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Park House Community Care

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 25 and 28 January 2016, and was an announced inspection. The registered manager was given 48 hours' notice of the inspection. The previous inspection on 2 and 4 December 2014 found breaches in medicines management and these had been addressed.

Park House Community Care provides care and support to adults in their own homes. The service is provided to mainly older people and some younger adults and people who have a learning disability. At the time of the inspection there were 21 people receiving support with their personal care. The service provided care and support visits to people in Folkestone, Hythe, the Romney Marsh and surrounding areas. It provided short visits to people as well as covering shifts over a 24 hour period to support people.

The service is run by an established registered manager, who also undertakes work at other services owned by the same provider. 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.

Risks associated with people's care and support had been assessed, but assessments required regular reviews to help ensure people remained safe. People received their medicines when they should.

People were involved in the initial assessment and the planning their care and support and some had chosen to involve their relatives as well. Care plans contained information about people's wishes and preferences. They detailed people's skills in relation to tasks and what support they required from staff, in order that their independence was maintained. Care plans were reviewed periodically and reflected people's current needs.

People felt safe using the service and when staff were in their homes. The service had safeguarding procedures in place and staff had received training in these. Staff demonstrated an understanding of what constituted abuse and how to report any concerns in order to keep people safe.

People had their needs met by sufficient numbers of staff. People received a service from a small team of staff. Staffing numbers were kept under constant review. New staff underwent an induction programme, which included relevant training courses and shadowing experienced staff, until they were competent to work on their own. Staff received training appropriate to their role and some staff had gained qualifications in health and social care.

People told us their consent was gained at each visit. People were supported to make their own decisions and choices. No one was subject to an order of the Court of Protection or had a Lasting Power of Attorney in place. Some people chose to be supported by family members when making decisions. Staff had received training on the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's

capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager understood this process.

People were supported to maintain good health. People told us how observant staff were in spotting any concerns with their health. The service worked jointly with health care professionals, such as community nurses and the mental health team.

People felt staff were very caring. People said they were relaxed in staffs company and staff listened and acted on what they said. People were treated with dignity and respect and their privacy was respected. Staff were kind and caring in their approach and knew people and their support needs well.

People told us they received person centred care that was individual to them. They felt staff understood their specific needs relating to their age and physical disabilities. Staff had built up relationships with people and were familiar with their personal histories and preferences.

The majority of people told us that communication with the office was good and if there were any queries they called the office who responded. People felt confident in complaining, but did not have any concerns. People had opportunities to provide feedback about the service provided. Any negative feedback was used to drive improvements to the service. People felt the service was well-led and well organised. The provider was increasing the management structure so that the registered manager could focus more time on quality assurance and monitoring the service people received.

The provider had a philosophy and vision. This included providing and maintaining a high quality of care and support to each person based on person centred care and individual needs. Staff were aware of these and felt they were followed through into their practice.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were given their medicines safely and at the right times.

Risks associated with people's care and support had been assessed and steps were in place to keep people safe. However assessments lacked regular reviews to ensure people remained safe.

People were protected by safe recruitment procedures and there were sufficient numbers of staff to meet people's care and support needs.

Is the service effective?

Good

The service was effective.

People received care and support from trained and supported staff.

People received care and support from a small team of regular staff who knew people well. Staff encouraged people to make their own decisions and choices.

People were supported to maintain good health. Staff worked with health care professionals, such as community nurses and the mental health team to resolve and improve any health concerns.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and staff adopted a very kind and caring approach.

Staff supported people to maintain their independence where possible.

Staff took the time to listen and interact with people so that they received the care and support they needed. People were relaxed

in the company of the staff and communicated happily.

Is the service responsive?

Good

The service was responsive.

People received personalised care, which was recorded in their care plans and reflected their wishes and preferences.

People felt comfortable if they needed to complain, but did not have any concerns. People had opportunities to provide feedback about the service they received.

People were not socially isolated and felt staff helped to ensure they were not lonely.

Is the service well-led?

Good

The service was well-led.

There was an open and positive culture within the service, which was focussed on people. Staff were aware of the provider's philosophy and vision and this was followed through into their practice.

