the service. Staff promoted people's privacy and dignity and enabled them to make choices and have as much control and independence as possible building meaningful relationships.

We saw a great number of very positive compliments and praise received by the service from people, their families and friends and healthcare professionals. Feedback included, ""Yes, there's a lot of one to one with staff. [Person's name] gets it especially when they are feeling down", "They are very well staffed so they can care for people really well" and "[Person's name] has dementia. They can cry a lot and wanders about at night, but staff let them sit where they want and don't try to coerce them back to bed. They just go with it." Relatives all praised the consistent staff team. Relatives described staff as sensitive, kind and loving, especially when people were poorly or on return from hospital.

People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The provider had a good system to ensure all staff had regular training to keep them up to date with best practice. Training methods were relevant to the people living at the service and staff ensured they put learning into practice as well and making training links to share their own knowledge with outside agencies.

Activities were provided seven days a week and offered a wide variety of relevant and meaningful activity both inside and outside of the service. Staff got to know people and ensured activities were enjoyed and meaningful using past interests and bucket lists to enhance people's lives individually and in groups. The service was specifically adapted for people living with dementia. People were encouraged to be as active, occupied and engaged as possible. All the staff had been provided with dementia training and were highly skilled in responding to people's needs. For example, encouraging involvement in household chores and activities as well as learning from people themselves.

People benefitted from having a number of people including young children and students spend time with them and excellent links with the community. This helped raise the profile of good dementia care and

challenged pre-conceived ideas of living in a care home.

The registered manager and staff went above and beyond to support relatives to spend positive time with their family member, including at the end of their lives.

People had access to plenty of food and drink throughout the day and there were individualised meals according to their tastes and needs. People told us the food was very good and there was plenty of choice. Meals were appetising and served in a calm and organised manner, creating a sociable and pleasant meal experience. People all knew who the chef was and enjoyed chatting about their tastes, whilst staff promoted a cooking club, sweet shop and kitchen skills to promote healthy appetites.

The service was very well-led. The provider's quality assurance processes were effective and there was a focus on continuous improvement and continuously seeking out ways to offer personalised care and leisure time. This ensured people felt valued as individuals. The registered manager provided very good support for staff to be able to do their job effectively. They, and the provider, acted as passionate advocates and role models, especially promoting and embedding good quality care for people living with dementia in and outside the service.

More information is in Detailed Findings below.

Rating at last inspection:  
Good overall

Why we inspected:  
This was a planned inspection based on the rating at the last inspection.

Follow up:  
We will monitor all intelligence received about the service to inform when the next inspection should take place.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good 

### Is the service effective?

The service was exceptionally effective.

Details are in our Effective findings below.

Outstanding 

### Is the service caring?

The service was exceptionally caring.

Details are in our Caring findings below.

Outstanding 

### 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 

# Parkland House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of an adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The area of expertise for this expert by experience was in caring for older people and dementia care.

#### Service and service type:

Parkland House is a care home. People in care homes receive accommodation and nursing and personal 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:

The inspection was unannounced and took place on 4 and 7 March 2019.

#### What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we spoke with eight people who were able, to gather their views about the care they received. We spoke with eight relatives and as most people were living with dementia we spent time observing their care and interactions with staff in the communal areas. We looked at records, which included four people's care and medicines records. We also looked at a range of records about how the service was managed. We spoke with the registered manager, the deputy manager, the regional director, the clinical director, the clinical nurse lead, the provider and administrator. We also spoke with nine members of staff including the activity co-ordinator, as well as kitchen and housekeeping staff. We spoke with and received feedback from two professionals who visited the home.

# Is the service safe?

## Our findings

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

Good:  People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes:

- Staff had been trained in safeguarding topics. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines.
- The service had a copy of the local social services safeguarding policies and procedures. This meant staff had access to the local safeguarding team for advice and to report any incidents to. They worked well and openly with the team to protect people's best interests and keep them safe.
- There was a whistleblowing policy and a copy of the relevant documents were available for staff to follow good practice. The whistleblowing policy allowed staff to report genuine concerns with no recrimination. The registered manager was visible and worked with staff regularly, encouraging them to promote good quality care and learn from each other.
- Feedback indicated people were protected from harm. Relatives told us, "[Person's name] settled in quite quickly. Now they love it here, feel secure here and feel at home here", "The home is supportive. We looked at quite a few homes. We wanted one that felt like a home. The staff were so welcoming when we looked around" and ""The move has been very successful, and has taken a huge pressure off us as we know [person's name] is safe."

