Southern Healthcare (Wessex) Ltd

Parkwood House

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

Parkwood House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Parkwood House is registered for a maximum of 45 people. Many people using the service live with dementia or have a physical disability. The home provides accommodation over three floors. It occupies a cul-de-sac position directly opposite a level access park with café. There were 36 people using the service at the time of this inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection took place on 7 and 12 September and was unannounced.

At the last inspection in February 2016 the service was rated Good. At this inspection, we found the service had improved to Outstanding.

Why the service is rated Outstanding.

People had contacted the Care Quality Commission with compliments about the service prior to our inspection and every comment during the inspection also praised the service, with comments including, "They are most caring towards their clients and nothing is too much trouble and they are always ready to listen to relatives and friends. Hopefully when my time comes this is the place I would choose".

People were at the heart of everything the service did. Staff had an excellent understanding of people's needs and provided person centred care to a very high standard. The passion to provide people with love and a life of value, regardless of their disability, was led by the provider, registered manager, and was the overarching ethos of the service. The provider said the registered manager showed great leadership and the registered manager said, "I couldn't ask for more provider support."

People said they felt safe. Recruitment, medicine management and infection control standards promoted people's safety. The premises were kept in a safe state and there were plans for continuing improvement, of the toilets and shower rooms, as two examples. Risk management was robust whilst not placing undue restriction on people. Any restriction was with people's consent or following meetings to establish what was in their best interest.

The service was very well staffed, which meant people had constant attention paid to their needs and

wishes. Nursing and care staff were supported by equally enthusiastic ancillary staff, such as activities, catering, housekeeping and administration. Staff were skilled and knowledgeable, with exceptional knowledge in how to protect people's legal rights and how to safeguard people from abuse, as two examples. Training ensured staff understood the dementia care model used at the service, which enhanced people's emotional wellbeing. This provided feelings of value to people using the service and gave pride to staff that they were providing such good care. One staff member said, "The wellbeing of residents is the top of our list."

Nursing and personal care was of a very high standard and in line with detailed, comprehensive care plans. An electronic care planning and recording system ensured information was available to all management and staff at different levels according to their role. Failsafe, 'red flag' signals highlighted any important task not performed within a set timescale, repositioning being one example.

The service had achieved awards for the care provided. The service was working towards, and now seeking the Dementia Care Matters Quality of Life 'Quality Mark'. Meaningful activities were a constant theme and included musical events, quizzes, outings, arts and crafts, board games, films and ball games. Very popular were visits by different animals, and connections with a local primary school. The children from this school visited the service and some people visited their school. This had included helping the children with a World War 2 project. The registered manager said, "All this has had a positive emotional impact on our residents and the team, building and forging loving relationships throughout the generations".

People received kindness, compassion, respect and were treated with dignity. Staff understood and met people's emotional needs. When a person died the mood between residents and staff was sombre and so music played was used to reflect the sadness, being respectful of people's feelings at that time. The service was inclusive of people's families, arranging regular meals for visiting family and always offering a room to family should a person be receiving end of life care. One person's end of life care plan included the recognised needs of their spouse, who devoted much time to visiting them.

Every aspect of the service was monitored and audited to ensure the best possible service delivery. This included surveying opinion of the food, activities, and potential staff. A director of nursing for the provider organisation ensured best practice was used and took responsibility to "Audit the audits". Feedback questionnaires to people using the service, family and friends, staff and professional contacts were meaningful and showed a genuine desire to promote improvement. For example, staff were asked if they received appropriate praise for their work. Staff said they were "Very happy" working at Parkwood House. Staff rarely left except to progress in their career, which the service fully supported.

The service fully met their legal responsibilities and kept themselves appraised of changes in legislation and good practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service continued to be safe.

Is the service effective?

Outstanding ☆

The service was very effective.

Standards of nursing and personal care delivery were very high. There was evidence of attention to every detail and individualised care planning was exceptional in its detail.

Staff were trained in all aspects of care and evidence based practice, skilled and competent. They were fully supported, and encouraged to progress in their career.

People's legal rights were understood and upheld. Staff demonstrated in-depth knowledge of the Mental Capacity Act, Deprivation of Liberty safeguards, and best interest decisions.

People's dietary needs were met in a safe way. Peoples' opinion influenced the menus and people's preferences were always available to them.

Is the service caring?

Outstanding ☆

The service was very caring.

Staff were encouraged to develop deep and meaningful relationships with people. The provider wanted people to receive a "loving" service. Staff were very attentive to people's needs, recognising when people wanted their help, or wanted to be alone.