There were audits and systems in place to monitor the quality of care people received.

Staff worked as a team. There was an established registered manager who was supported by a senior staff team and worked hard to drive improvements.

Park House Community Care

Detailed findings

Background to this inspection

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

This inspection took place on 25 and 28 January 2016 and was announced with 48 hours' notice. The inspection carried out by two inspectors.

The 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. Prior to the inspection we reviewed this and other information we held about the service, we looked at previous inspection reports and the notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection the provider supplied updated information relating to the people using the service and staff employed at the service. We reviewed people's records and a variety of documents. These included five people's care plans and risk assessments, three staff recruitment files, the staff training, supervision and appraisal records, visit and rota schedules, accident and incident records, medicine and quality assurance records and surveys results.

We spoke with five people who were using the service, three of which we visited in their own homes, we spoke to four relatives, the registered manager, the provider, and eight members of staff.

We sent out 22 surveys to people who were using the service, relatives and professionals involved with the service. We received survey feedback from six people, one relative and three professionals.

Requires Improvement

Is the service safe?

Our findings

People and relatives told us they felt safe when staff were in their homes and when they provided care and support. One person said, "Yes (I feel safe) and that is very important". People and a relative surveyed indicated that they felt safe from abuse or harm from staff.

People told us that they felt risks associated with their support were managed safely and they felt safe when staff moved them using equipment. Risks associated with people's care and support had been assessed and procedures were in place to keep people safe. For example, risks in relation to people's environment and moving and handling people. However the risk assessments were not reviewed once they were completed to keep them up to date and ensure people remained safe. Part of the risk assessment included assessing risks associated with people's medicines. This identified who managed the person's medicines. However where the arrangements were different for topical medicines this was not identified within the risk assessment. One risk assessment was not up to date as it stated staff administered the medicines from a monitored dosage system (a box of medicines separated into compartments and filled by the pharmacist), but the care plan review records showed this was not the current arrangements in place.

The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. This is a breach of Regulation 12(1)(2)(a)(b) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection where people were prescribed medicines on a 'when required' basis, for example, to manage pain or constipation, there was no individual guidance for staff on the circumstances in which these medicines were to be used and when staff should seek professional advice for their continued use. Since that inspection guidance had been put in place for these types of medicines to help ensure that they were administered safely and consistently.

Staff were also applying prescribed creams during personal care routines, but these were not detailed on the medicines administration records (MAR) charts. Care plans stated that certain creams should be applied, but daily reports showed different creams were being used. Since that inspection care plans had been reviewed, so it was clear where prescribed creams should be applied and when and creams were listed on the MAR chart to give a clear audit of when creams had been applied. This helped ensure that creams would be used correctly and in line with the prescriber's instructions.

People told us they received their medicines when they should and they felt their medicines were handled safely. Some people had purchased their own creams 'over the counter', such as from a chemist and asked staff to apply these and there was guidance in the care plan as to when and where these should be applied. Staff should have recorded in the daily notes to confirm the cream had been applied although we were not able to ascertain whether the cream had been applied on the days no record was made. The registered manager implemented a topical medicines recording chart during the inspection so records would be clearer about what had been apply and when.

People and staff told us that visual checks were undertaken on any equipment used at each visit. One person told us "Staff know how to use (equipment) and keep them clean and working correctly".

The registered manager told us they had a risk assessment in place in the event of bad weather. These included measures, such as access to 4x4 vehicles, using apps and text messaging to update staff and staff working locally to where they lived, to ensure people would still be visited and kept safe.

