Halton Services Limited

Parkfield House Nursing Home

Inspection report

Charville Lane West
Uxbridge
Middlesex
UB10 0BY

Tel: 01895811199
Website: www.parkfieldnursing.co.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service:
Parkfield House Nursing Home is a care home providing accommodation with nursing care for up to 44 older people. There were 40 people living at the service at the time of our inspection. Parkfield House Nursing Home is a purpose-built building over three floors. People with nursing needs lived on the ground floor, whilst people living with dementia were situated on the first floor.

People's experience of using this service:
●There was strong evidence that people were fully engaged in a wide range of meaningful activities led by a 'wellbeing team'. People were consulted about what they wanted to do, and were listened to. Activity plans were displayed and people reported they were very happy with the activities on offer.

● Staff were extremely responsive to people's individual needs and knew them well. They supported each person to achieve their wishes by spending time with them and listening to them. They ensured that each person felt included and valued as an individual.

● The registered manager led a hard working and dedicated team. Together, they met people's individual needs and improved their quality of life.

● The provider had systems in place to help ensure people who used the service were safe from avoidable harm and these were effective.

● Where there were risks to people who used the service, these had been assessed and included clear guidelines for staff to follow to help ensure people were safe from harm.

● People's healthcare needs were met and we saw that staff took appropriate action when concerns were identified.

● The provider had robust systems in place to monitor the quality of the service and put action plans in place where concerns were identified. People's care records were reviewed and updated monthly or more often if their needs changed.

● People received their medicines safely and as prescribed. Staff received training in the administration of medicines and had their competencies checked.

● Care plans were developed from pre-admission assessments and contained relevant and up to date information about people's needs and preferences so staff knew how to care for and support them.

● People were supported by staff who were suitably trained, supervised and appraised.

● Staff had received training in end of life care. People had an end of life care plan in place which stated their individual wishes when they reached the end of their lives.

● Recruitment checks were carried out before staff started working for the service and included checks to ensure staff had the relevant previous experience and qualifications.

● People were protected by the provider's arrangements in relation to the prevention and control of infection. The home was clean, tidy and well maintained throughout.

● The environment was tailored to the individual needs of people who used the service, including those living with the experience of dementia.

● The provider acted in accordance with the Mental Capacity Act 2005 . People had their capacity assessed before they moved into the home. Where necessary, people were being deprived of their liberty lawfully.

● The provider had processes for the recording and investigation of incidents and accidents. We saw that these included actions taken and lessons learned.

Rating at last inspection: At the last inspection on3 August 2016 the service was rated good.

Why we inspected: This was a planned inspection based on the previous rating. During our last inspection we rated the service good overall although we rated the key question of 'well led' as requires improvement. During this inspection we found the service had made the required improvements.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection program. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was extremely responsive. Details are in our Responsive findings below.	**Outstanding** ☆
Is the service well-led? The service was extremely well led. Details are in our Well led findings below.	**Good**

Parkfield House Nursing Home

Detailed findings

Background to this inspection

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

Inspection team:
Two inspectors, a member of the CQC's medicines team and an expert by experience took part in the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by expert for this inspection had experience of dementia care.

Service and service type:
Parkfield House Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

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

Notice of inspection:
The inspection was unannounced.

What we did:
We reviewed information, including notifications we had received about the service since the last inspection. Notifications are about incidents and events the provider must notify us about by law, such as abuse. We also sought feedback from the local authority and professionals who work with the service. The registered manager completed a Provider Information Return (PIR). This is a form that asks providers to give us some

key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection:
We spoke with four people who used the service and five relatives, and asked them about their experience of the care provided. Some people were not able to contribute their views, so we used the Short Observational Framework for Inspection (SOFI) to observe care and interactions between people and staff. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk to us.

We spoke with the operations manager, the registered manager, deputy manager, two nurses, eight care workers and ancillary staff. We also spoke with three healthcare professionals who were visiting on the day of our inspection.

We reviewed a range of records. These included 11 people's care records, audits and quality assurance reports. We also looked at five staff files in relation to recruitment, supervision and training and reviewed records relating to the management of the home and a sample of policies and procedures developed and implemented by the provider.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

● People who used the service and their relatives told us they felt safe and well looked after at Parkfield House Nursing home. One person told us, "I am safe here. The staff make sure of it" and another said, "I feel safe all the time." A relative echoed this and stated, "I go home quite happily knowing that the staff will always do their best for [family member], so I am never concerned about their safety."