Staff showed caring, kindness, empathy and compassion for the people in their care. There was a very strong emphasis on promoting relationships with family and friends, who spoke of dignity and respect for their loved ones.

People's views were continually sought, through one to one conversation, meetings, care plan reviews and feedback questionnaires. Any perceived improvement led to an action plan.

Is the service responsive?

Outstanding ☆

The service was very responsive.

A major part of everyday life at the service was meaningful activities for people to enjoy. Careful consideration was given to choosing the entertainment, outings, events and activities of interest to people. The service understood how these influenced people's wellbeing. There was a strong emphasis on being part of the local community and its events.

Effective communication with people helped them understand their care and life options. This was facilitated through detailed care planning and an understanding of how best to present information for people.

Skilled staff provided end of life care with dignity, respect, and compassion.

People said they were confident that, should they take any complaint to staff or management, it would be dealt with effectively and quickly. The service recognised complaints as a way to improve.

Is the service well-led?

Outstanding ☆

The service was very well led.

The provider was passionate about achieving very high standards of care and staff were committed to meeting them. Staff felt valued and enjoyed working at the service.

There were clear visions and values, known by all the staff. These were around the principles of personalised care based on each person's wishes
and needs.

Continual improvement in the service was supported through robust quality monitoring, including listening to people's views and suggestions.

Parkwood House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 and 12 September and was unannounced.

The inspection team included a social care inspector, a specialist nurse advisor, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, their area of expertise being that of people living with dementia in residential and community based services for older people.

Prior to the inspection, we reviewed information we held on the service. This included compliments received about the service, previous inspection reports, notifications and the Provider Information Return (PIR). The PIR 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. Notifications are incidences registered people are required to tell us about by law.

During the inspection we spoke with 10 people using the service, six visitors, eight staff, the registered manager and registered provider. Some people using the service were unable to provide detailed feedback about their experience of life there. During the inspection, we used different methods to give us an insight into people's experiences. These methods included both formal and informal observation throughout the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not comment directly on their experiences. Our observations enabled us to see how staff interacted with people and see how care was provided.

We looked in detail at three people's records and a random selection of medicine administration records. We looked at three staff files and a selection of quality monitoring information, including feedback questionnaires, audits, and action plans. We received feedback from two visiting health care professionals.

Good

Is the service safe?

Our findings

The service continued to be safe.

People said they felt safe, their comments including, "I feel totally safe here", "Every day I feel safe" and "I would tell the manager if I had any problem." A visitor said, "(The person) is very safe here."

A sufficient number of skilled staff ensured people were safe and their needs and wishes met in a timely manner. People said, "Staff come as soon as possible" and "They come pretty quickly." The registered manager oversaw the staffing rota. They said, "I ensure the correct skill set for individual person centred planning". One to one support was provided, when this was in the person's best interest. We saw each person received frequent attention from staff. Where people chose or needed to stay in their room there were arrangements for regular staff visits built into the care planning and monitoring arrangements. One person said, "They regularly visit my room to check on me."

Recruitment arrangements protected people. These included pre-employment checks including references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check helps employers to make safer recruitment decisions by providing information about a potential staff member's criminal record and whether they are barred from working with certain groups of people. Where staff were employed from outside of the UK their right to work was checked and there was a system for ensuring nursing staff had maintained their professional registration.

People were protected through effective medicine management. People said, "They make sure I get my medicines on time", "They're pretty strict on time," and "They're always on time with my medicines." Where a person was assessed as having capacity, they were involved in their medication management planning. This included their right to refuse medication if given the right information about risks. A GP said how the registered manager would always look for ways to reduce people's reliance on medicines where this was a safe option, helping manage anxiety through understanding and support, for example. We observed nursing staff taking time with people when administering medicines, explaining what they were doing, for example.

Arrangements for ordering, storage, administration, disposal, and monitoring of medicine use ensured regular review. Where improvement could be made, it was, moving a medicines fridge to a cooler room, for example.

People were protected from avoidable risks, falls for example. Our records showed there had been only two serious accidents in two years. Care planning around maintaining a safe environment was excellent. For example, the use of a bucket chair and crash mattress (should a person fall from bed) at night, with lowering of their bed to reduce the risk of falls. Care workers said they were very proud of their proactive approach to falls and as a result the small number of them.

Records showed, and staff confirmed, that having identified where such risks occurred, arrangements for managing a risk were immediately put in place. Risk management was robust and proactive. Assessment

tools, examples being prevention of pressure damage, were in use to identify risks and monitor changes.