People had their needs met by sufficient numbers of staff. People surveyed had mixed opinions about whether staff turned up on time, stayed the full time or did all the tasks required. The registered manager told us and records confirmed that no one had raised this directly with the service through the complaints procedure or feedback routes and routine checks on the timing of visits made by the service had not identified any concerns. However previously any incidents of unsafe or unsuitable practices by staff that had been reported or identified had been investigated and disciplinary procedures had been followed by the registered manager. Procedures had been reiterated to all staff in memo's and during staff meetings. This included staff not following their schedules and arriving on time. Records showed that spot audits were used by senior staff to check staffs arrival times and ask people if there were any concerns. One person commented there was not sufficient travelling time allowed between people's visits on schedules, but those we checked did have sufficient travelling time overall. People we spoke with told us staff did arrive when they were expected, stayed the full time or did all the tasks required, although one person had had a recent missed call due to mix up in their address. Another person told us, "I having been using the service for six months and time keeping is good". Another said, "Some staff have justified rushing by saying they have been short of staff. All staff ask if there's anything else I need before leaving". On most occasions people said if the staff were running late the office let them know. Social care professionals surveyed said that the feedback they had received from people was that staff arrived on time, stayed the full time and did all the required tasks. Staff told us that schedules allow time to get to visits and if there was ever a problem this was addressed.

People's visits were allocated permanently to staff rotas where possible and these were only then changed when staff were on leave. Staff usually worked in a geographical area and the coordinator and registered manager kept staffing numbers under constant review. This was a small service and if there were high levels of sickness or an emergency the registered manager and senior staff covered visits. There was an on-call system covered by senior staff and the registered manager. Staff told us the on-call was reliable, always answered promptly and gave good support.

People were protected by robust recruitment procedures. We looked at three recruitment files of staff that had been recruited since the last inspection. Recruitment records included the required pre-employment checks to make sure staff were suitable and of good character.

There was a safeguarding policy in place. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions or allegations. There had been no safeguarding alerts since the last inspection although the registered manager was familiar with the process to follow if any abuse was suspected; and knew the local Kent and Medway safeguarding protocols and how to contact the Kent County Council's safeguarding team.

People were protected against the risk of infections. Five people surveyed felt staff did all they could to prevent infections by using hand gel, disposable gloves and aprons, although one person and a relative surveyed did not. People told us staff were well equipped with gloves and aprons and used them routinely during personal care. Three people specifically said that staff helped maintain good hygiene standards in their homes. Staff had received training in infection control and clear policies and procedures were in place,

to ensure good practice guidance. Staff wore uniforms when supporting people. Staff had access to supplies of disposable gloves and aprons to ensure good hygiene and in some cases stocks were left in people's homes to ensure sufficient supplies. The use of personal protective equipment, such as gloves and aprons was checked during spot audits undertaken by senior staff and we observed staff to be putting on gloves and aprons as they were about to commence personal care. Social care professional's surveys indicated that staff followed good hygiene and infection control practices.

Good

Is the service effective?

Our findings

People and their relatives were satisfied with the overall care and support received. Comments included, "I believe staff get training, because they show good understanding of dementia". "Staff have demonstrated good skills, confidence and evidence of putting training into practice". "All carers are highly proficient and professional in all aspects. Their attitude is always pleasant and creates an atmosphere of calm, therefore confidence in one's abilities". "We are well satisfied with the care". "This service doesn't just say things to pacify me; they only offer what they can deliver". Some people felt the member of staff they had for the majority of their visits were better skilled and more experienced. One commented, "The main carer is very experienced and all the staff we have had, have been very attentive, they work to a standard. Another commented, "The main carer (staff), is brilliant, extremely kind, knows where everything is. When she can't come, the visit is covered by others; they've been fine and have always started by looking at care plan".

People, relatives and social care professionals told us staff had the right skills and knowledge to provide care and support that met people's needs. Social care professional's surveyed felt staff were competent to provide the care and support to people to meet their needs.

One relative had written a compliment letter in which they said, "What a brilliant job had been done with (family member) and the flat. I have seen such an improvement in the last four week".

Care plans contained clear information about how a person communicated including how one person lip read and used a writing pad to communicate with staff and detailed that the person liked the television on with subtitles.

One hundred percent of people felt they received their service from a small team of regular staff and records confirmed this. One person said, "I've found they keep me with the same carer as much as possible and she knows exactly how I like my home and where everything goes. On her days off it's usually the same staff who cover, I've had four staff altogether since May 2015". Another person said, "It's important to have a carer that you feel absolutely confident in and I do". A relative said, "My main carer is (staff), my (family member) took to her at once, you can tell she is a very experienced carer. When she can't come, there's one regular stand-in, and two others have been during the six months. I always get a list in advance of who is coming". The registered manager told us that following an initial phone call where they discussed people's needs they match a member of staff to cover the visits. The matching process was based on gaps within staff schedules, staff working in the geographical area, people's preferences and staff skills and experience. People told us when they had not been happy with a particular staff member there had been no problem with changing. People told us they knew who was coming because they received a schedule of visits in advance. Social care professional's surveyed felt people received care and support from familiar and consistent staff.