● The provider kept a log of all safeguarding incidents, actions taken, and the outcome. There were no current safeguarding concerns and we saw that in the past, where there were concerns, appropriate action had been taken, including involving the local authority's safeguarding team. Staff knew who to contact if they had concerns about the safety of people who used the service and were aware of the whistleblowing policy. They added that they were confident any issues reported to the management team would be addressed.

Assessing risk, safety monitoring and management

● Where there were risks to people who used the service, these had been assessed. We saw that risk assessments were detailed and thorough. Each risk was given a rating in term of severity, high, medium or low and included guidance for staff about how to mitigate the risk and protect people from harm. For example, one person was at risk of skin deterioration. We saw that the risk assessment was regularly reviewed. Guidelines for staff to prevent skin from deteriorating included, 'Assist with daily washing and proper drying of the body' and 'Promote well balanced diet and encourage fluid daily'. A relative stated that their family member's health and general wellbeing had improved greatly since they moved into the home. They told us, "With the care and attention of the staff, [family member] no longer has pressure sores and now gets up and sits in the lounge. I cannot praise staff enough."

● People at risk of pressure sores were provided with pressure-relieving equipment such as air mattresses. We saw that checks of these were completed daily. We saw, however, that two of the mattresses were set at the wrong weight. We discussed this with the registered manager, who found that the settings were correct, but wrongly labelled. They rectified this without delay.

● People who were being cared for in bed had repositioning charts in place. We viewed a sample of these and saw they demonstrated that people were repositioned as stated in their care plan.

● Equipment was observed to be clean and well-maintained. Stickers on manual handling equipment checked indicated that they had been checked in the last six months.

● Where a person was at risk of falls, we saw that a thorough risk assessment was in place. The provider kept

a diary of falls, which included the date and time, details and any actions taken to prevent the risk of reoccurrence. For example, one person had been provided with a sensory mat, which would alert staff should the person get out of bed. On the day of our inspection, we saw that call bells were responded to promptly.

● Staff had used an 'Identification of risk of choking' (IRC Tool) when they had concerns that a person who used the service had swallowing difficulties (Dysphagia) and was at risk of choking. We saw that a risk assessment was in place and the person had been referred to the Speech and Language Therapy Team (SALT). Staff followed their instructions and we saw evidence of this on the day of our inspection.

Staffing and recruitment
● Staff reported that staffing levels were generally adequate. One staff member reported, "There are normally enough staff, it is possible to keep people safe" and another commented, "Generally we are staffed well." During the inspection there was a visible staff presence in communal areas and staff were seen to promptly respond to people when they required support.

● The staff rota indicated there was always a full complement of staff during the day and night. This included the management team, two nurses, a team of care workers, two activity staff and domestic, catering and maintenance staff. The registered manager told us they sometimes relied on agency staff but ensured they used regular care workers to provide continuity of care for people who used the service.

Using medicines safely
● Individual people's medicines were reviewed regularly to ensure they remained suitable. We saw evidence of the service working with the GP to reduce a person's antipsychotic medicines which had improved their wellbeing. Best interests decisions were in place for people unable to consent to their medicines, which were frequently reviewed and updated.

● Medicines were available for people when they needed them and we saw that medicines were checked, and records kept, when people were admitted from hospital or home.

● Medicines were stored and administered safely. All nurses had been trained and assessed as competent and further training was booked to include senior care staff.

● The service had a comprehensive system of audits and checks in relation to the management of medicines that resulted in actions and improvements.

● Medicines administration records (MAR) charts were completed correctly and appropriate codes had been used if people who used the service did not take or receive their medicines. This helped ensure people were receiving their medicines safely and as prescribed.

Preventing and controlling infection
● People were protected from the risk of infection and cross contamination. We saw that the kitchen, toilets, bathrooms and people's bedrooms were kept clean and hazard free. Staff were provided with protective equipment such as gloves and aprons which they wore when supporting people with personal care. However, we saw a member of staff wearing false nails which could be unsafe and reported this to the registered manager. They told us they would address this without delay.

● Staff had received training in infection control and we saw that effective systems were in place. For

example, laundry staff used red bags for soiled items to prevent contamination.

Learning lessons when things go wrong

● The registered manager told us they ensured that they learned from incidents and accidents to prevent reoccurrence. For example, these were recorded appropriately and included details of the incident/accident, what action was taken at the time, and measures in place to prevent reoccurrence. We saw that when a person had a fall, staff put in place a 'post fall/incident observation record' where hourly checks were undertaken for four hours, to monitor for signs such as bruising, pain, swelling, behavioural changes and mobility so they could take appropriate action to support the person, as appropriate. Following this, checks were six hourly until they were satisfied that the person had not sustained injuries, as a result of the incident.