Assessing risk, safety monitoring and management:

- Risks associated with people's care needs had been assessed by senior care workers or management and informed plans of care to ensure their safety.
- For example, people at risk of developing pressure sores had pressure relieving equipment in place to reduce this risk. The care plans had detailed assessment of any risks. Staff had good awareness of each person's risks along with the actions they needed to take to support people to maintain their safety and welfare.
- Staff could identify people who were at risk of falls, malnutrition and choking and knew how to manage these risks and support people to remain safe and as independent as possible.

Staffing and recruitment:

- We observed people were always attended to promptly. Staff were very attentive and visible.
- People used their call bells and staff used personal pagers to show which person had requested assistance. Call bells were attended to quickly by the staff.
- Staff and relatives did not hesitate in telling us there were sufficient numbers of workers to provide support for people. There was a high staffing level including senior care workers and care workers supporting the registered manager and team leader. A team of five activity co-ordinators across the week enabled staff to spend quality time with people and their families.
- People were supported by staff who were recruited safely with appropriate pre-employment checks. These included obtaining references, checking identification, employment history and criminal records checks

with the Disclosure and Barring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people.

- Any gaps in applicants' employment histories were checked as part of the recruitment process.

Using medicines safely:

- Medicines were managed in a safe and effective manner led by the medicine's lead/deputy manager. There was a robust system of audit and review in place for the safe administration of medicines.
- We observed a member of staff administering medicines and saw they used safe procedures. We looked at the policies and procedures for the administration of medicines. The policies and procedures informed staff of all aspects of medicines administration including ordering, storage and disposal.
- All staff who supported people to take their medicines had been trained to do so and had their competency checked by management to ensure they continued to safely administer medicines.
- Medicine administration records showed people's medicines records were well organised and completed accurately. They included important information such as allergies and an up to date photograph of each person. There were no unexplained gaps or omissions. Staff said they had received enough training and felt confident.
- Medicines were stored in a trolley in a locked room. The trolley was chained to a wall. This ensured only people qualified to administer the drugs had access to them. The trolley was clean and tidy and not overstocked. There were sufficient supplies of medicines. Any medicines that were not used and needed to be returned to the pharmacy were recorded and stored in a locked cupboard.
- We saw that topical medicines such as ointments were recorded in the care plans. The service used body maps to show staff where to apply the medicines to people's skin consistently.

Preventing and controlling infection:

- There was satisfactory access to hand washing points throughout the building. There were also reminder signs for hand washing in critical areas such as bathrooms, kitchens and toilets. Alcohol based hand gel was also available in wall-mounted dispensers where needed.
- Staff were using personal protective equipment (PPE) to prevent cross infection. This included disposable gloves and aprons.
- The building was very clean and tidy. There were no odours.
- The training matrix showed us staff had undertaken training in the control and prevention of infection.
- The registered manager conducted infection control audits and checked the service was clean and tidy, supported by a team of domestics.

Learning lessons when things go wrong:

- Staff told us that people felt safe with the support provided by the team at Parkland House.
- Staff knew people very well so were able to notice signs if people were withdrawn or not feeling themselves and checked what could be causing the change in their mood or emotion.
- Staff told us they monitored interactions between people. For example, they were vigilant and knew who liked to sit together and which friendships to facilitate for people living with dementia. This meant that any frustrations or negative emotions related to living with dementia were minimised as staff were knowledgeable about people's personalities, needs and relationships.
- Staff told us they knew how to defuse situations and how to divert people's attention. For example, a person was anxious and not eating their meal so staff sat and chatted with them about things they enjoyed. The person then ate their meal independently and their care plan was updated to continue to monitor their meal experience.
- All incidents and accidents were reported by staff and promptly reviewed by managers. The information was analysed by the registered manager and head office to check for any trends or themes.
- Remedial actions were considered and put in place to prevent recurrence of similar events. Actions were shared within the provider's other services as learning and guidance for the future. For example, a senior

care worker was now allocated to all visiting community nurses to ensure consistent information sharing and recording and that photographs were taken of all wounds.

## 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

Outstanding – People's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- The needs of people with dementia were specifically assessed, such as cognitive impairment, communication and behavioural needs.
- Extensive planning was completed before a person was admitted to the service. Family members and significant others were involved in the entire process. Because they knew people well they were able to support them in individualised ways. For example, one person originally from Wales made Welsh cakes which helped them feel at home. The staff made sure they had all the equipment ready for people prior to moving in.
- Cultural and faith beliefs were assessed to ensure the person's care would be person-centred and tailored to their wishes and preferences. LGBT was discussed in managers' meetings to ensure staff knew who was important to a person and to promote a welcoming home for all.
- Staff embraced people's abilities especially for those people living with dementia. For example, one person who had had a busy professional career was praised for their work at the home as a 'Resident Activities Assistant'. They had a badge and told us they had enjoyed being part of our inspection, giving us a tour and introducing us to their friends at the home. The registered manager said the person was very knowledgeable about the garden and helped maintain and care for the plants. They said this was appreciated by other people in the home, relatives and staff.