Staff knew how to protect people from abuse and discrimination and robust reporting arrangements ensured any concern was responded to appropriately. Staff were able to describe the types of abuse and what action they should take if they had concerns. They spoke of protecting people, immediately reporting to: their line manager, the registered manager, or provider and, where necessary, contacting the local authority safeguarding team or the Care Quality Commission.

There were arrangements in place to ensure the premises were kept in a safe state. Two maintenance people were on hand to deal with any maintenance issues and ensure safety improvements were made as necessary. Records showed that servicing and maintenance were completed by competent people within risk assessed time scale. These included electrical, gas and water systems.

There was regular updating of the premises, recently including the dining room receiving fresh paint, and a new kitchenette being put in place. The need for improvement was under regular review. An action plan was in place, which outlined those planned improvements, improving a shower room, for example.

People said the home was kept in a clean and fresh condition. Four domestic/laundry workers were employed, led by a housekeeper. They told us, "We tweak things and look at best ways to do things." Cleaning schedules, the equipment available to staff, and cleaning products suitable for a nursing home, provided the background for a clean and hygienic service. Staff were fully trained in their role.

There were arrangements in place should there be an emergency. This included each person having a personal evacuation plan in place, setting out the assistance required should the building need evacuating, for example. A folder provided staff with important information, such as contact details for emergency services and care agencies. Because care plans were not saved on local networks, people's care plans and risk management information would be available regardless of the condition of the building.

Outstanding ☆

Is the service effective?

Our findings

The service was very effective because people received an in-depth, holistic assessment of their needs and wishes. The care delivered to meet those needs and wishes was based on best practice from staff who had the knowledge and skills required to enable them to carry out their roles to a high standard.

People said staff were well trained, saying, "As far as I am concerned the staff are well trained; they're excellent" and "Their training is good regarding my hoist". A regular visitor said, "I have witnessed regular staff training." The clinical lead nurse was very proactive with regard to staff training. They explained how they and the other registered nurses had particular specialities. They shared their knowledge with the wider nurse team, such as prevention of pressure damage, nutrition, diabetes, mental health illness, behavioural concerns, and end of life care. A mental health nurse specialised in helping other staff understand the legal issues around capacity and behavioural support needs for more complex residents, for example. Staff knowledge was impressive.

A model of care called the 'Butterfly Model of Care', a philosophy of dementia care, based on understanding difficulties in changing a service culture through training alone, had led to a service focused entirely on understanding the emotional needs of people living with dementia. We saw that the results of this programme had become embedded in the values of staff and was evident in their performance, providing high quality care. There was a focus on delivering training to all staff regardless of their role. Housekeeping staff had an indepth understanding of how to protect people's legal rights, for example. The housekeeper explained how any restrictions to a person should be the minimum needed to keep them safe, and only in the person's best interest. They spoke of ensuring it was a good time for the person to think about any decision when it was being discussed with them, and not when they were tired.

One staff member said, "There are vast training arrangements". As well as promoting a clear home ethos, aims and aspirations, the provider had invested heavily in nationally recognised quality training from experts in their field.

Staff spoke of being encouraged and supported to advance themselves, one saying how they had been helped to take GCSE qualifications. Others had moved on to nurse and podiatry training, through the encouragement and opportunities the service had provided. The service was also part of an apprentice programme, a student learning at work arrangement where young people work supervised by experienced staff. The registered manager said those apprentices undertook the same induction as regular staff but it extended over a longer period.

The service promoted the use of champions, staff that had shown a specific interest in particular areas that are essential to bringing best practice into the home, such as infection control, dignity and moving and handling. They shared their learning, acting as role models for other staff, and supporting them to ensure people received good care and treatment. For example, the infection control champion had undertaken training in infection control and sepsis at a local NHS hospital. They said an important part of their role was reminding staff of good hand washing technique. They used innovative ways to do this, using equipment,

which illustrated to staff whether their hand washing technique has been adequate, for example.

The was a strong emphasis on learning from best practice. To that end the provider had introduced a 'Chrysalis Programme', drawing on an emotional guide to care for people living with dementia. This included looking for inspirational training which had empowered staff to observe their own practice; how they did things. The programme was a five day course and all care, nursing and maintenance staff had completed it. The registered manger had identified that the course was as important for staff in a non-care role as well as for care staff, as most staff had regular engagement with people using the service. The provider also implemented training in accordance with the Dementia Care matters 'Feelings Matter most Butterfly programme.'

The service is an active member of the 'Devon Care Kite Mark Group' of providers, focused on sharing learning, including master classes and seminars.

People's health care needs were met to a very high standard. People's family said how quickly medical services were contacted when necessary, one saying, "They've already contacted the doctors" about their family member's change in health that day. A GP said the nurses were proactive with raising issues regarding deterioration, queries, and end of life care recognition.