● The registered manager told us that each time a person using the service had a fall, the staff undertook a falls review so they could identify why this happened and how to prevent this from happening again. They said, "For example if this was due to a trip hazard, was the GP informed? Family? Did the person sustain an injury? Was the accident book completed? Was the person's risk assessment reviewed and updated accordingly? I also make sure we discuss all accidents and incidents in staff meetings so together we can analyse what went wrong and how to prevent it in the future." Records we viewed confirmed this.

Good

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

● In the downstairs dining room, we saw positive interactions between staff and people who used the service during meal time. Staff consulted people about what they wanted to eat and drink and their choices were respected. Staff were attentive to people's needs, asking if they wanted help or more food or drink, and encouraging them to eat their food in a gentle manner. However, in the upstairs dining room, although there was a pleasant atmosphere, staff did not always interact with people. We also noticed that people were served their ice cream at the same time of their main meal, which meant that the ice cream had melted by the time they were ready to eat it. We reported this to the registered manager who told us they met with the staff on duty, and they reported that they, "Did not know what had possessed them to serve puddings at the same time" as "they had never done that before." The registered manager confirmed that, "Further observations will be made during meal time."

● Care records showed that nutritional assessments were completed regularly and informed people's plan of care. However, some fluid records did not consistency demonstrate that people's target fluid intake was met and there was no record of the action taken when people's intake fell below target. We discussed this with the registered manager who told us that target fluids for those requiring fluid charts were discussed during handover, with the 24hour total highlighted on the day/night staff governance form used so that any discrepancies could be addressed by the oncoming shift. They provided evidence of this.

● Food charts generally recorded the type and quantity of food recorded but it was not clear that people were consistently offered anything to eat after their evening meal which may mean that they went for a long period of time before being offered breakfast. This issue was also commented on by a visiting healthcare professional. We raised this with the registered manager who assured us they had discussed this with all staff during their handover meeting and would ensure that this is closely monitored, including undertaking further night visits.

● People had a good choice of food, and we saw that menus were pictorial and rotated over a four week period. On the day of our inspection, a special menu to celebrate the Chinese new year was displayed. There were also pictorial hot and cold drinks menus which included tea, coffee, hot chocolate, lemon juice, fruit smoothies and milk. However, in the upstairs dining room, menus were not displayed. We mentioned this to the registered manager who told us this had been rectified.

● People who used the service were positive about the choice of meals offered. During lunch, we heard positive comments such as, "This is lovely" and "Lunch is good." On the day of our inspection, the home was celebrating the Chinese New year, and had decorated the dining rooms with paper lanterns, red table cloths

and each place setting had a red envelope containing a fortune cookie. Staff took time to explain the meaning of this event and supported people to open their fortune cookie and read the messages inside. A healthcare professional told us, "I have found the care to be very good at Parkfield, the nurses are caring about the patients they also advocate healthy eating and make nutritional meal plans for the residents."

● The provider used a 'Find Information on Swallowing History' (F.I.S.H). This was an identification system for people requiring assistance with eating and drinking, and who may require food and drink in varying consistencies and managing the risk of choking. Posters illustrated with images of fish were displayed to inform visitors or new staff discreetly where people were at risk. This helped protect people from the risk of being given food and drinks that may put them at risk, whilst protecting their dignity.

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

● At our last inspection of 8, 11 and 12 July 2016, we found that the environment, although clean, bright and welcoming, was not meeting the needs of the people living there, in particular those living with the experience of dementia. At this inspection, we found that improvements had been made.

● The provider had created some areas of interest for people who used the service, for example, there was an attractive beach corner upstairs with different types of objects and pictures that people could pick up and touch. The registered manager showed us a 'grandchildren corner' which had been created following feedback from people and relatives. This contained toys, games and books to entertain children when they visited. A relative told us, "My grandchildren love coming here and using the children's corner." Corridors were decorated in different colours and there was adequate signage which helped orientation around the home. There were memory boxes outside each bedroom, containing objects and pictures which had a personal meaning to each person and helped them identifying their bedroom. Artwork created by people who used the service was displayed around the home, and there was a range of easy read guidance and information for them to read on various notice boards.

● Bathrooms and toilets were large enough to accommodate wheelchairs and hoists and were equipped with specialist baths and handrails for people to use. Menus contained clear photographs of the various meals and drinks on offer which helped people choose what they wanted. People relaxed in bright and airy lounges which were comfortable and homely and their bedrooms had been personalised with their own possessions.