Staff understood their roles and responsibilities. Staff had completed an induction programme, which included shadowing experienced staff, attending training courses and staff also received a staff handbook. The registered manager was developing the previous induction based on the Skills for Care common induction standards, which are the standards people working in adult social care need to meet before they

can safely work unsupervised, to ensure it met the new Care Certificate, which was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. The registered manager told us there was a six month probation period to assess staff skills and performance in the role.

Staff attended training courses relevant to their role, which were refreshed. Training included health and safety, moving and handling, fire safety awareness, emergency first aid, infection control and basic food hygiene. Staff received some specialist training, such as dementia awareness, diabetes, learning disabilities, mental health awareness and understanding autism. Staff felt the training they received was adequate for their role and in order to meet people's needs. Sixteen out of the 22 staff had obtained or were working towards a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

The registered manager told us staff had opportunities to discuss their learning and development through team meetings, unannounced spot audits and an annual appraisal. Unannounced spot audits were undertaken by the senior staff, these were unannounced, whilst staff were undertaking visits to people. During these observations staff practice was checked against good practice, such as do staff practice safe hygiene, use equipment safely and their communication with the person. Team meetings for staff were held. Staff were able to discuss any issues and policies and procedures were reiterated. Staff said they felt very well supported and felt that their annual appraisals were meaningful.

People said consent was achieved by staff discussing and asking about the tasks they were about to undertake and made choices available including to refuse. One relative said, "My (family member) is well aware of their declining abilities, but has been fully involved in care decisions". People said staff offered them choices, such as what to have to eat or drink or what to wear. People we surveyed indicated that they were involved in decision making about their care and support. Care plans informed staff how a person could be encourage to make their own choices and decisions, such 'make choice clear, try if possible to let (person) choose between items put in front of them'. People indicated in last quality assurance surveys that they were consulted about their care and support.

The registered manager told us that no one was subject to an order of the Court of Protection or had a Lasting Powers of Attorney in place. Each person had the capacity to make their own decisions although sometimes people chose to be supported by family members. Staff had received training in the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager talked about a historic best interest meeting that they had been involved in regarding the future arrangements of a person's care and support and demonstrated they understood the process to be followed. Social care professionals surveyed felt the registered manager and staff understood their responsibilities under the MCA.

People's needs in relation to support with eating and drinking had been assessed during the initial assessment and recorded. Most people required minimal support with their meals and drinks if any. The registered manager told us no one was at risk of poor nutrition or hydration and no one had needed input from a dietician. Staff usually prepared a meal from what people had in their home. One person had a specially adapted drinking vessel, which enabled them to drink independently. People talked about how staff prepared what they asked for or looked in the cupboard and offered them a choice. People said staff

encouraged them to drink enough and would leave a drink or drinks for later. Care plans showed that staff left food and drinks to promote a healthy diet and sufficient fluid intake. One staff member told us about how they worked closely with a relative to ensure one person had a healthy diet.

People were supported to maintain good health. People told us how observant staff were in spotting any concerns with their health. One person said, "Staff understand my condition and notice when I am not so well. A care worker noticed me shaking and immediately asked if I wanted her to contact my doctor. I didn't, but she made sure my main carer knew about it". Records showed that when staff were concerned they took appropriate action including informing the office and family that there was a concern and calling health professionals where appropriate. Where people were at risk of pressure sores staff were observant and reported any concerns if they were worried about an area and then worked with the community nurses to improve people's health. The registered manager told us about a person who was receiving treatment for their legs at the time of the inspection. Staff ensured this treatment was not compromised during personal care by using special legs protectors and adjusting the visit times so they did not clash with the nurse's visits. One staff member told us about their good liaisons with the mental health team around a person with dementia and sharing information, such as best practice to meet the individual's needs. Information about people's health conditions, such as managing diabetes and prevention of urine infections was included in people's care plans.