People's care plans were impressive by their detail and the depth of information, which provided staff with no doubt as to the emotional and physical care and support a person required. For example, one plan included the person's choices of clothing, how they liked coordinated colours and their hair to be styled, including a hair band. The nurse showed great knowledge of the person's past history and involvement in fashion.

Where a health condition posed a risk through complications there was clear information as to how staff should protect the person, diabetes being an example. Shortly after admission, a new resident was identified as requiring a podiatry assessment. This resulted in clear, proactive actions for twice-daily assessment of their feet to identify any deterioration early. A podiatrist who visited the person confirmed their confidence in the staff knowledge and ability, adding that the twice-daily foot assessments were a major factor in reducing the likelihood of serious complications.

One person was referred to mental health nurse specialists, and the older people's mental health team. This was timely when behavioural challenges and distress became more frequent. It demonstrated staff knowledge of people and their skill at recognising changes in people's behaviour.

The service had a very robust electronic system for all people's records. Registered nurses and care workers used electronic devices to enter in real time care given and to check care activities required. No actions, associated with risk, could be missed, as a 'red flag' system alerted any timescale being breached, repositioning a person, for example. The coloured symbols showed information very clearly, for example, measures to take if the person became acutely ill. This robust system meant that mistakes were unlikely to occur.

There was a strong emphasis on the importance of people eating and drinking well. Almost all of the comments about the food were very positive, people saying, "They ask what you want one to two days earlier and the sweets are absolutely gorgeous" and "You get what you want. If you want something you like they get it for you", for example. One person had decided they wanted to reduce their weight and the chef had devised a weight reduction plan with them. The person was very happy when they had achieved the outcome they wanted. The chef understood that people's appetite was stimulated through smelling

pleasant food cooking, so they cooked fresh bread on a daily basis so people could enjoy the aroma.

The chef said they did 'sample days' when they would try a new recipe and then ask people their opinion. They surveyed a minimum of four people's opinion of the food on a daily basis and people's views were sought at regular resident meetings. During the recent very hot weather, people had been provided with iced lollies, milk shakes, and ice creams. Bags of ice cubes were purchased to ensure people's cold drinks remained cold. We observed that when a variety of drinks was offered a variety of snacks was also provided, including ice creams, biscuits, crisps, and chocolates. This ensured people had several options available to them.

There was clear evidence of tracking people's weights, fluid and nutrition intake and all assessments viewed had clear review dates, and, in the records examined, there were no overdue reviews. The chef described how people at risk of choking were protected by using a coloured plate system; dark blue for pureed diets, for example. They said they personally checked that meals went to the correct person. Information called the 'International dysphasia diet standardised initiative', provided through the speech and language therapist (SALT) service, was in use to ensure best practice in proving food and fluids to people at high risk of choking. The chef had also attended workshops in how to protect people from choking.

Special diets and allergies, including cultural and faith food preferences, plus people's likes and dislikes were documented on their care plan and available to catering staff. The chef said how it was their duty to follow a person's religious preference, as this had been their wish when they had the capacity to communicate this, which they now did not.

The provider told us, 'Human right principles are underpinned within our ethos and values of the company. This is developed from the very first introduction of a new employee with values, vision, and goals evidence in the interview room. This is further embedded through our induction process is part of the recruitment process. We have a zero tolerance towards discrimination of any sort and this is noted in our welcome pack for people residing or inquiring about the home. Equality and diversity training in place which emphasis Human Rights and is part of the mandatory training program.'

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA).The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Staff clearly understood the importance of seeking people's consent and offering them choice about the care they received. Where people lacked capacity to make some decisions, the staff were clear about their responsibilities to follow the principles of the MCA when making decisions for people in their best interests.

MCA assessments were clearly documented and DoLS applied for appropriately, decision to reside at the home for care and treatment and use of sensory equipment for safety, for example. There was good recording of decisions made in people's best Interests, including the use of sensory alert mats, to help prevent falls, for example.

Outstanding ☆

Is the service caring?

Our findings

The service was very caring. Compliments the Care Quality Commission received about the service since December 2017 included, "They are most caring towards their clients and nothing is too much trouble and they are always ready to listen to relatives and friends. Hopefully when my time comes this is the place I would choose", "Caring, attentive and friendly" and "I have been very happy with the care and the support my father has received for a condition where he needs assistance to do everything and is completely dependent on Parkwood House for his physical and emotional needs and healthcare. The staff are friendly, kind, and caring and my father seems happy with the staff and is much more relaxed. The home knows dad and the things he likes and that are important to him and makes sure his time reflects this. It has been a huge relief for our family to know he is safe and cared for."