● Reasonable adjustments were made to meet the communication needs of people who had a disability or sensory loss as required by the Accessible Information Standard (AIS). Pictorial communication charts could be found on both floors, so staff could use these to engage with people with communication needs. A discreet label with the acronym of 'AIS' was on people's care plan so new staff and agency staff knew who required support. This helped prevent people from feeling isolated.

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

● The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

● People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the

Deprivation of Liberty Safeguards (DoLS).

● We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the registered manager understood their responsibilities under the MCA. Where necessary, they had made applications to the local authorities responsible for funding people's care for authorisation to restrict people's liberty in order to keep them safe. We saw no examples of people being deprived of their liberty unlawfully.

● Staff were observed to ask people for consent when supporting them. For example, prior to administering medicines and before putting clothes protectors on people. Additionally, we saw staff offering people choices regarding their daily routine.

● Staff we spoke with demonstrated they understood the implications of the MCA for their day to day work.

● Some people who used the service had a Do Not Attempt Resuscitation (DNAR) order in place. This is a legal order to withhold resuscitation or life support in case the person's heart was to stop or if they were to stop breathing. We saw these documents were appropriately completed and signed by the relevant people, such as the GP and the person's representative.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People were assessed before they moved into the service. Pre-admission assessments were thorough and included all aspects of the person's needs. For example, their current health needs and reason for admission, past medical history, history of falls and dietary requirements. Care plans were written from the information gathered during the assessments.

● The provider used recognised assessment tools to evaluate the individual needs of people. Areas assessed included mental health, general care needs such as communication, dressing and grooming, continence needs, moving and handling and skin integrity. This helped ensure that people's needs were met in a person-centred way.

Staff support: induction, training, skills and experience

● People who used the service were cared for by staff who were well trained and had the appropriate skills and experience to meet people's needs. Staff we spoke with stated that the training was thorough and equipped them for their roles. We viewed the training matrix and saw that training was regular and up to date. Staff received training the provider identified as mandatory, such as dementia care, fire awareness (including fire drills and fire marshall), first aid, food hygiene, health and safety, infection control, MCA/DoLS, moving and handling and safeguarding.

● New staff underwent the care certificate training. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. All new staff received an induction which included being assigned a key mentor who guided and supported the new staff member throughout their induction period. They were introduced to the home, the team, the layout of the building and health and safety on the first day. The new staff member was required to shadow more experienced staff members until they were ready and able to work on their own. This was achieved once the manager and mentor were happy to sign the staff off as ready.

● There was a training policy and procedures which were regularly reviewed and updated. Some staff had received a train the trainer certificate so they were able to provider training to staff as required. For example, moving and handling. In addition, staff undertook training in areas specific to the needs of the people who used the service, such as sight awareness, 'is my resident well', choking prevention, falls prevention, activities and bedrails use.

● The provider had a policy and procedures for the supervision and appraisal of staff. Staff received regular supervision from their line manager and we saw evidence of this. The registered manager kept a log of all staff supervision so they could identify if someone had not received this. We saw that all staff received supervision individually or in small groups. The registered manager told us they also carried out themed supervisions with staff where they discussed a relevant subject or undertook training in a subject. For example, first aid for choking. Staff also received an annual appraisal. Records we viewed confirmed this.

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

● Care records showed that people who used the service were supported to access healthcare professionals when this was required. Hospital discharge information was seen in the care records we checked, which indicated that information was shared appropriately when people were transferred from hospital.

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

● People's healthcare needs were assessed and recorded in their care plans and were regularly reviewed. The GP and other healthcare professionals visited regularly and had a good working relationship with the staff. We saw that multi-disciplinary team records were maintained in care records which confirmed that people were supported to access healthcare professionals when this was required. For example, a person who used the service was referred to the Speech and Language Therapy Team (SALT) when there were concerns about weight loss. Staff used a range of screening tools so they could identify when a person required specialist input. For example they had a nutritional screening tool which was used for people who were at risk of poor nutritional status. This was recorded and evaluated, and where concerns were highlighted, action was taken such as referral to the GP or other relevant healthcare professional.

Good

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

● People who used the service told us the staff were caring and they were treated with respect. One person stated, "Every single member of staff here has the right attitude and is very caring and they always seem to be smiling." A relative echoed this and said, "I am very happy. The staff are fantastic, very patient."

● We observed positive and caring interactions during the inspection. All staff spoke about people in a kind and compassionate manner. The wellbeing team (formed by two activity coordinators) were observed to offer people emotional support when required.