Staff support: induction, training, skills and experience:

- Staff received a variety of excellent training. During a three-month induction supported by a mentor, new employees were introduced to people using person-centred care plan summaries. These were snapshots of a person's life which promoted staff understanding of a person's needs so they consistently delivered care which was person centred. All staff and the registered manager could talk about how people liked to receive their care and spend their day.
- Various management team members were qualified trainers and assessors, such as equality and diversity. This meant staff had good knowledge about people as individuals and how they could best meet their needs. They sought out ways to meet people's individual needs by accessing church services, discussing and welcoming LGBT by planning to make it clearer in the home literature. Staff also promoted dementia friends training with families to enhance their visits in a positive way. For example, ensuring families understood dementia triggers to negative behaviours and how to manage behaviours. The service had signed up to the local dementia action alliance in the local area and used learning as ongoing bite-size topics for staff, often connecting with relevant speakers
- Videos and experience-based learning were used extensively, bringing learning to life, for example practically teaching staff about dementia experiences. Hospice training with the local hospice specialists

was used in practice with staff devising a poster of non-pharmaceutical interventions for pain relief. Training helped to address why staff were learning this and how staff could affect people's lives for the better. For example, Montessori for elders training focussed on creating a role for people and how to build this into people's routines. Montessori approach emphasises positive reinforcement and repetition to help re-establish memory and recognition. For example, one person was reluctant to eat but with support and repetitive movements and practice they were starting to feed themselves. This gave them confidence to eat in a social setting.

- The registered manager and provider ensured staff were constantly learning and thinking about how they could enhance people's lives. The provider said, "We always like to be moving forward". There were daily positive quotes about dementia at staff shift handovers. There was a staff Parkland Poet group who wrote and shared poems about people's dementia experiences. For example, "Having dementia is like re-reading a book, you're with me on this chapter but there's more, take a look, help me to remember with pictures of family and friends, I may have forgotten but the love never ends." This showed staff were encouraged to show dementia in a positive light. Staff all felt able to raise and share ideas or research, such as how contact with nature was beneficial (an article from the local university), with the garden being well used and the best views well maintained for people. Staff consciously helped people notice the changing seasons outside, the birds and wildlife. We saw people who were non-verbal light up when staff spoke to them about the birdsong and a blackbird on the rabbit hutch.

Supporting people to eat and drink enough with choice in a balanced diet:

- The service had implemented the Clinical Commissioning Group's (CCG) hydration project. The project aimed to reduce urinary infections and the overuse of antibiotics. The service continued to monitor the development of any infections and ensure people had enough to drink. Few people had recurrent urine infections and staff were vigilant about promoting good hydration as a team. For example, the registered manager often sat and had drinks with people, or people popped into their office. Staff also noticed when people who were very mobile looked like they needed to rest and have a drink.
- People were encouraged to be excited and interested in the food. The chef clearly knew people well, discussing menus and what they would like. Vegetable gardens and herbs could be seen from the dining areas and staff celebrated any produce with people involved in gardening. One person said, "We all had some strawberries I planted." Meals included attention to details such as fresh coriander on the curry, homemade tortilla chips and attractive presentation. Each person had the meal they wanted tailored to their needs. One person, originally from another European country, had a continental breakfast.
- A cooking club encouraged people to think about good memories and food by making recipes from their past. There was pasty making and discussions about a good pasty, Easter biscuits and drop scones. Other people then enjoyed home-made biscuits made by their friends whilst being encouraged with their intake.
- Families could come and eat when they wished. One social area in the home was often used for private parties, anniversary buffets or private celebration meals for couples.
- If a reduction in a person's weight was detected, staff checked the frequency of meals and snacks offered to people. This ensured the frequency of people's intake was increased. The GP was contacted, and people were referred to a dietitian for professional advice. The kitchen provided fortified meals and milk shakes with high calories, to improve people's weight gain.
- People had their risk assessments completed, and actions were taken, to ensure people where they were safe from choking. Staff also knew family and friend's meal preferences, for example offering one relative gluten-free snacks.

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

- The management team and staff sought out ways to learn through visiting other services which had been rated as Outstanding. They connected with university students' projects to improve mealtime experiences, dental care and in turn showing others and giving talks about what good dementia care looks like. Staff now

ate meals with people and there was a home breakfast club which helped to encourage people to eat the most important meal to start the day well.

