

# Council of the Isles of Scilly

## Park House

### Inspection report

The Parade,  
St Marys  
Isle of Scilly  
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Tel: 01720 422699  
Website: no website

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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 

### Overall summary

Park House is a care home which provides care for up to 12 people. On the day of the inspection there were 10 people living at the home, three of which were there on a short respite stay. The service also provides domiciliary support to eight people who live in their own homes on St Marys.

The registered manager for this service had retired and a new manager was in the process of registering with the Care Quality Committee. The new manager was responsible for the day-to-day running of the service and had been in post for several weeks prior to this

inspection. 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 and associated Regulations about how the service is run.

We carried out this unannounced inspection on the 27 and 29 April 2015. We last inspected the service on 26 March 2014 at which time the service was fully compliant with the requirements of the regulations.

# Summary of findings

The atmosphere at the service was welcoming, calm and friendly. People were able to spend their time in various areas of the service as they chose, including going outside to sit in the sun. The service was on two levels. The ground floor contained two lounge/dining areas, offices, kitchen and laundry. The upstairs, which was accessible via stairs and a lift, contained people's bedrooms, bathrooms and a sluice. Some of the doors to toilets and people's bedrooms were personalised with pictures that aided recognition. Some people at the service were living with dementia and this supported their need to orientation around the service.

We looked at the arrangements in place for the administration and recording of medicines at the service and found it was not safe. There were gaps in the medicine records for three people. The service had identified this issue at previous audits, however, it had not been addressed and was continuing to occur.

Some people had been prescribed eye drops, creams and lotions. These medicine records had not been signed by staff when such items had been applied. Creams were not dated when opened. This meant staff were not informed when the cream would expire and was no longer safe to use. Medicines were not being stored at the correct temperature. According to the service's medicines policy the temperature of the medicine storage cupboard should not be above 25 degree centigrade. The temperature of this cupboard was reading 26 degrees centigrade at 11.30am and 27 degrees centigrade at 3.30pm. Some medicines required to be stored in a fridge. The thermometer in this fridge was not recording minimum and maximum temperatures reached over a period of time. This meant the service could not ensure the medicines stored in the fridge had always been stored appropriately and were safe to use. We looked at the process for storing medicines that required stricter controls. The cupboard in which these medicines were stored had a broken lock which meant the service was not be able to store these medicines in accordance good practice guidelines.

Staff were administering medicines from original packaging, blister packs which had medicines clearly marked for each time the item was prescribed and also Dossett boxes. Dossett boxes are devices used by people in their own homes to help them take medicines at the correct time. These devices had been bought in to the

service by people who were staying for a short respite stay. The boxes had not been filled by staff at the service therefore they could not be confident what tablets were being taken by the person. This meant medicines could not be effectively audited to ensure people always received their prescribed medicines appropriately.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we told the provider to take at the back of the full version of this report.

People were well cared for. Staff were kind and respectful when supporting people. Families told us; "I think they get a level of care that would not be possible elsewhere in the country," "It is because (the person) gets the care they do they are able to stay at home, they are as safe as they can be" and "If there are every any issues at all they are corrected very quickly," "They (staff at the service) keep in touch with us, (the person) is well looked after."

There were sufficient numbers of care staff to support the needs of the people living at the service and in the community. The service had robust recruitment processes in place to ensure new staff were safe to work with older people. The service had vacant staff positions for a cleaner, an administrator and one full time carer. A new carer had been appointed but was not able to find accommodation on the islands and therefore had not taken up the post at the time of the inspection. The new manager had been well supported during her induction and reported working closely with the social services team on the island.

Staff working at the home understood the needs of people they supported. The care plans at the service contained information to direct and inform staff regarding the needs of each person, and how they wished their care to be provided. Staff were aware of people's preferences and choices. Training and support enabled staff to be effective in their care and support of people in the home. Staff were aware of how to report any concerns of potential abuse, both internally and to external agencies.

All food was prepared on the premises in the kitchen of the service. People told us they enjoyed the food saying;

# Summary of findings

“The food is very good, they just give us too much of it” and “I enjoy the food.” Mealtimes were a social occasion with staff eating their meals together with people who lived at the service.