● The provider launched a 'Golden Ticket' initiative, whereby each staff member spent time with a person and documented this on a golden ticket to encourage and share great moments of wellbeing through a wider team approach. This encouraged all staff to engage with people, boost staff interactions, morale and confidence and created inclusive and individual golden moments. These were submitted and the most creative and special ones were chosen so the staff member received a certificate for going that extra 'Caring hero mile'.

● Relatives told us they could visit anytime they wished and always felt welcome. Their comments included, "We can walk in anytime, and I do, and it is always the same. Really good. They all smile and say hello to people" and "I come whenever I want to. There has never been a problem with visiting." Relatives added that they were kept informed and included. One relative said, "I am always advised about anything that involves [family member]."

● People's religious and cultural needs were recorded and respected. One staff member described that a person who used the service chose not to leave their room, however, their religious beliefs were important to them so the staff member had arranged for the local priest to visit them individually and give them Holy Communion. A relative told us, "They took [family member] to mass because [they] are religious. They kept trying until they managed for [family member] to receive communion. I like the fact they ask residents what they want to do."

● During the Jewish new year, a Rabbi from the Synagogue visited at the request of a person who used the service. They were able to celebrate the new year with their family member at the home. Staff stated that this was something different for other people living there, as it allowed them to learn about other cultures. This was also important and meaningful for the person and their family. Staff said that the Rabbi now comes in to visit regularly.

● People's care plans indicated they had been consulted about the gender of the staff who supported them. There was a 'personal preference' form in place which included if they preferred a female or male care worker, if they wanted their bedroom door closed when they were not in it, and where they preferred to eat. Our observations confirmed that people's wishes were respected.

Supporting people to express their views and be involved in making decisions about their care
● People who used the service were encouraged and supported to make decisions about their care. Staff appeared to know about people's likes and dislikes and we saw examples of this throughout the day. For example, we heard a staff member ask a person if they wanted to go to the lounge or back to their room as they sometimes liked to do in the afternoon.

● People and relatives were encouraged to express their views through regular meetings. These included discussions about any staffing updates, planned events and activities, healthcare appointments and any other important and relevant information. The registered manager told us people were consulted and involved in the service and its development and we saw evidence of this.

● A photograph board of staff on duty was displayed to assist people identify the staff team who supported them. Most staff wore name badges, however some did not, so we reported this to the registered manager who told us they would address this.

Respecting and promoting people's privacy, dignity and independence
● We saw evidence that staff respected people's privacy and dignity. We saw they knocked on people's door before entering, and gave people choice about what they wanted to do and where they wanted to spend their time. Staff were able to give examples about how they ensured that people's dignity was maintained at all times. Their comments included, "We don't take choices away", "We try and improve quality of life" and "People are treated as individuals and we try to make it homely."

Outstanding ☆

Is the service responsive?

Our findings

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

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

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

● At our last inspection on 8, 11 and 12 July 2016, we made a recommendation for the provider to improve their activity provision. At this inspection, we found that improvements had been made.

● The wellbeing team as well as the staff and management team were passionate about improving the lives of people who used the service and firmly believed that reminiscence improved people's quality of life. There were shelves with pictures and boxes of food from the past, tactile objects and decorated areas, such as an old telephone box and a beach corner. One person who used the service had expressed their wish to go and visit the area where they grew up and this was organised for them. A member of the wellbeing team told us, "For a while I had made a real connection with [person] because [they] seemed to be able to remember places and buildings" and added, "I shared something that was special with [them], if only for a moment, and that will always be something [they] and I can share memories of." They added that the visit had made such an impact on the person that they had started calling Parkfield House Nursing Home their 'home'.

● The wellbeing team and had recently provided an 'Afternoon at the cinema' activity for people who used the service. A projector was set up in the lounge and a film chosen by people was shown. One of the team members dressed up as an usherette and had built an usherette tray which enabled them to offer people drinks, popcorns and marshmallows in the interval. They told us this activity had encouraged people to talk about their trips to the cinema when they were young.

● People were encouraged to pursue their areas of interest. For example, some people who were keen gardeners were involved in gardening, choosing herbs and vegetables to plant, as well as watering and picking them. This activity had helped people feel valued and included in the running of the home.