- There were regular meetings with the local hospital to improve consistency and continuity of care for admission and discharge by providing easy to access care summaries. This ensured outside agencies understood how each person's dementia affected them. Visiting health professionals were spoke highly of the care provided at Parklands saying there was good communication and knowledge. There was a policy that visiting professionals were accompanied by care staff knowledgeable about the person being visited.
- The service had been awarded validation as an Eden Alternative member. This follows a philosophy about creating quality of life for people and that life is about continuing to grow, with people and staff as partners in learning. Partnership with the international organisation promotes shared learning, resources based on common principles to create good quality of life for Elders. Staff commented on people's wellbeing, asking and watching to see how people were 'feeling' and how their day was going. For example, a new exercise class had started. After the class people and staff chatted to see how everyone felt about the class which helped people to try new opportunities. Staff would continue to formally monitor the class to make sure it was offering the right exercises (the leg resistance bands were a bit difficult for some, staff thought) and music people liked.

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

- The provider had researched how reducing call bell noise reduced stress, therefore promoting a more dementia-friendly environment. A silent call bell system was now in place and staff said the benefits were obvious. People no longer looked alarmed or moved towards the front door on hearing a bell and music, laughter and conversations were uninterrupted for people and their families.
- The garden and new spacious lounge extension had recently been opened with a garden party. The garden had been designed with people's wellbeing and access in mind. The design was flat, wheelchair friendly and enabling easy circular walking. There was a full greenhouse and raised bed vegetable plot. One person showed us the jobs they had been doing in preparation for Spring. One relative said, "We are from a farming background, so the garden was important. We used to take her around the garden, and staff would bring us out a tray with biscuits and homemade cake."
- The lounge had plain flooring and all décor was in line with nationally recognised dementia-friendly values. Building work had been done carefully to ensure people had periods of quiet between jobs. A computerised maintenance system enabled clear monitoring of refurbishment and outside contractor contacts.
- Each room had areas of focus, as well as dementia friendly signage, so people could orientate themselves easily. There was a vintage sweet shop in the activity/family room; 'Mr Parkland's Sweets'. People could help themselves and staff reminisced with people about popular sweets over the years using a booklet with pictures written by the staff. A new re-ablement kitchen was being installed in the dining room so people could meaningfully help with chores and housework in a kitchen setting. One person had loved to cook but had forgotten, so staff had helped them join the cooking club.
- A bar area encouraged people to ask for drinks and socialise or sit and observe. There were many things for people to see and do and plenty of space. People were enjoying looking at the digital photograph frame, popping into the registered manager's office and walking around the garden and corridors. Each bedroom had front door furniture and was clearly personalised with a frame of pictures people had chosen to identify their rooms independently. People had ownership of their spaces and talked about inviting friends in for tea or going out for a chat.

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

- Healthcare professionals who visited people included the GP, dietitian, podiatrist, speech and language therapist, physiotherapist, occupational therapist, massage therapist, hospice and community nurses. Advice was well recorded, accessible and consistently followed. One person had seen the community physiotherapist who showed staff how to support the person who had now learned to walk again with a

frame. This was important as they liked to go out for coffee.

- Some staff had been trained in verification of death. This meant that a GP did not always have to attend the service when a person died.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff received advanced training in the MCA principles and DoLS. Staff were provided with regular updates and refreshers to remind them of the requirements following the training. This included the information staff needed to assess a person's capacity. They understood people's needs and variables and offered choice at all times.
- The training provided advanced guidance, tools and techniques for ensuring that mental capacity assessments were conducted accurately and with people at the centre of the decision. This meant people were restricted in the least possible ways.