People were encouraged to go outside and enjoy the local area, and the local community were encouraged to visit people who lived at the service. Staff were all well informed about the past lives of the people they cared for. Staff used this information to have meaningful

conversations with people and supported them with relevant activities which they enjoyed. One lady was busy typing the words to her favourite song on an old style typewriter in one of the lounges during our inspection.

The service had good relationships with other external healthcare professionals who ensured effective care delivery for people whenever they needed or wanted it. Families and staff felt they could raise any concerns or issues they may have with the manager who was approachable and ‘on the ball’. People felt their views and experiences were listened to.

# Summary of findings

## 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 not entirely safe. The management, storage and administration of medicines was not safe, however, people and their families told us they felt safe at the service.

Risks to individuals living at the service were identified and managed.

There were sufficient numbers of staff to meet people's needs.

**Requires improvement**



### Is the service effective?

The service was effective. New staff received an induction and support from experienced staff before working alone.

Where people did not have the capacity to make decisions for themselves, the service acted in accordance with the legal requirements.

Staff were knowledgeable about how to meet individuals needs.

**Good**



### Is the service caring?

The service was caring. People were supported by staff who were caring and kind and respected people's privacy and dignity.

People, their families and staff told us they felt their views were listened to and acted upon.

Staff respected people's wishes and provided care and support in line with their wishes.

**Good**



### Is the service responsive?

The service was responsive. Care plans contained information which was personalised and included life histories, this guided staff how to provide care that was individualised.

Activities provided were relevant and meaningful to people.

People, their families and visitors were confident they could raise any concerns and that the issue would be addressed appropriately

**Good**



### Is the service well-led?

The service was well-led. The registered manager supported staff and was approachable.

The service sought the views and experiences of people, their families and the staff in order to continually improve the service provided.

The service was well-maintained and equipment was regularly checked to ensure it was safe to use.

**Good**



# Park House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We visited Park House on 27 and 29 April 2015. The inspection was carried out by two inspectors.

Before visiting the service we reviewed previous inspection reports, the information we held about the service and notifications of incidents. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the manager, the deputy manager, the senior social worker, two visiting healthcare professionals, two people, one family member, and five staff who worked at the service. Following the inspection we spoke with one person, three families of people who received support from the service in their homes and another visiting healthcare professional.

We looked around the service and observed care and support being provided by staff. We looked at four people's records of care. We looked at seven staff files and records in relation to the running of the service.

# Is the service safe?

## Our findings

We looked at the arrangements in place for the administration and recording of medicines at the service. It was not clear from the medicine records if some people had received their prescribed medicines at the appropriate times. There were gaps in the records for three people. Staff had not signed one person's records to show when their prescribed medicines had been given to them on the 3rd, 8th and 13th April 2015.

Some people had been prescribed eye drops, creams and lotions. These medicine records had not been signed by staff when such items had been applied. Creams were not dated when opened. This meant staff were not informed when the cream would expire and was no longer safe to use.

The trolley containing the medicines was sited next to the front door of the service and was not secured to the wall. This meant it could be easily removed without staff being aware. Some medicines were stored in a cupboard on the first floor. Inside this cupboard was a further smaller lockable cupboard in which the service stored medicines that require stricter controls. These medicines require additional secure storage and recording systems by law. The lock on this smaller cupboard was broken. Although at the time of inspection no medicines requiring stricter controls were present the service was attempting to follow good practice guidelines by treating other medicines as if they required these controls. The broken cupboard lock meant the service was thus unable to comply with these good practice guidelines. We looked at the records for medicines which was being treated as if it required stricter control. The amount of this medicine documented in the records agreed with what was actually held at the service.

The temperature recording charts for the medicine cupboard contained gaps where checks had not been recorded daily. Daily checks help ensure that any change in the temperature would be noticed quickly and addressed. The records showed the temperature in the cupboard reading as 26 degrees centigrade at 11.30 am and 27 degrees centigrade at 3.30pm on the day of the inspection. The medicine policy stated the temperature should not go above 25 degree centigrade. Some medicines used by the service required cold storage. The fridge in which these items were stored contained two thermometers. One was

not working, the other was reading 6 degrees centigrade. However, the thermometer did not show the maximum and the minimum temperature reached in the fridge over a period of time. This meant the service could not ensure that medicines held in the cupboard and in the fridge had been always stored appropriately and were safe to use.