● The wellbeing team demonstrated they were committed to meeting the needs of people, including those with specific needs, such as a vision impairment. For example, one person who used the service had a passion for reading and had participated in the home's weekly book reading group. However, due to the deterioration of their sight, they were unable to continue with this. The team liaised with the local library who provided an MP3 player and audio books to enable the person to continue to enjoy their love of books. The person told us, "It is wonderful because I can just sit and lose myself in a book just like I used to. I have loved books all my life and was scared that I would not be able to enjoy them anymore, but I can. I am so excited by it" and "I am so grateful to the staff for helping me continue to do something that I really enjoy."

● The home had a 'Golden moments' box. The registered manager told us golden moments showcased the

most meaningful interactions that happened in the home every single day. For example, where a person who used the service was shy and lacked confidence, the whole staff team, very gradually, visited them and gained their trust, until they started to mix with others and take part in some of the activities on offer. The registered manager stated, "In the end, the resident even asked if staff could take them out for their birthday to the garden centre. This was a brilliant achievement and a golden moment."

● The wellbeing team firmly believed that everyone should be given the chance to be included in the daily activities of the home. For example, one person who used the service enjoyed their own company, but had an interest in pigeons. As part the home's Remembrance Day display, staff supported the person to write an article about how pigeons were used during the war. This was displayed for others to see and made the person feel valued and part of the community. A staff member told us, "[Person] was so pleased to be able to contribute and share [their] interest with the other residents."

● The home kept four hens. The registered manager told us that a person using the service who was previously disengaged and spending most of their time in their bedroom was now looking after the hens and this had encouraged communication with other people, visitors and staff. The person told us, "I love looking after the hens." This person had become 'lead hen keeper', feeding the hens and collecting eggs. The registered manager told us people living at Parkfield were no longer called pensioners, but were encouraged to become 'hensioners' and 'henergising' their lives.

● The staff team were keen to share their success with the community. The registered manager told us, "Hen keeping is the catalyst for our creative and meaningful activities, encouraging people living at Parkfield to get involved in the community and interacting with others … Our hens were invited to Breakfast TV with a member of staff and the Henpower team to talk about how hen keeping can help reduce depression and combat loneliness among older people by developing lasting relationships between residents, schoolchildren, care staff and relatives. They have also been on several 'Henpower' road shows to other care homes to encourage them to participate in this award winning project and also took part with two people who live at Parkfield in an exhibition in the British Library which spurred the pair to create and compile a quarterly newsletter of what they and others get up to in the home."

● People who used the service were empowered to achieve artistic projects. Through the 'Equal arts' programme, people who used the service designed and created a poetry book (Parkfield Peckers). This was available for relatives to buy. They also wrote a play, 'The Entanglement', which has been sent to America to be acted out in a theatre in New York. Staff told us that this will be filmed and sent back to the home for everyone to enjoy.

● Staff supported people to keep in touch with loved ones via the internet and emails. The wellbeing team let families know about planned activities and forthcoming entertainment and meetings so they could decide if they wanted to join in. Weekly updates of news from the home and pictures were shared on social media (closed forum) to share people's experiences and encourage families to participate in future events.

● Through people's life history, staff aimed to find out people's interests. For example, a knitting group was formed when a person had shown an interest in this activity. One staff member told us, "I believe [Person] gets pleasure from something [they] enjoyed doing, even if it is only for five minutes, why should [they] not be given that opportunity."

● Following meetings and people's feedback, the wellbeing team produced a monthly timetable so people would know which activities were coming up. We saw timetables were bright, large and pictorial and

included activities such as film shows, scrabble, bingo, newspaper discussions, live entertainment, baking and trips out to garden centres and local places of interest. People were involved in what they wanted to do and their opinion was valued. We saw a 'You said, we did' board, where, following meetings with people, staff had taken the necessary steps to meet their wishes. For example, people had been involved in 'Pimp your zimmer', as they had wanted to make their zimmer frames more recognisable. One person told us, "I know which frame is mine now and it's not boring grey anymore." The registered manager stated, "The unique decoration has provided an opportunity for further social interaction between residents - the decorated frames are a talking point as the individual designs reflect individual hobbies, personalities and sense of humour."

● On the day of our inspection, people were engaged in making and decorating a clay model of their hands in the shape of a bowl. People visibly enjoyed this activity and staff, including the registered manager supported them. Following our inspection, the registered manager sent us pictures of framed pottery chickens made and painted by people who used the service, as well as pottery wind chimes. They told us, "we can start replacing our existing pictures with pictures made by the people who live here."