People told us, "It is very friendly here with a loving atmosphere; they're very good to me", "They're wonderful people. Its first class – it's excellent", "They're very caring, all the time" and "I feel quite contented here." One person's family member said, "The best thing is the staff. From the day mum came in here she has picked up. I can't speak too highly about it. This home is special. Mum is good now, and happy."

There was a strong sense of belonging because there were strong relationships between people using the service and staff. Every interaction was friendly and caring. One person spontaneously 'high fived' one of the male carers, whilst being wheeled along a corridor. The infection control champion, when talking about the use of gloves for providing personal care said, "It's also about gloves off as well, to hold people's hand. It's still about touch."

Staff communicated in a non-patronising, engaging, open way with people and responses indicated mutual respect. An atmosphere of lightness and laughter was evident throughout. However, the provider described a time, when a person died, the mood in the home was low. People using the service, (friends of the deceased), and likewise the staff, were missing the person and so the music played that day was toned to match the sombre mood. This showed that the service was responsive to all situations affecting people's lives.

People, were helped to feel valued and cared for in a homely and friendly environment. This was the overriding impression at the service. A choice of gender of care worker was recorded in people's care plans and care workers said this was facilitated. We noted that there was a good gender and age mix of staff. We observed, without exception, that staff were very attentive, helping people and encouraging them with their food and engaging with them in talk and friendly banter, for example. Staff demonstrated genuine care for people, with lots of hugging and stroking.

There was a very strong emphasis on ensuring relationships with family and friends were promoted. Visitors could come and visit without restriction and were made to feel very welcome.
One, who was just being handed a cup of tea, told us, "It is brilliant. I come for lunch on Sundays and there's always a cup of tea when I arrive". Another, who said they had many visitors, (including 14 football fans and 15 ex-Royal Navy colleagues) said, "They all like it here as much as I do." A monthly 'memory café' also

helped to bring family and friends together, as well as family and friends receiving invites to all social events at the service. Staff would fetch one person's grandchild a fizzy drink when they visited, knowing this was what they enjoyed. This helped the child feel included and welcomed.

The provider, registered manager, and staff spoke with passion about their role in providing a loving environment for people. To that end, the registered manager was a member of the 'Dignity in Care forum'. A care worker said, "We treat everybody as an individual. We find out what they like, don't like and what they want to do". Another said, "The wellbeing of the residents is top of our list. (The management) put the residents first and second. And we are on the top as well." The service is working towards the Dementia Care Matters Quality of Life 'Quality Mark' becoming a 'Dementia Quality Mark' home. Staff were trained to undertake measurable observations to identify feelings of 'ill-being' and 'well-being' in people, in particularly where people were living with dementia and unable to express their feelings verbally. This informed staff to what extent they were successful in maximising the person's holistic needs and what changes might be required to the person's care plan.

People's privacy and their right to confidentiality, was well understood and upheld. The registered manager had protected people's rights by ensuring that only people that consented to the use of their photographs on social media had them displayed there.

Staff used a system to ensure each person was visited on a regular basis and in a timely manner. We observed care delivered in a personalised, caring, respectful way. One person was very sleepy and not responding verbally when staff visited them, but still the staff member entered the room respectfully, knocking on the door, calling them by name and informing them of what they were going to do. They then gently repositioned the person, checking them for pain, and mouth hygiene, for example.

Care was compassionate, provided with respect and dignity, and the service worked hard to promote people's independence. We asked the senior nurse why care plans did not indicate specific times for some activities, such as washing and dressing. They said the service preferred a more individualised daily approach to providing care and support because it depended on how the person was feeling at the time. This showed that people's needs and preferences were respected.

People's views were constantly sought so they had influence over daily lives, choices of menu, activities, rising and retiring times, for example. People's needs and wishes were discussed with them, or their representative, when their care was reviewed, or each time a decision was required. For example, one person wanted to spend time in their marital home, with their spouse and this was facilitated.

People's views were sought through comprehensive feedback questionnaires. Staff also sought people's opinion, of menus, activities and entertainers, for example. At a residents and family meeting on 29th June, a topic included having a regular newsletter. This arrangement now informs staff, people's family and friends, of any notable happenings, past, present, and future.

Outstanding ☆

Is the service responsive?

Our findings

The service was very responsive because it was a caring and happy environment, where staff provided holistic care and support.