Olive oil was being stored in the medicine trolley in a urine sample bottle at the service. The bottle did not hold clear details of what was in the bottle, the name of the person for whom it was to be used by and the dosage or date when it was to be used by were not marked on the bottle. This did not help ensure all staff were aware what was in the bottle and for whom it was to be used.

The service was using three systems for the administration of medicines. Dossett boxes were being used by staff to administer the medicines belonging to people who had come to stay in the service from their own homes. Dossett boxes are containers with separate compartments which people fill for each day and time when a medicine is due. These boxes had not been filled by the staff at the service, this meant the staff could not be confident what medicine was in the box. Some medicines were held in blister packs, with each dose specifically marked for a person to advise staff. Other medicines were dispensed in standard boxes. The district nurses visited the service daily to administer insulin to a person. The insulin was documented on the medicine administration record but was not signed by the nurses when given. This meant medicines could not be effectively audited to ensure people always received their prescribed medicines.

Audits of medicines were undertaken regularly and gaps in the medicine records had been identified as an action in previous audits. However, despite the service having identified the issue it had not been addressed and was continuing to occur.

All the above is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicine reviews were carried out regularly by the GP at the service. Staff who administered medicines at the service had received training in the safe administration of medicines. Staff who worked at night were not able to administer medicines. However there was an on call senior carer who could be called to attend the service and administer the required medicine if needed. The manager

## Is the service safe?

told us this system was under review and that she planned to ensure night staff would be able to administer medicines in the future. There was a robust process for recording the results of specific blood tests which directly informed a potential change in the dose of a prescribed medicine being taken by some people. The service held homely remedies which, if requested by people, were used for only 48 hours before notifying the GP and further treatment being prescribed.

Staff were aware of the different types of abuse and were clear on how they would raise any concerns they had with the management of the service, and with outside agencies if appropriate. The service displayed a 'Say no to Abuse' poster in the main entrance to advise people how to report any concerns they may have. We looked at the Safeguarding policy and found it to contain accurate information about the various types of abuse, and the process for raising concerns both in and outside of the service. Following the inspection we were sent the training matrix which clearly showed staff had undertaken safeguarding training. The manager told us updates on training were scheduled to take place over the coming weeks for appropriate staff.

People told us they felt safe living at the service and with the staff who supported them. One person told us; "They are all good to me." Visitors said they felt the service was a safe place for people to live. The families of people who received care from staff in their own homes told us; "I think they get a level of care that would not be possible elsewhere in the country" and "It is because (the person) gets the care they do they are able to stay at home, they are as safe as they can be."

We looked at the care records for people who lived at the service and people who were supported by staff from the service in their own homes. They contained detailed risk

assessment which were specific to the care needs of the person. For example, there was clear guidance that directed staff on how many people and what equipment was required to move a person safely.

Accidents and incidents that took place in the home were recorded by staff in people's records. Such events were audited by the manager. This meant that any patterns or trends would be recognised, addressed and this helped ensure re-occurrence was reduced.

The service had a safe recruitment process. All new staff had been thoroughly checked to help ensure they were suitable to work with older people who may be vulnerable. The service was actively recruiting staff at the time of this inspection. There was one vacant community carer position as well as a vacancy for a cleaner and an administrator. The manager told us it was difficult to find accommodation for new staff on the islands once they had been successful at their interview. A new community carer had been appointed but could not find accommodation and therefore was unable to commence their post.

The staffing rota for the care home showed four care staff on shift during the day of the inspection with two night staff at night. The rota showed there were three staff on duty at the weekend. Two full time members of staff supported eight people in their own homes, they were assisted by care staff from the service when needed. There was a senior carer and the manager on call to support the service if needed. The service accessed agency staff and relief staff if required. There was an agency nurse working at the service during this inspection who had arrived from the mainland and was being accommodated in a staff members home. Most staff told us they felt there were enough staff, they stated; "There are enough staff most of the time but it can impact on us when we have a person who requires close supervision" and "There are probably enough of us on paper but we can be a bit stretched sometimes." Staff reported working well together and felt they were "a good team."