● The wellbeing team liaised with the community and organised for different groups to visit the home. The library visited once a month, and there were regular visits from school children. Representatives from local churches visited together with people from the Salvation Army who provided musical entertainment at Christmas and Easter. They were planning for Irish dancers to visit on St Patrick's day and a Pearly King and Queen to visit on St George's day. Furthermore, one of the people who used the service had expressed an interest in the air force so the team were planning on contacting the local Air Cadet group about organising a visit.

● The wellbeing team constantly planned new ways to include and value people who used the service. The registered manager told us they planned, for next month's global nutrition and hydration week and tea party, to make a mock up of a sweet shop with old fashioned sweets to celebrate one of the people who used the service who used to own and run a sweet shop. They explained that this was to celebrate their achievements and bring back a life time of memories. They were aiming to celebrate someone's past life history each month. April was already being booked up to showcase one of their retired carpenters. The registered manager stated, "There is no stopping them now."

Improving care quality in response to complaints or concerns

● The provider had a complaints policy and procedures and this was available to people who used the service in an easy read format. People told us they knew would do if they had a complaint. One person said they would "Talk to staff." One relative said they would not hesitate to "Talk to one of the staff or go to the office." They added that when they had raised a concern in the past, they found the registered manager to be "Very proactive" in helping them sort out the problem. The registered manager kept a log of all the complaints and concerns received. There had not been any complaints recently but we saw that past complaints had been addressed in a timely manner and responded to appropriately.

● The provider kept a log of all the cards and letters they received from people and relatives. Comments we saw included, "We soon realised that [family member] was being looked after by a very caring, professional team", "Thank you for your kindness shown to [family members]" and "With many thanks for the wonderful care that [person] has been privileged to enjoy at Parkfield house."

End of life care and support

● People and relatives were given support when making decisions about their preferences for end of life

care. Relatives were offered a leaflet entitled 'When someone is dying' so they were prepared when the time came. Do not attempt resuscitation (DNAR) records were in place where people, or their representatives, had requested these. People had end of life care plans in place where their wishes were recorded. The provider followed the principles of the Gold Standard Framework (GSF) such as placing a butterfly on the bedroom doors of those receiving end of life care so staff and visitors were aware. GSF is an approach to planning and preparing for end of life care.

Good

Is the service well-led?

Our findings

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

Good:The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

● At our last inspection of 8, 11 and 12 July 2016, we found that the service was not always well led because although areas for improvement were identified and addressed, there were still areas that required further improvement to ensure the service ran smoothly and safely. At this inspection, we found that improvements had been made.

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

● The registered manager had been managing Parkfield House Nursing Home since June 2015 and was a qualified nurse. They led and supported the team to provide high standards of care and ensured they monitored performance to drive improvement. They were supported by a clinical lead, deputy manager and a quality training coordinator.

● We saw that the whole home followed a person-centred approach, focussing on the needs of individuals and their social and life history. This was led by the registered manager and supported and embraced by the whole staff team. The registered manager told us they had worked hard to make sure the whole staff team knew how important the social aspect of people's lives was. They stated, "We knew we needed to improve activities. when 'OOMPH' (Our Organisation Makes People Happy) came in and trained staff, the penny dropped. "Now it is good" and "It is about thinking outside the box. I say to staff, if you were looking for a home for your mum, what would you want. So we came up with SPLASH (Supporting People's Life Activities Sharing Happiness), we all put our heads together and came up with all the ideas. We also shared this with other homes. We do a lot of best practice together and share ideas." The SPLASH initiative started by the housekeeper has developed further as a result of this collaboration. This initiative is now being shared across the company.

● The registered manager ensured they made the home the best it could be and was always looking for ways to improve the care and support to people who used the service. We saw they knew each person well and their individual needs, and worked with the whole staff team to ensure everyone worked in the same direction. They told us, "I want for my residents what I would want for my family. I make sure standards are maintained, [by providing] supervision, observations and training. If mistakes happen, I might not have supplied enough training. It's about making sure it does not happen again. Walking on the floor, being part of the team, saying that staff, residents and relatives can come and see me anytime. It's seeing what is going on."

● There was a clear governance framework in place. The registered manager and management team carried

out daily, weekly and monthly audits and these were effective and included all aspects of the service and people's care and support. Staff were aware of these systems and understood their role and expectations of their job. We saw that when improvements were needed, these were recorded and included recommendations and date for actions to be completed. For example, where a person's records did not contain a personal emergency evacuation plan, this was followed up and rectified.

● The operations manager conducted regular quality assurance monitoring visit. Where issues were identified, an action plan was put in place and further checks were conducted to ensure that all actions had been met. For example, where it had been identified that some staff had not received infection control training, this was addressed with immediate effect.