Good

Is the service caring?

Our findings

People told us staff were caring and listened to them and acted on what they said. People and their relatives told us and we observed this sometimes included the use of appropriate banter and lots of good humour. People and relatives were complimentary about the staff. Comments included, "I watched over the care staff at first. I can't fault them, lovely people, brilliant carers. (staff member) and (staff member) have helped her settle back to everyday life after hospital". "Committed, professional staff, they go over and above". "All are very good". "Not a problem with any staff". "I never feel treated wrongly". "I owe an awful lot to this team of girls. My (family member) presented violence, and resistance to care. They gave them time, prompted and encouraged their independence. They didn't take over from them, they just encouraged and gained their trust, they really care enough to do that". "I can't fault them; they are very good and do over and above". "(Staff member) suits me terribly well".

In the provider's last quality assurance survey people indicated that staff were friendly, approachable and efficient. People, relative and social care professionals we surveyed indicated that they felt people were always treated with respect and dignity and that the staff were kind and caring.

One person had written a letter of compliment to the service, which talked about how glad they were to be back receiving support from Park House Community Care. They said, "Without you all I am not sure how I would have coped…. I am not the only client you have treated in this way. You manage to combine a great professionalism with great humanity and a wonderful personal touch. This is very much who you are. I know your staff appreciate that and I believe it inspires them to do the brilliant job they do. You do have some excellent carers most working and determined to be their very best. We all know how difficult it is to find carers let alone good carers and your staff are good".

Some people talked about staff that "Went that extra mile". One person talked about how they always had cold feet and a staff member had brought them some lovely fluffy and warm socks for Christmas. Another person said, "(Staff member) really listens and is totally focused on me. She has calmness and willingness and we have developed a very good and easy relationship".

One staff member told us how they had found the evening visit to one person didn't fit with the person's favourite television programmes, which they couldn't watch after treatment was given, so they discussed this with the office and made the evening visit later, so the person could enjoy their preferred routine and go straight to bed after the treatment.

People told us they received person centred care that was individual to them. They felt staff understood their specific needs relating to their age and physical disabilities. Staff demonstrating a person centred approach was checked during spot audit. Staff had built up relationships with people and were familiar with their life histories and preferences. Care plans contained some details of people's preferences, such as their preferred name and some information about their personal histories. During the inspection staff talked about people in a caring and meaningful way.

People told us their independence was encouraged wherever possible. One person told us, "My (family member) wouldn't do a thing, they've prompted them to do what they can, like putting on items of clothing, they show them the right way round for their shirt, where their arm goes, but let them do it, it's a real achievement". Social care professionals surveyed felt the care and support provided by staff helped people to be as independent as they could be.

One staff member told us how they had talked to a person about a piece of equipment they had seen used by another person and suggested they look into it as it might help them. The staff member told us the person now had one and it was working very well and they could do much more for themselves. Staff told us about another occasion where they helped another person get support from the council about how their bin collection was managed.

People told us they were involved in the initial assessments of their care and support needs and planning their care. Some people had also involved their relatives. People had mixed views about whether senior staff visited periodically to talk about their care and support and discuss any changes required or review their care plan. People and relatives felt care plans reflected how they wanted the care and support to be delivered. The registered manager told us at the time of the inspection people did not require support to help them with decisions about their care and support, but if they chose were supported by their families or their care manager, and no one had needed to access any advocacy services. Details about how to contact an advocate were available within the service.

People told us they were treated with dignity and respect and had their privacy respected. Staff had received training in treating people with dignity and respect as part of their induction and had their practice observed during spot audits. Information given to people confirmed that information about them would be treated confidentially. People told us staff did not speak about other people they visited and they trusted that staff did not speak about them outside of their home. In the last provider's quality assurance survey people indicated that they felt their personal affairs were kept confidentially by staff.

Good

Is the service responsive?