## 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

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

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

- Feedback from people, relatives and others indicated the service remained extremely caring. Examples included, "Yes, there's a lot of one to one with staff. [Person's name] gets it especially when they are down", "They are very well staffed so they can care for people really well" and "[Person's name] has dementia. They can cry a lot and wanders about at night, but staff let them sit where they want and don't try to coerce them back to bed. They just go with it." Relatives praised the consistent staff team saying, "Staff are very kind to mum. Some of the staff are the same as when she came in, and have known her at each stage of deterioration. We can leave mum here and know she is alright. They treat people well, they put 'Happy Birthday Girl' on her wheelchair when it was her birthday."
- Relatives described staff as sensitive, kind and loving, an example being especially when people were poorly or on return from hospital. The registered manager said, "No-one goes to hospital alone". Two people were off out to a hospital appointment chatting and laughing with staff to reassure them.
- People told us that their families could "come whenever they wanted to". There was a high level of visitors and they said they enjoyed visiting as there was lots to do and they felt very welcome. One relative had stayed overnight at the home during the snow and staff had offered them a lift home. Many relatives had come together as a family at the home using the Coach House area for tea and celebrations. Another person had been admitted as an emergency with no support. Staff had bought them clothes and toiletries and supported them whilst their spouse was in hospital.
- Staff told us how families were important, commenting, "Two residents have one child each. Only children take on the worry alone for their parents' progressing dementia. We all go out of our way to support them as they have no one else to share their concerns with. We have no agency workers at Parklands. We all go out of our way to cover sickness and holidays so our residents see the same familiar faces to help them."
- Staff were genuinely caring. They followed an ethos of 'To make a difference to someone's life, you don't have to be brilliant, rich, beautiful or perfect, you just have to care'. Staff commented, "It's our people's home, they are free here. They can touch anything" and "We value people." This was shown in their constant inclusion of people in chores, conversations and activities.
- The care plan summaries included what people liked, what was important to them and how to best provide support to the person. They were holistic and included detailed information. Staff then used the information to be innovative and creative, doing what they could to enhance people's lives. For example, all staff knew a person had a favourite football team. Staff rang the home outside of work to let the person know when a big match was on and had sprayed their walking frame in football team colours. The family had commented how this had enabled them to have a conversation about the sporting event together.
- Equality and diversity topics were discussed at relatives' meetings to inform them of certain practices,

respect of different people and other faiths or sexuality. All activities were well thought out to ensure they were inclusive. For example, Valentine's Day crafts were themed around 'What does love mean to you?'

- People were informed of their rights via a variety of methods. This included verbal and written information at the time of admission, throughout their stay when staff reminded them on a regular basis and during meetings.

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

- Staff clearly knew about people's likes and dislikes. People were offered choice in their lives about what they wanted to do and when. Staff particularly supported the married couples so the person not living with dementia was also supported through the dementia process, giving the spouse a break and separate interests. Staff sat regularly with one person to chat about sport so their spouse could relax and made sure another spouse could have an enjoyable tea time in private each day whilst knowing staff were available.
- The service contributed to multiple local charities through coffee mornings and events. People and relatives who used the service chose the charities that the service raised funds for and participated with. This gave people a sense of empowerment and included them in the managerial decisions of the service.
- People and relatives were treated as active partners in their care. They provided information to the service which helped improve their lives. There were numerous examples where the person's wellbeing had increased after moving into the service. For example, less falls, less anxiety and distress and enjoying meaningful activities, often those they had enjoyed prior to moving into Parklands. One person's husband had only been able to care for their spouse in bed at home. They were now walking and enjoying music. Staff held a 60th wedding anniversary celebration with the couples' family and friends.
- The whole staff team including ancillary staff and maintenance staff knew people well and enjoyed spending time together.

Respecting and promoting people's privacy, dignity and independence:

- We witnessed members of staff knocking on doors and waiting to be allowed access to people's room, which showed that they had an awareness of privacy.
- People were well supported to be as independent and keep their skills. We saw staff involving people throughout the day, discussing types of fruit, folding laundry, helping with the tea trolley. One person had previously been a yoga teacher and staff had been able to receive yoga teaching from them, enjoying the glimmer of their personality before living with dementia.
- Staff knew people well and told us they lived in each person's world and knew how to promote their wellbeing or engage in appropriate banter. For example, one person thought they were still in their home town, so staff ensured they had their beaker to collect stream water as they had done at home. They liked to carry bags around which staff respected. Another person liked their tea on time and beans on toast which they had several times a week. Their wife said they had become much calmer since being at Parklands. Another person thought they were at home and staff gave them a bowl to do washing up and kept them busy. Other people enjoyed feeding the birds.
- Staff noticed what people could achieve independently and only were mindful about not taking over if the person was able to do it without support. For example, one person liked to look smart with make-up and jewellery. They were now unable to achieve this activity on their own. A care worker told us how they ensured the person was happy with their appearance, taking time to sit and chat, and help them do their make-up. The person was still able to plait staff hair.
- Staff promoted and respected people's relationships with each other. Staff remembered people's experiences and facilitated chats about past activities such as favourite singers, looking at photographs of people's home towns on the electronic tablet or encouraging people to meet each other in their rooms or at the dining table. One person living with dementia was very caring to their neighbours. They told us how they enjoyed helping them and they remembered their pasts, talking about where they had all grown up.
- Staff told us how they thought about people when not on duty and how they could further improve their quality of life. For example, staff said, "I am a keen knitter and have made numerous dolls for different occasions for Parklands and Christmas wreaths. I always help residents with their knitting and have a chat.