# Is the service effective?

## Our findings

People living at the home were not always able to communicate their views and experiences to us due to their healthcare needs. Following the inspection we spoke with three people's relatives to gather their opinions of the home. We were told; "If there are ever any issues at all they are corrected very quickly," "They (staff at the service) keep in touch with us, (the person) is well looked after" and "They (staff at the service) are very good and let us know if there is anything we need to know about. Occasionally we have cancelled a visit if we have taken (the person) out for lunch, but the carers have still visited, but that is all." We also spoke with two visiting healthcare professionals who told us; "It (the service) is really on the up, it has improved in leaps and bounds recently," "We have a good relationship with them (staff at the service) we go in regularly and the staff carry out our instructions effectively," "They know the people really well and call for professional assistance appropriately and in a timely way" and "They bring everything to my attention."

During the inspection we observed staff were available to support people with their needs. One person was receiving one to one support from a staff member to help reduce their anxiety. We saw this person was accompanied when walking around the service and when sitting outside in the sun. Staff were heard chatting with this person about their interests and past life. Some people had a personalised picture on their bedroom door and the door to the toilet had a large picture of a toilet on the door. This helped people who required orientation to their surroundings. People's bedrooms contained personal pictures and ornaments which helped the service to have a familiar feel for people who lived there.

Staff told us they had good access to a variety of training to support them in their roles. The manager confirmed that this was a; "Work in progress" and she had recently initiated a programme of training for all staff in a variety of formats. Electronic learning packages were used alongside face to face training delivered by outside training companies and specialists. The manager was a moving and handling trainer and was supporting staff in this area. The manager told us; "I love equipping staff with what they need to do a good job." Following the inspection the manager sent us the training records on email, which showed what training each member of staff had

undertaken. Most staff had attended training in subjects such as moving and handling, fire and health and safety. Some staff had also attended additional training in dementia care and person centred care to help ensure they were able to meet the individual needs of the people living at the service. A visiting healthcare professional told us; "The staff have a much better competency now around knowledge of dementia." The manager had held staff meetings recently with each staff group to discuss staff training needs as well as other service issues such as the importance of good documentation.

From staff files we were able to see there was an induction programme and support provided for all new staff. Staff shadowed experienced staff until they felt confident to work alone. Staff confirmed they received supervision regularly and that it was beneficial to them. One member of staff told us; "The new manager is very on the ball and very supportive". The manager was in the process of setting up appraisals for all staff in the coming months. Appraisals are an effective process whereby the manager can spend protected time with staff to give them feedback on their performance throughout the year and identify training or career progression.

People were asked for their consent prior to care being provided. Some care plans had been signed to show the person's agreement with the content. Some staff had received training in the Mental Capacity Act 2005 (MCA) and although staff we spoke with demonstrated a good knowledge of the MCA and told us how they cared for each individual, some staff were not clear on the related legislation laid down in the MCA regarding the Deprivation of Liberty Safeguards (DoLS).

The MCA provides the legal framework to assess people's capacity to make specific decisions, at a specific 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 service considered the impact of any restrictions put in place for people that might need to be authorised under the DoLS. The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a court ruling in 2014 the criteria for when someone maybe



## Is the service effective?

considered to be deprived of their liberty had changed. The provider had taken the most recent criteria into account when assessing if people might be deprived of their liberty. Applications had been made to the Council on the Isles of Scilly who commission independent assessors from the mainland for authorisation of potentially restrictive care plans in line with legislative requirements.

Staff were aware of people's rights to make decisions for themselves and told us of situations where they had facilitated people's wishes and choices where possible. For example, what time people wished to go to bed at night or get up in the morning and when people wished to go outside or take part in an activity. The manager had a clear understanding of the MCA and knew how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. There was evidence of capacity assessments and best interest meetings having taken place to support specific decision making for some people. The service had a copy of the Code of Practice for the MCA available for staff to access if required.

The service used an electronic tablet to show people pictures of meals available to them, when they were being asked to make choices about what they would like to eat at the next meal. This showed the service was supporting the needs of some people who had difficulty with making choices for themselves. There was a choice of food available to people at every meal and the dietary requirements for people with specific needs such as diabetic and gluten free were catered for. People enjoyed the food prepared at the service. People told us; "The food is very good, they just give us too much of it" and "I enjoy the food."

We observed lunch being served in one of the dining areas. The dining table was laid with a tablecloth and a large floral table decoration, which had been donated to the service following a recent wedding on the island. Staff knew the preferences of people but asked people for their choices at

the relevant time. Staff supported people with their meals if needed and sat beside them offering small amounts at a pace that suited the person. Staff were seen eating their own lunch at this time. People chatted happily throughout their meal together and with staff, reminiscing about the past and people they knew. Meals were a sociable event at the service but some people chose to eat in their rooms and this choice was respected and supported by staff. There were fluids and fresh fruit available to people throughout the day in various parts of the service.