Our findings

People surveyed indicated they were happy with the service they received. People told us they and or their relative were involved in the initial assessment of their care and support needs and in planning their care. Assessments were undertaken by senior staff. One person said, "I had a good visit (assessment) to start off, working out what I needed". A relative told us, "We agreed a written plan, mostly around cleanliness and mobility. This has met the aim of avoiding pressure damage, which was our greatest fear. The care fits with what I and our (family members) do". In addition when contracting with the local authority the service had obtained some information from health and social care professionals involved in people's care and support, to make sure they had the most up to date information about the person. Some people and a relative told us people had been introduced to the main member of staff providing their care and support before their service started.

Care plans were then developed from discussions with people and the assessments. Care plans contained information about what support people required. This included what they could do for themselves and what help they needed from staff. For example, (Person) is able to wash herself, but will need help with her back. Care plans contained information about people's wishes and preferences in relation to their personal care and other support staff provided. Most care plans in addition contained a step by step guide to people's preferred routine, the order they liked things done and where staff would find things that they needed to support the individual. Care plans were reviewed periodically by senior staff to ensure that any changes could be identified and reflected records made by staff and discussions with people about their care and support during the inspection. People indicated in the provider's last quality assurance survey that they were involved in the development and changes to their care plan.

People felt they got the care and support they wanted that did reflect their preferences and wishes. Staff were knowledgeable about people's preferred routines that they visited. Social care professionals surveyed felt the service acted on any instructions they gave, cooperated with other services and shared relevant information when needed. For example, when people's needs changed.

Some people were supported by staff in the mornings to ensure they were ready to go to groups and day care activities, or to access the community, so they were not socially isolated. One person said, "Having the care helps me get through the day, whoever gives it". Another person said, "Loneliness isn't really an issue, but at this time of year I may not go out for days and they alleviate feelings and offer help with shopping if necessary. They dovetail well with my neighbours and housing warden". One staff member told us they were planning how to get a person to the hairdressers as they had found it was something they missed.

People told us they felt confident in complaining, but did not have any concerns. The complaints procedure was contained within people's service user guide, so people knew how to complain. The registered manager told us there had no formal complaints since the last inspection. Records showed that when people raised small concerns these were addressed and the person received a response. The registered manager told us any complaints would be used to learn from and improve the service. In the provider's last quality assurance survey people indicated that they knew how to make a complaint and if they had complained they were

satisfied with the way it had been handled. People and a relative we surveyed knew how to make a complaint and the service had responded well to any concerns raised.

People had opportunities to provide feedback about the service provided, although people had mixed opinions about whether they had been asked for feedback. People were asked informally for their feedback during their care plan review visit and also during staff spot audit visits. Some people told us they or their relatives had completed questionnaires to give their feedback about the service provided. Telephone calls to check the quality of the service provided were also undertaken by senior staff. The responses of both these were held in the office and were mainly positive. Quality assurance questionnaires had recently been sent out and results from January 2015 were mainly positive. The service had received compliments from people and their relatives who were very satisfied with the care and support they received.

Good

Is the service well-led?

Our findings

People and relatives felt the service was well-led and well organised. Comments included, "It's been well organised so far, no complaints whatsoever. It's clear how to contact them". "I don't know how I would have managed without this care provider this year. They have continued to give me so much support. With Park House there is a genuine and personal approach from both the owner and manager. I cannot praise enough the dedication and commitment through the company. I feel most fortunate to be a Park House client".

In the last provider's quality assurance survey people indicated that they felt the overall service they received was good or very good and all that responded would recommend the service. The majority of people we surveyed said they would also recommend this service to a friend. People and relatives told us they knew who to contact at the service and received information that was clear and easy to understand.

There was an established registered manager in post who was supported by a field coordinator and three senior carers out on the patch. In addition within the office they were supported by a coordinator and two administration staff. The registered manager worked Monday to Friday each week. Monthly office meetings were held to help ensure the office ran smoothly. Recently two additional field coordinators had been appointed and would take up post on 1st February 2016. The provider was looking to increase the management of the service with the appointment of a deputy manager and at the time of the inspection was recruiting to this post. This would allow the registered manager to focus more time on quality assurance and monitoring the service people received.