Knit and Natter is the activity! A resident has some of my knitted dolls in her room". Another staff member spoke of the attention to detail to make people's day a good one such as, "Simple things like a whole carton of cranberry juice every morning for one person, warm pastries for another person with café con leche. At lunchtime two residents always have red wine with their meal and at 2pm one gentleman has his Guinness every day and his Jack Daniels in the evening. One gentleman is very fussy with his food. He will choose one thing and when served to him doesn't want it. I spend time with him sampling things from the menu before I serve it and asking the kitchen to prepare to order if he doesn't want what's on the days lunch menu. We all go that extra mile to ensure he eats well."

- Most staff had been at Parklands for many years, one staff member past retirement age did not want to retire and continued to work. They all said they loved working at the home seeing people as their families. They visited people when not working, attended events on their days off and shared their lives and children with people. One person hugged a staff member saying they had missed them as they had been away on holiday. One staff member said, "When I am out and about shopping I always look for things for our residents and the activities team." Therefore, relationships were forged both ways.
- The Eden Alternative assessor validation report stated, "Communication between staff and residents appeared friendly and relaxed with a healthy mix of light-hearted banter and genuine concern and empathy being expressed. Friendships between residents were witnessed and residents were seen helping one another out with tasks. A recent gathering of staff and residents took place to thank two of the residents for their kindness and help towards others within the home. They were celebrated and gifted with flowers and chocolates." This again showed staff were caring and valued people in the Parkland community. We saw staff had great understanding about people's needs and wanted the best for them, checking people were having a good day. For example, the registered manager came in early and had breakfast with one person, who had no family, who could be challenging to engage with. They had slowly fostered a caring relationship knowing how to bring the person out of themselves with patience and distraction. This further re-enforced the ethos of person centred care and positive role modelling.

## Is the service responsive?

### Our findings

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

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- The service's care and support of people remained very person-centred.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. For example, one person with poor hearing was able to use individualised hand signals, all detailed in their care plan. This meant they did not shout so much. People had access to documents in large fonts and there was extensive use of pictures and symbols throughout signage.
- Care plans were discussed with people and clearly reflected their identified needs, likes, preferences and personal history. They were an ongoing story and people's needs changed and included small details of their preferences. Staff had a very good understanding of these needs, the risks associated with these and how to reduce them.
- The plans were reviewed regularly to keep staff up to date with people's needs. There was a daily record of what people had done or how they had been to keep staff up to date with information. For example, any activity was reviewed to see if people had enjoyed it or if it needed adjusting to suit them better.
- Staff told us people were supported and encouraged to develop and maintain relationships with people that mattered to them, to avoid social isolation. For example, staff ensured that people were able to continue to do things they had done at home. One person enjoyed flower arranging as they had done the church flowers for many years. Another person was going to visit a friend they had not seen for a long time. Other people were enjoying looking and sharing with others, images of their past using the electronic tablet, this had generated a lot of chat and animation.
- People called their relatives whenever they asked to speak to them. Staff facilitated this by helping people with telephones or video based chats on mobile phones and tablet computers.
- People were offered a stimulating range of social and recreational activities. There was a morning and afternoon activity programme delivered by the activity team and all staff. Activities included a film morning, cookery club, knit and natter, menu tasting, board games and quizzes. During our inspection the cookery club were making biscuits. One person living with profound dementia was using their sewing box as sensory stimulation as they used to be a seamstress. They were folding the material as they would have done in the past. Other themed activity boxes included a gentleman's box with sports information, quiz, reminiscence props and conversation starters.
- People were seen as individuals and there was lots of one to one activities and outings. Staff thought about people's past occupations and interests and tried to include these. One person had enjoyed visiting charity shops, other people liked to go out for coffee with staff. One person had been feeling down and staff had realised they had been used to long walks on Dartmoor with their dog. A staff member went home to get their dog and the person went for a long walk in the rain. They returned very excited saying they hadn't had

a blister for ages, feeling very pleased with their achievement and exercise.