The service had undergone a recent environmental health officer visit. The service was given support by the islands hospital kitchen staff and some changes had been introduced to comply with HACCP. HACCP (Hazard Analysis and Critical Control Point) is a system that helps food business operators look at how they handle food and introduces procedures to make sure the food produced is safe to eat. The kitchen staff showed us the regular checks which were recorded in accordance with 'Better Food Better Business' procedures.

We attended the staff handover meeting held by the morning staff to advise the afternoon shift of any information that required to be shared about the people at the service. Staff spoke knowledgeably about each person and their present needs.

Care records evidenced the on-going involvement of community healthcare professionals. People were able to access the GP and the district nurse and community matron all visited regularly. The GP practice was able to provide a wide range of healthcare for people from the service including ophthalmic examinations, minor surgery, ultrasound and 'near patient testing' which offered people the opportunity to have blood tests locally if needed. The need for people to travel to the mainland for healthcare provision had been greatly reduced recently due to the increasing expertise available at the GP practice and the hospital.

# Is the service caring?

## Our findings

People said they were well cared for at the Park House. They told us; “the staff are very kind” and “care is very good”. Relatives told us; “They (staff) are wonderful, they are very good”, “Can talk to them at anytime” and “They (staff) are very good with (the person) they know him inside out.”

Most staff were respectful and protected people’s privacy. However, whilst a visiting healthcare professional was attending to a person in their room, the person’s door was left open and the conversations held in the room could be clearly heard in the corridor by inspectors. The manager told us this would be given greater consideration in the future.

Staff were heard speaking calmly and quietly to people before providing them with support. Staff assisted people in a sensitive and reassuring manner throughout the inspection. People were dressed in clean clothing and appeared well cared for. Some women wore jewellery and had their nails painted.

Staff were clear about the backgrounds of the people who lived at the service and knew their individual preferences

regarding how they wished their care to be provided. One person who had slept in a little, asked staff for tea and toast at 11.00 and this was quickly provided for them where they chose to eat it. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff told us about the importance of using empathy when supporting people who were living with dementia, sharing their experiences of their world at that moment. This showed staff had developed skill in this area of care.

We saw people moving freely around the home spending time where they chose to. Staff were available to support people to move to different areas of the home as they wished. People who required staff to use moving and handling equipment when they needed to be moved had slings which were for their own use only, this protected people’s dignity.

The manager had begun to hold relatives meetings to offer the opportunity to families to be more involved in the running of the service. There had been one meeting in January 2015 and one relative attended. The manager told us they were actively trying to involve families and friends of people who lived at the service and would hold another meeting shortly.

# Is the service responsive?

## Our findings

Families told us; “(the person) is poorly, everything you suggest to help the staff have thought of it before” and “They (staff at the service) are good at letting us know if there is any change in (the person).” Visiting healthcare professionals told us; “They (staff) provide good pressure area care, they have been given a lot of training recently on this and it has really helped them, there are no issues with pressure area care in the home at the moment at all” and “Things have really improved at the home recently, we work closely together now and get good results.”

People who wished to move in to the Park House had their needs assessed to ensure the service was able to meet their needs and expectations. The manager and staff were knowledgeable about people’s needs. Care plans were personalised to the individual and gave clear details about each person’s specific needs and how they liked to be supported. Care plans were reviewed regularly. Social care staff and the staff at the service, involved the person and/or their families and representatives, if appropriate, in these reviews. This helped ensure people were in agreement with the contents of the care plans.

We saw a message in one person’s care file which stated that carers had been reporting the person was asleep when the carers arrived at their home and suggested a later visit. The care plan review which took place on 3 March 2015 stated that visits were now at 9.30am which was later than previously. This showed the service was responsive to people’s needs.

The care files were informative, easy to follow and accurately reflected the needs of the people we spoke with and observed. People’s weight was monitored regularly to ensure their nutritional intake was sufficient. Care staff wrote informative daily notes about how people had spent their time as well as recording the care that had been provided for them. However, the daily care notes for people who received support from the service’s staff in their own homes had not been returned to the office regularly. This meant they could not be audited in a timely manner to check that the service provided to people in their own homes was meeting their needs.