There were comprehensive assessments, from admission to present time, showing excellent personalisation and level of detail regarding individual needs and preferences. This had led to greatly improved outcomes for people following their admission. One person when admitted for end of life care had legal authorisation that they were to live and receive care at the service as this was in their best interest. Independent advocacy was arranged to support the person, who wanted to return home. Records showed they had a high incidence of falls, they were very ill, and they were not happy. Staff worked to establish what might provide a positive outcome for them, based on the knowledge they gained from the person and their family, with the support of the advocate. The person's health is now much improved and they were much happier; they have regular visits to the community where they enjoy organised exercise, they no longer fall because of improved posture, and they enjoy regular meals out with their family.

The service had adopted the 'Eden Alternative' as the guiding philosophy of care, based on 10 principles that, when followed, provide guidance on how to support people to live meaningful lives. It had created an environment, which reduced feelings of loneliness, helplessness, and boredom. Person centred relationships, people's engagement in meaningful activities, and continued community engagement gave people fulfilment. Staff understood the value some people placed on everyday activities that were familiar to them, such as housework. To that end, a kitchenette was provided in the dining room. This was a demonstration of the Eden Alternative philosophy of care, recognising there were emotionally familiar feelings associated with everyday homely tasks.

There was a vibrant activities programme, delivered by an activities team. Care workers were also allocated time for activities with people. One staff member said how they loved singing and so some days they would lead the singing. They described relationships with people as "Deeply bound up together". Activities included time with primary school children. Photographs showed people using the service helping the children to learn to cook. People using the service had also visited the children's school to help them with their World War 2 projects. One person said how much the children liked to see their colouring. They would then give the children colouring to do along side them. The registered manager said, "All this has had a positive emotional impact on our residents and the team, building and forging loving relationships throughout the generations". A school worker, organising the children's visits described seeing "normally reserved children reaching out to offer a bean bag to a chair-bound resident". They added, "We look forward to continuing to bridge the gap between the generations".

Other regular activities included fortnightly visits by a variety of animals, including guinea pigs, reptiles and chickens, which people had enjoyed holding and stroking. People had experienced ducklings hatching at the home and been able to hold them. Arts and crafts, frequent quizzes, and activities to stimulate the memory and have fun were observed throughout the inspection. Musical events were frequent. A very engaging activities coordinator (who dressed in costume to deliver some activities), ensured people were

included in the shared activities, such as musical events. We observed people, singing, clapping, and using instruments to join in, on three occasions over the two-day inspection. The provider led a weekly musical event with accompanying video, giving the effect of a mini concert. They recorded which songs were well received, and those less so. For example, their record showed that when 'I'm forever blowing bubbles' was played, people "burst into song".

Staff had a deep knowledge of people's preferences and individual needs. One person said, "The staff are very observant", and we saw that no person was left without the support they wanted. Staff constantly spent time interacting with people, or checking on them to ensure they had what they needed. One person, who was liable to wander, had an alarm mat in the entrance of their door so they could see people passing. It was their particular request not to have their door shut; this was respected. All our observations identified examples of excellent interactions with people. This included observing a person with dementia becoming agitated and calling out and in response a care worker staying with them, engaging with them to provide reassurance, and showing compassion and kindness. We saw excellent camaraderie. Another person, found music calming and we saw them with an individual music system moving their head to the beat of the music.

People were encouraged to access the community and many enjoyed regular trips out if this was what they wanted. This included to local landmarks, such as Buckfast Abbey and Kernow Mill, and to a local pub. The service had been able to secure a reduced rate for people to visit National Trust locations. The registered manager said they had also connected with other local care homes, where they had put together a choir group and took it in turns to host an event.

The home environment helped facilitate a variety of activities. A hairdressing salon was available, and a cinema room was used for special events. An activities worker said how they were considering setting it up as a 'mess tent' for the Remembrance Day celebrations. She understood that those memories would not necessarily be happy ones and staff would have to be aware of people's emotional response to the event.

People had fun at Parkwood House. For example, they had garden games including a fun water fight with water pistols. Arrangements were in place for Plymouth Argyle and Plymouth Albion football clubs to visit and support people who wish to visit their football ground. The registered manager said all staff became involved in a pantomime last year and this brought "love and laughter to the home". Parkwood House won the 'Activities of the year at Plymouth Council Celebrating Excellence' event in 2017.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People receiving support had varying communication abilities. Staff were able to communicate with, and understand each person's requests and changing moods, as they were aware of people's known communication preferences. Care records contained clear communication plans explaining how people communicated, including how to identify pain, where people could not express this verbally.

To aid people's understanding, information was provided in pictorial form in addition to the written word, food options, for example. The chef also explained how their research had shown people's reticence to choose foods because the name was unfamiliar to them. They gave an example of changing one name (to better express what the dish was) and how people then chose and enjoyed it. One person benefitted from a card system to communicate with staff.