- The garden was well used with people involved in caring for the animals, rabbit and guinea pigs. Staff brought in their dogs to share with people.
- There were many external entertainers booked. Staff recognised the musical entertainment may be too noisy for some and ensured people were happy and engaged in quieter areas. There had been a recent 'silent disco' event with people wearing headphones, neon glasses and glow sticks overseen by a compere DJ. Music was a big part of the home and we saw people dancing and singing with staff. Staff used the electronic device to access any song. Staff said they had been very moved when one person sang as they did not speak often. People had also been on the fairground rides at a local theme park. Many photographs showed people of all abilities enjoying a wide range of activities.
- Staff told us about other people's interests and hobbies. One person had lived their life working by the sea so a trip was planned. Staff discussed ideas with families so this person was going to visit a different coast so as not to prompt any negative memories of loss. Another person had been nervous to go out in a group so they went out for ice cream with a staff member. The staff member told us how they both sang the person's favourite songs very loudly in the car. Another person no longer read but staff made sure they always had a book to hold and they delivered them a 'daily newspaper'.
- Outings included the theatre, Donkey Sanctuary, local garden nurseries and coastal trips. People remembered about the Christmas tree festival trip and smiled as they told us about what they had seen.
- Staff visited a local secondary school for an inter-generational event. This had been successful with people from Parklands enjoying meeting young people and people from other local homes. People felt valued as they were able to share their stories with the young people. During this visit one person met someone they had lost contact with many years ago. Staff ensured they continued to meet and the event was celebrated in the local newspaper with the person's permission. They called it their 'magic moment'.
- Successful efforts were made to forge links with local schools. Children from a local school had visited and made bird feeders for the home and a local sure start nursery had visited for meaningful interactions with people.
- There were links with the university music department, so people could listen to live music tailored for them.

Improving care quality in response to complaints or concerns:

- Staff knew how to provide feedback to the management team about their experiences and told us they were very happy to do so.
- There was a suitable complaints procedure located in people's rooms. Each person also had a copy in the documentation provided on admission.
- The registered manager dealt with concerns and these were rarely escalated to formal complaints. We saw this was because all feedback was taken seriously and acted on promptly.
- Staff were accountable and took responsibility if there were errors or mistakes and when things could have been handled in alternative ways.

End of life care and support:

- Care for people at the end of their life was bespoke and very responsive. The end of life champion said, "I make sure the resident and family have time together in a relaxed environment and are fully supported in every way. We are always complimented on how we care for relatives on palliative care and I feel privileged to help at this difficult time." Feedback from relatives and others confirmed this and spoke of how individualised care was delivered.
- Staff had attended an End of Life masterclass and were keen to provide the best care they could. For example, one person was cared for in bed with their favourite things around them and their favourite music playing. A gentle sensory light gave a calming ambience. Their family was very happy with their care. Thought was given to the view people could see and photographs placed where they could see them.

Nothing was too much trouble and one person had requested fish and chips at 745am which they had really enjoyed. This had been a comfort to the family.

- We saw from looking at four plans of care that people had a satisfactory end of life plan.
- This included details such as if a person had made a will and where it was kept, who the person wanted to be involved or informed, if they wanted their body to be donated for research, if they wanted burial or cremation, where they would like any ceremony to take place and if they preferred any particular undertaker.
- The provider had devised an end of life guide booklet 'Help for you following your bereavement' for relatives to help them through this time so they knew what to expect and what they needed to do. Photos and memories were being collected to give to relatives "Memories are the loveliest thing, they last from day to day, They can't get lost, They don't wear out and they can't be given away."
- The end of life plans showed that people and their relatives had been involved in making these decisions. This ensured people's last wishes could be respected at the end of their life.

## 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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support, and how the provider understands and acts on duty of candour responsibility when things go wrong:

- The registered manager and provider were very visible and supportive. They were both passionate about enabling people to live their best lives despite living with dementia and worked as role models for the whole team at Parkland House. The provider said, "I truly believe you can see, feel, smell and hear what a wonderful home Parkland House is for people." Each member of staff shared their passion and enjoyed getting to know people well and spending meaningful time with them. For example, each person had an individualised profile showing pictures that represented them. The registered manager also had one outside their door and used it to chat to people about their own likes and hobbies.
- Parkland House values included offering choice, flexibility and quality of life and we saw many examples of how this was put into practice to ensure 'residents lived their lives to the full' and through the digital photographs of people's daily lives in the foyer.
- Where incidents occurred, the service was transparent and open with the details of the events. They explained matters to people, relatives and stakeholders.

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

- Staff were extremely positive about Parkland House, most having worked there for many years. They sought us out to tell us what a great place it was.
- The provider and management team embraced positive change and best practice for older adults, especially for people with dementia. The registered manager and provider were well qualified and continued to access learning and share. One of the directors held a Level 4 qualification in Equality and Diversity and was arranging training sessions for example. Some staff had been trained as 'train the trainers' in various topics to aid accessibility of training. The provider had attended a 'Montessori for elders' course and promoted a 'feelings matter most' approach. This was put into practice using repetition and support to encourage people to remain independent at mealtimes.
- A robust recruitment process, mainly through recommendations ensured staff were all passionate about providing exceptional care and there was excellent staff retention and therefore consistency for people. Staff were asked about their skills outside of work to share with people. The provider said they had discovered many staff skills such as an unpublished author, amateur dramatics performers, poets, winning cake makers and had been encouraged to use their talents within the home.