● The housekeeper maintained comprehensive cleaning schedules and checks to ensure that the environment was a clean and pleasant place to live and included spot room checks, curtain and carpet cleaning schedules for all areas and 'jobs of the day'. The catering team also maintained required records which helped them consistently retain their five star food hygiene rating.

● The registered manager undertook unannounced night visits to check that night staff worked to the expected standards. We saw that a recent visit had identified some issues with recording. We saw that appropriate action was taken, including a verbal warning to staff on duty which was followed up with supervision. This helped ensure that people who used the service were receiving consistent care day and night.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

● People and relatives thought the service was well-led and were very happy with the care they received. Staff we spoke with said they felt well supported. Their comments included, "I feel supported, we can ask anyone for help", "It's a really good team" and "I cannot tell you just how much I love coming to work." All staff said they would recommend the service as a place to work and as a care provider.

● The service worked to best practice in dementia care based on support from the provider as well as the knowledge from the registered manager's own professional development. The whole team was constantly looking to improve and as well as an active business plan had a marketing plan to promote engagement with the local community.

Working in partnership with others

● The provider worked in collaboration with local and out of borough Health & Social Services to provide a reablement programme where people could be supported for a short period of time before being discharged home. Currently the home had capacity for four beds. The registered manager told us that this service had helped to reduce pressures in the local healthcare system during the winter periods and contributed towards a reduction in the use of acute care beds. Several people who used the reablement service chose to remain at the home, and one person regularly visited the home even after they had been discharged and joined in with the activity programme.

● The registered manager told us they had submitted a funding bid and had received a grant from the Mayor of London to begin a new creative arts project at the home. The 'Creating a pride of place' project meant that people using the service have the opportunity to work with professional artists, including ceramicists to create artwork. The staff told us they planned for an exhibition in June to coincide with the Care Home Open Day initiative. The registered manager told us they were inviting the Mayor to this event. Following the

inspection, the registered manager sent us evidence that they had been successful in securing another substantial grant to further develop their activity programme to help explore and provide a wider range of activities for people and to share the learning with other local care homes.

● As well as the activities wellbeing team, all other staff undertook wellbeing and activity training with OOMPH, to build a whole-home approach to wellbeing. This also involved discussing how every team member could make their everyday tasks into meaningful engagement with people who used the service. For example, the handyman had made a mini snowman for people to see and feel. Impact of this programme has enabled the whole team to achieve a greater understanding of meaningful activities.

Continuous learning and improving care
● The provider is a member of the Registered Nursing Home Association (RNHA) and recognised as part of the National Dementia Action Alliance campaign. The registered manager is a member of the National Skills Academy for Social Care and chair of the Hillingdon provider forum which enabled sharing, discussing and implementing best practice initiatives.

● Staff were supported to develop their skills not just through training but also through taking on roles as champions. Champions were responsible for promoting good practice in particular areas such as a moving and handling champion who was trained in the correct procedure to move and handle people safely and passed their knowledge to other staff, a falls champion to raise awareness about falls and fracture prevention, pressure ulcer prevention champions who ensured staff were aware and updated on treatments and pressure relieving equipment. Other champions included health and safety, dignity and infection control champions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Staff told us that they received feedback from managers both when they had done things well as well as when things needed to be improved. Records indicated there was good communication between management and staff. We could see from staff meeting records that issues discussed were relevant to people's care. Agenda items included dignity, safeguarding and health and safety. There were also regular management and committee meetings which addressed subjects such as recruitment, training, maintenance and budgets.

● There were regular meetings with the housekeeping team, where the staff were able to voice their views and opinion and receive feedback about their performance and any issues from quality monitoring visits. These were also used as supervision. The registered manager undertook meetings with the registered nurses where subjects such as communication, care plan reviews and audits were discussed.

● People who used the service also benefited from the collaborative relationship with Hillingdon Social Services and the Clinical Commissioning Group (CCG) to develop the team's knowledge and train in key areas including the outcome-focused falls management course resulting in the development of Falls Champions. The staff also worked in partnership with the tissue viability nurse specialists with the 'Stop the Pressure Campaign' resulting in the development of wound care and pressure ulcer care champions and the whole team achieving awards for 365 days of harm free care (no pressure ulcers).

● The provider had undertaken satisfaction surveys for people and relatives. They had not received the forms back at the time of our inspection so were unable to show us the outcome of these. However we checked the previous ones and saw that these showed an overall satisfaction with aspects of the service. We

saw evidence that where issues were identified, action plans had been put in place to improve these.