Personalisation of doors of peoples' rooms helped people with orientation because they were painted like

front doors of homes with old-fashioned doorknockers and in all different colours. People had chosen their own colour on admission. In addition, environmental touches included contacting Plymouth City Council to use their logo so street names could be used to imitate familiar street signage, such as Plymouth City football team. These street names for corridors were seen around the premises.

People received a high standard of end of life care, with an emphasis on dignity, respect and a loving environment. End of life wishes and choices were recorded in detailed, comprehensive care plans. This included detail about people's religious and spiritual needs. One person's assessment included that, although they did not identify as practicing a religion, they did like songs of praise and hymns and the music of (a religious singer), and so these could be gently playing in her room as they neared the end of life.

People's physical care needs were expertly managed as they neared end of life. One person's records showed previous skin breakdown caused by incontinence. There was excellent assessment, care planning, and delivery with photographs used to document progress, including healing of wounds in a timely manner, prevention of further deterioration and very proactive management. This ensured people's protection from distress through deteriorating health.

There was clear evidence of good knowledge of the Gold Standards Framework (a standardised system for providing dignified of end of life care) Six Steps, good use of 'just in case' medicines to ensure pain and anxiety was managed, and documentation about people's end of life wishes. It was also excellent to hear from staff (and see documented) the need to support family/carers of people. One person's spouse was identified as needing additional support, and review for their needs, as the health of his loved one deteriorated. Staff spoke of the care they gave to peoples' family as well as the person who received end of life care.

People felt comfortable about raising a concern or complaint. People said they would have no hesitation in talking to the registered manager, or any of the staff team. One person said, "If I had a complaint and anything was wrong I would talk to the manager." A family member said that when they had made a complaint, now several years ago, it had been handled exactly as they wished. Each person and their family members said they had confidence in the registered manager and the staff to respond quickly if a complaint was raised. The registered manager and provider were clear that any complaint would be accepted as a way to improve the service. A complaints procedure was available to people, which set out clear timescales for a response and what the person could expect. A letter to a complainant included, 'As a company we take all concerns seriously; we see this as an opportunity to learn, review processes and develop as a home and work within an open honest culture'. This was what we found during this inspection.

The service had no outstanding complaints and the Care Quality Commission had received no complaints about the service.

Outstanding ☆

Is the service well-led?

Our findings

The service was very well led because it was run with people using the service as its top priority, the ethos being that people mattered, and everything that could be done to show this was of importance. The provider, registered manager, and staff spoke with passion about the care they provided. For example, the provider spoke of the importance of a "loving" relationship between staff and the people in their care. A staff member said, "(The management) put residents first and second, and we are on the top as well."

The manager was registered with the Care Quality Commission on 23 January 2011. They had worked at Parkwood House for many years, initially as a care worker and then progressing with the support of the provider. They had achieved level 4 in leadership and management, and were under taking level 5 in management and operations. Staff spoke with respect about their management approach as did the provider who said, "I don't want good management, I want good leadership and that is what (the registered manager) delivers so well." Strong leadership, empathy for the challenges of different staff roles and a commitment for continuing improvement had endeared the registered manager to people using the service, their families, friends, and staff.

People said of the registered manager, "She keeps an eye on me" and "It's a happy ship'. The registered manager joined in with fun events at the service, being locked up in the 'stocks' at Christmas time, for example. Staff said that the registered manager would work with them at any task at the home if they needed the help.

Where an achievement goal was available toward improving the service for people this had been embraced. These included the Butterfly Project and Eden Alternatives validation scheme. The service had won a Plymouth City Council Celebrating Excellence event and the bronze for the 'Team of Excellence' at the outstanding care wards for Devon. The registered managed attended a Plymouth City Council leadership and management programme and a study day with Exeter University. This looked at the role of a manager in care. It included how to support staff training and continual professional development, influence the culture of the home, gain knowledge, and implement change. The registered manager told us, "We strive to consistently improve care provision; ensuring people have the best possible outcomes. Company values are regularly shared within the team."

The provider had introduced a 'Chrysalis Programme'. They told us, "The programme draws on a range off works in the field off psychology and humanist principles as a guide to person centred care. We self-evaluate our weaknesses and strengths based on the Care Quality Commissions key lines of enquiry. We look at inspirational training , audit , observation , action plan development , review and on-going re- assessment. The purpose is to place the home in a position to go for assessment for a range of care quality kite-marks'

The provider is chair of the Devon Care Kite Mark Group of 80 Devon providers. This group was established in 2012 by a group of independent care providers committed to on-going improvement and sharing of best practice within social care. The group focus's on sharing learning, using peer reviews as a supportive way to drive up standards and embed strong values. Members attend master class/seminars relating to

psychological and clinical management. It was evident from talking to staff that they had a sound understanding of current best practice which was observed throughout our inspection, as documented throughout this report. For example, how staff communicated with people with dementia. The registered manager demonstrated that the service was ever striving to provide the best possible care for people.