Engaging and involving people using the service, the public and staff:

- People and relatives were extremely complimentary about the management team and staff. They

commented, "Yes, the registered manager is here any time and you can just see her in her office. You don't have to make an appointment. She knows what needs doing, she is in full control", "The registered manager is amazing. She's a friend. She's always got time. We can speak to her at any time. She is very open. Also very professional, very knowledgeable about mum's condition. They have never worried us" and "The manager knows what everyone is doing and cares for the staff too." We found the registered manager to be extremely knowledgeable about each person, knowing each person well because they spent time with them and working with staff 'on the floor'.

- The chef worked really hard to try and improve the quality of the meals and enjoyed spending time with people to find out what they liked. Staff all felt this was important having attended a Skills Academy class in 'mealtimes in care homes'. They started a breakfast club and used discussions about food, taste testing and cookery club to raise people's interest which then encouraged them to eat. People told us how lovely it was to be able to compliment the chef in person and to enjoy the results of the cookery club together.
- Everyone was included in the running of the home with regular meetings, feedback and newsletters. For example discussions had resulted in people and staff coming together to decorate events for people's family celebrations, introducing a bereavement guide for relatives, raising ideas such as welcoming a rabbit as a pet to the home, using the silent call bell system and sharing positive poems about living with dementia. The message was 'what else can we do to enhance people's lives?' and 'You are never too old to try something new? As seen with the theme park visit. Staff were starting scrapbooks for people about their life to aid conversations and to share memories with families. A bucket list was also being planned for each person. One person was visiting their old coastal haunt, another person took the bus home from a trip out and another person was now enjoying long walks with a dog. There was a Parklands choir and people and staff sang together for others.
- Staff encouraged people to feel valued and have meaningful roles within the day to day running of the home such as choosing, buying and arranging flowers, gardening, pet care, household chores and one person wore their 'activity co-ordinator assistant' badge with pride. Relatives were also supported to be actively involved in their loved one's care if they wished. They pledge support for 'John's Campaign' which campaigns for the right of people with dementia to be supported by family carers.
- Regular quality assurance surveys were followed up with newsletter feedback, 'you said, we did' so that people knew they were being listened to. This was to ensure a continuous culture of improvement and promote an outstanding level of care daily. Formal surveys measured catering and food, personal care and support, daily living, premises and management. The Eden Alternative Learning Circle also enabled people to give feedback such as how serene they felt now they could attend a church service at the home.
- There was investment in IT products to enable people to access resources such as old films and songs and capture moments when people were able to engage. People were helped to contact friends and family in a number of ways. Staff also sent regular pictures to families who lived away.
- The service also used outside agencies such as an independent auditor and the Eden Alternative register validation to further ensure they were delivering a quality service focused on people. The independent auditor report found very positive outcomes with people and relatives feeling fully supported by the management team. The Eden Alternative report said, "It was an absolute pleasure to visit Parklands. It's a lovely home." Staff and the management team also visited 'outstanding' homes to share and learn.
- The registered manager and provider were available to talk and spend time with people and were clearly known by the staff, relatives and people living at the home. People living with dementia were often seen chatting to the management team or popping into the office. One person living with dementia had enjoyed a biscuit dipped in the registered manager's tea as they passed. Notice boards gave information about CQC and the Eden Alternative project but also informed visitors about how they could help with encouraging hydration and its importance.

Continuous learning and improving care:

- Training was excellent and encouraged through a training newsletter. Relevant training was sought such as

experiential dementia training so staff in all roles could experience how people living with dementia may see the world. Staff had embraced their learning especially staff who had become Eden Alternative ambassadors. They had started the vintage sweet shop and chair exercise class, fully including people living at the home and ensuring they monitored the outcomes. All staff fully participated in engagement and activity provision and saw this as a big part of their role, enjoying outings and individualised time with people one to one. For example, the maintenance man did crosswords with people. This meant staff were all knowledgeable and skilled in knowing effective conversation and distraction techniques to minimise anxieties because they knew people well.

Working in partnership with others:

- The service worked closely with local GPs to ensure people living with dementia were on the least medicines possible and that these were regularly reviewed. Also, the formation of a poster to promote non-medicinal pain relief techniques following work with a hospice consultant. This was to ensure the appropriate use of sedative medicines in particular.
- All learning was relevant to the needs of people at Parklands and resulted in learning put into practice. The management team sought out those they could learn from such as PhD students, medical student placements, dental students, local schools and projects. Parklands contributed to a charity calendar with Dementia Action Alliance with dementia awareness sessions with staff being 'Dementia Friends' as part of a national initiative. Volunteers from the community were valued such as a local artist who ran art sessions. The home then shared their experiences about dementia with schools and universities to raise awareness and promote positivity.