The district nursing service visited people at the service regularly to provide nursing care. Their records were seen stored in the individual person’s room. This was to aid communication between the district nursing service and the care staff at the service. However, we were told staff did not look at these notes. Staff told us they spoke to the district nurses every day and would communicate anything that was needed in this way.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people’s backgrounds and life history from information gathered from families and friends. In people’s bedrooms there was a file containing information about people’s family, including pictures relating to their past lives. This helped ensure staff were able to have relevant and meaningful conversations with people according to their interests and backgrounds.

People were supported to maintain contact with friends and family. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

We observed activities were provided during both days of our inspection. One lady was busy typing the words to her favourite song on an old style typewriter in one of the lounges during our inspection. There were games, books and art materials available to anyone as required. However, the records kept by the service regarding who attended specific activities had tailed off over recent months. The service was planning a ‘Generation Day’ in the middle of May 2015. The event was being planned to bring the community in to the service. Part of this event was to include children from the islands school visiting the service and singing to people living at the service, then people at the service would sing to the children. A boat trip was also planned to take some people to the off islands for a visit.

People and families were supported with information on how to raise any concerns they may have and were provided with details of the complaints procedure when they arrived at the service. Families told us any concerns raised were quickly dealt with by the “very approachable manager and staff”.

# Is the service well-led?

## Our findings

There was a management structure at the service which provided clear lines of responsibility and accountability. The manager had overall responsibility for the home, supported by the social care team at the Council of the Isles of Scilly and senior carers at the service. A senior carer worked on each shift to provide support to the care staff.

Staff were well motivated and there were a number of people who had worked at the service for many years. Staff told us they enjoyed their work and commented; “Things are really good now” and “We are a happy team.” There was a clear ethos at the service which was known by staff when we spoke with them. It was very important to all the staff and management that people who lived at the service were supported to be as independent as possible and lived their life as they chose. Care was personalised and specific to each individual. One file stated; “Likes to wash in the bathroom on her way to bed” and “prefers female carer.”

The manager had only been in post for a few weeks prior to this inspection and was in the process of applying to be the registered manager with the Care Quality Commission. The manager told us they had worked closely with the social care team on the islands since they arrived and said; “The senior social worker has been a great support to me”. The manager had developed had a clear plan of actions they wished to undertake in the coming months, including reviewing the training of the staff team, ensuring people had end of life plans in place and reviewing all the policies and procedures held at the service. Staff had already been provided with updates on key training areas such as first aid, moving and handling and health and safety since the manager arrived. Staff meetings were now held regularly with each group of staff in order to seek their views and share information relating to the service provision. Care staff told us they felt well supported by the manager who was approachable and ‘on the ball’.

The manager regularly worked alongside the carers, both in the service and out in the community, to gain a clear picture of people’s individual needs. In addition the manager spoke daily with people who lived at the service in order to monitor the quality of care provided. People were regularly asked about their views of the food prepared by the service and any changes requested were acted on appropriately. The service had recently been supported by a district nurse working alongside them for a few hours each day to assist the staff in meeting people’s care needs. The staff at the service required this support as they had a number of people who were requiring end of life care at that time. Staff had received training support from the community nursing team regarding end of life care.

People and/or their families had recently been contacted by social care staff to be involved in, and agree to, the review of care plans. The service was working closely with social services, the general practice staff and the district nursing service to ensure it was meeting people’s needs and achieve good outcomes for people.

The maintenance of the building was kept under regular review. Any defects were reported and addressed. At the time of our inspection the service’s fire alarm systems were being modernised.

The service did not have a cleaner in post, however, the home appeared clean throughout and there were no odours anywhere in the service on the day of the inspection. There were service contracts in place for all kitchen, laundry and moving and handling equipment. Individuals needs for equipment such as pressure relieving mattresses were assessed by the district nursing service and hired from the mainland when required.

The Council of the Isles of Scilly had recognised the current building used by the service was not going to meet the demands of the people on the islands in the future. Plans for a larger building were being considered which would provide care and support to a greater number of islanders with more complex needs in the future.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users. The things which a registered person must do to comply include the proper and safe management of medicines. Regulation 12 (1) (2) (g)</p>