The service strove for continual improvement. Staff recruitment was based on values, attitudes and other skills rather than just care experience. For example the qualifications required, and the job description for care staff were being reviewed.

Staff were supported and valued. They said they felt well supported by senior management and felt confident in raising any concerns or issues. They also felt listened to and that their ideas for improvement were taken seriously. In the June copy of the service newsletter, a new staff member had written, 'When people ask me what I do for a living, I tell them with pride, and I speak highly of the residents and staff at Parkwood House. I'm not just a (staff member), I'm a privileged friend to some of the most wonderful, strong, and valuable people I have ever met'.

People spoke of how lovely all the staff and management team were, they knew their names and enjoyed spending time with them on a regular basis. A personal profile of each staff member was displayed, so people were able to relate to staff members as individuals in their own right.

The provider and registered manager highlighted that it was important for staff to feel fulfilled in a service that listened and responded effectively. Staff described being very loyal to the service. One staff member was given the opportunity to promote the care profession as a 'Care Ambassador' at a care development event. They wrote to the registered manager, "Thank you for this amazing opportunity to meet wonderful people and to learn new things…I opened a new page in my life." Parkwood House had a very low turnover of staff. Staff had regular team and individual meetings to provide them with information and provide an opportunity to share their views and ideas and review their professional development. Staff opinion was also surveyed in August 2018. They were asked, 'Do you feel you have appropriate praise for doing things well?' and 'Can you make friends at work?' for example. This showed the recognition of the importance of staff wellbeing.

There were very robust arrangements for assessing the standard and quality of the service people received. The provider said, "We need to build confidence and trust in people and their families. We use this to get things right." They spoke of wanting people to actively engage in service improvement, rather than use meetings as an occasion to raise individual issues, which could easily be addressed by a staff member, a lost sock for example.

People and their families told us they were actively encouraged to share their views and provide feedback about the service. There were regular meetings where they were updated about the service and asked for their views. Questionnaires were sent to people and their families to be returned in August 2018. These covered subjects such as 'Do you feel able to talk with the management as you wish?' Evaluation of the results was not yet completed at the time of the inspection but we saw that all responses were 'strongly agree' or 'agree'. In addition to the general feedback questionnaire there were also questionnaires relating to individual topics, such as 'The lived experience' (activities, and how people wanted to spent their time) and 'The dining experience', looking at the standard of food and the dining environment.

Every system and activity within the service was monitored. Examples include the chef asking people their opinion of the meals each day. We saw a record of people's opinions of each in-house activity on offer, including the different entertainers. The results showed that musical events were the most popular with

bingo being less popular. The registered manager said there was a "Strong emphasis on value based recruitment". To that end, external entertainers were vetted to see if they understood appropriate engagement with their 'audience' and whether their performance was likely to be popular. When new staff were shortlisted for a role as activities worker they were invited to a cream tea so people using the service could meet them and help choose the successful candidates.

Risk management was comprehensive. Assessment tools included, advanced care planning, behavioural assessment, falls risk, risk of depression and oral health. The electronic care planning and monitoring system was based on person centred care and risk management, had data control protections in place, and provided information at different levels to different staff and management. The provider said they could sit at home and check if (any person) had received their planned care at the right time.

The registered manager audited systems toward quality assurance, such as medicines management, for example. The provider organisation included a director of nursing. The provider said that included in their role was "Auditing the auditing', reviewing actions plans and leading on clinical governance to maintain a high standard of nursing care. The service responded quickly where a need for improvement was identified. For example, a medicine error had led to an immediate change in policy and we saw the change was now normal practice.

The service had promoted good relationships with other agencies. The registered manager said, having thought about the importance of good working relationships with external professionals they needed to recognise that they might arrive at Parkwood House having had a difficult or tiring day. For that reason they were always offered refreshment, but if they did not have time to stop for a drink an "On the go" hot drink was offered which they could take with them.

The registered provider met their legal responsibilities, notifying the Care Quality Commission as required, for example. They ensured policies and procedures were current and new legislation was understood and implemented, an example being the General Data Protection Regulations 2018, which superseded the Data Protection Act 1998 in May 2018.