People were familiar with the registered manager as they often carried out assessments and quality assurance visits or spoke to people by telephone. Most people felt communication with the office was good and staff responded well and were polite. People indicated in the last provider's quality assurance survey that they felt confident they could contact the service at any time and were satisfied with the response they received when they contacted the office. One person wrote in a compliment about the office staff, "They always manage to convey charm and concern and understanding however difficult the occasion".

During the inspection there was an open and positive culture within the office, which focussed on people. The registered manager told us it was a team approach, but they adopted an open door policy regarding communication. Staff felt the senior team motivated them and other staff and listened to their views and ideas.

Staff said they understood their role and responsibilities and felt they were well supported. There were new arrangements in place to monitor that staff received up to date training, had regular team meetings, spot audits and appraisals, when they could raise any concerns and were kept informed about the service, people's changing needs and any risks or concerns. Staff told us, they could go to the registered manager any time about anything. One said about the registered manager, "We have had useful discussions about the person's needs and our liaison with the district nurse. I often ring the manager about various things; they are always supportive and give good advice". Another staff member said, "I'm very pleased with the job, we meet people's needs, it is well organized, I really like the manager". Others commented, "Communication

with the manager is good, I have one to one supervision with them at the office but it's easy to arrange a meeting anytime, or just pop in". "Management are good at listening to staff. Disagreements are managed and dealt with. Staff are matched well with clients". "Communications are good on the whole."

There were other audits and monitoring of the service to help ensure the service ran effectively and people remained safe. These included audits on records including daily reports and MAR charts, care reviews due and staff sickness.

The registered manager had developed a form, which had been incorporated into the daily report book. This would enable the monitoring of servicing equipment that was used by staff; books with the new form were ready to be sent out to people's homes. The registered manager was also looking at decreasing the size of some daily report booklets as they were returned to the office when they were full, but for some people this took some considerable time and the registered manager felt more frequent auditing of the records would be an improvement. During the inspection the Commission received some negative anonymous survey feedback from one person and a relative although they indicated they were happy with most areas of the service provided. The feedback was discussed with the registered manager who immediately started to take action to try to increase feedback around the areas raised, such as staff not staying the full time or not arriving on time. The spot audit form was adapted to ask people specific questions around this area to try and resolve any issues at an early stage. This showed the registered manager was committed and proactive in improving the service people received.

Social care professionals felt the service was well-led and management were accessible, approachable and dealt effectively with any concerns. They said the service asked them what they thought about the service and acted on what they said. They felt the service tried hard to continually improve the quality of care and support they provided to people. Social care professionals felt the service was particularly good with people with dementia and mental health problems and challenging individuals who needed tailor made care in order to manage their needs. The service was always willing to try and meet the need and the field coordinators would meet with people and their care manager and be accommodating with time and place and even worked at the weekends, to get it right for the individual. Problems were solved in their approach. The service assisted professionals with many difficult packages of care.

The provider's philosophy and vision were included in the service user guide and displayed within the office. Following last year's inspection staff had received a copy of these so were aware of the philosophy of the service. They told us, "We are all aware clients pay for a service and deserve the best care we can deliver". "I feel management are anxious for things to be done properly. No-one is best, there are no halos, we all work to please and to achieve a consistent standard". "We all work to help people do things with us, don't just do for them". "Independence is the bottom line; the value of the company is to keep people living in their own homes and to value their abilities to do what they can".

The provider was a member of the United Kingdom of Home Care Association and Kent Community Care Association. The registered manager and provider attended seminars and had access to online information to enable them to keep up to date with changes.

People and/or their relatives completed annual quality assurance questionnaires to give feedback about the services provided. During 2015 only a few were returned which were mainly positive. The registered manager told us they reviewed each returned questionnaire and any negative feedback was used to drive improvements required to the service.

The service produced a regular newsletter which was sent to people and staff. This was used to keep people

informed about news and events that were happening, as well as containing reminders. For example, keeping warm in winter.

Staff had access to policies and procedures via the office or their staff handbook. These were reviewed and kept up to date. Records were stored securely and there were minutes of meetings held so that staff would be aware of up to date issues within the service. Care plans had been reviewed periodically and were up to date.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. Regulation 12(1)(2)(a)(b)