

Parkside Health Care Limited

Parkside Health Care Limited

Inspection report

1a Tibbington Terrace, Tipton, DY4 9HJ
Tel: 0121 521 5000
Website:

Date of inspection visit: 8 January 2015
Date of publication: 23/03/2015

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This unannounced inspection took place on 8 January 2015. At our last inspection in December 2013, we found the provider to be compliant with all the regulations we considered.

Parkside Health Care Limited is registered to provide accommodation, nursing or personal care for up to 20 people, who have a mental health condition. At the time of our visit 20 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that staffing levels, particularly during the day time were inconsistent and the numbers staff on shift was not determined by people's level of dependency. Some recent improvements to staffing levels on nights were apparent and people and staff commented positively about the impact of the increased availability of staff.

Medicines were stored and handled safely. However, some people in daily receipt of 'as required' medicines would benefit from a review by the prescribing doctor.

Summary of findings

Over half of the staff had not received timely updates in regard to the provider's basic training. The service provided specialist care to people with mental health and related physical health conditions, however only a small number of staff had received specialised training to educate them about people's specific conditions.

People's nutritional needs were monitored regularly and reassessed when changes in their needs arose. We observed that staff supported people in line with their care plan and risk assessments to maintain adequate nutrition and hydration.

We found that eight people using the service were subject to a Deprivation of Liberties Safeguard (DoLS). Staff were able to give an account of what this meant when supporting these people and how they complied with the terms of the authorisation.

We observed staff interacting with people in a positive manner. People, their relatives and professionals spoke highly about the genuine caring nature of the staff.

People told us they were encouraged to remain as independent as possible by staff. We observed staff maintain people's privacy and dignity whilst supporting them.

People were consulted about all aspects of the planning of their care and in relation to the activities they were involved in. Activities available within the service were centred on people's individual abilities and interests.

Feedback was actively sought from people and those with knowledge of the service. This information was analysed and shared with actions for improvements outlined.

The complaints process was made available for people and their relatives in the 'service user's guide' they received on admission to the service. This contained the contact details of external agencies, where any concerns or issues about the service could also be reported.

The provider undertook regular audits to reduce any risks to people and ensure that standards were maintained. We saw that the most recent audits undertaken prior to our inspection had identified staffing levels were low and that staff training was not up to date. Comments about how the registered manager was hoping to improve these risks were evident.

You can see what action we told the provider to take at the back of the full version of the report.

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 safe.

Staffing levels were not based on dependency levels of the people using the service. We saw inconsistencies of the number of staff on day shifts available to meet people's needs.

Activities and access to the community were provided, giving careful consideration to any related risks to people based on their individual support needs

Medicines were stored, handled and administered correctly. However some people using the service were receiving medicines regularly that required a review by the prescriber and clear guidance for staff about their use.

Requires Improvement



Is the service effective?

The service was not effective.

A large proportion of staff had not received timely updates in regard to the provider's basic level of training.

People were provided with the diet and fluids they needed. We saw people had a variety of nutritionally balanced food on offer to them.

Staff were aware of their responsibilities regarding Deprivation of Liberty Safeguarding (DoLS).

People were supported to access specialist healthcare professionals in a timely manner and in the environment that best suited their needs.

Requires Improvement



Is the service caring?

The service was caring.

Staff displayed kindness to the people they supported. People and their relatives were complimentary about staff attitude and approach.

Information about the service was available for people and their relatives.

We observed that people's privacy and dignity was respected by the staff supporting them.

Advocates had been sought for people when the need had arisen.

Good



Is the service responsive?

The service was responsive.

People were actively involved in planning their own care. We saw that care was delivered in line with the person's expressed preferences and needs.

Good



Summary of findings

The provider had a complaints procedure in place. People and their relatives told us they knew how to make a complaint and felt confident that the manager would deal with any issues they raised.

Is the service well-led?

The service was not always well led.

Staff understood the leadership structure within the service. The registered manager was supported day to day by the clinical nurse manager and nursing staff.

Quality assurance systems including auditing and analysing feedback from a variety of users and stakeholders of the service were in place and had identified on-going risks to the service.

Good



Parkside Health Care Limited

Detailed findings

Background to this inspection

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

The inspection of Parkside Health Care Limited took place on 8 January 2015 and was unannounced.

The inspection team consisted of one inspector and an Expert by Experience of mental health services. An Expert of Experience is someone who has personal experience of using or caring for uses this type of care service.

Before our inspection we reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at notifications that the provider had sent to us. The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about their service, how it is meeting the five questions, and what improvements they plan to make. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with four people who used the service, two relatives, one member of kitchen staff, two nurses, five care staff, the clinical nurse manager and the registered manager. We observed care and support provided in communal areas and with their permission spoke with people in their bedrooms.

We reviewed a range of records about people's care and how the service was managed. These included reviewing three people's care records, looking at the staff training matrix, staff rotas for the two months prior to our inspection, three staff recruitment records, four people's medication records and the quality assurance audits that the registered manager completed. We looked at some policies and procedures which related to safety aspects of the service. Prior to our inspection we contacted several healthcare professionals who had regular contact with the service to obtain their views about the care provided to people; we spoke to or received feedback about the service from three of the professionals we contacted. We also liaised with the local Clinical Commissioning Group (CCG). The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

Is the service safe?

Our findings

Prior to our inspection we received anonymous information regarding poor staffing levels at night time for this service. At that time we liaised with the registered manager who agreed staffing levels were lower than they would like. They provided reassurance to us that immediate action would be taken to rectify this situation and the service would be staffed at night according to people's assessed level of dependency and need. We commenced our inspection early in the morning in order to speak with night staff. We spoke with four members of night staff. They told us that in the last two weeks following our communication with the registered manager, staffing levels had improved. People also told us they had noticed the recent increase in night staff and spoke positively about this. The registered manager told us they had not used a recognised staffing tool to determine the dependency levels of people using the service in order to establish the number of staff required to meet their needs; they agreed to consider acquiring and utilising a recognised staffing tool at this time.

On the day of our inspection we saw that there were enough staff on duty to meet the needs of people using the service appropriately. People we spoke to had mixed opinions about staffing levels within the service. One person told us, "There are enough staff on in the day and at night". Another told us, "Staff are never around when you need them". We spoke with staff on the day shift and they told us that staffing levels on days were insufficient and the rota was inconsistent. One staff member told us, "There are just not enough staff some days". We asked staff how this impacted upon people and they told us people's needs were met but they were rushed when supporting people, with little time to make their interactions meaningful. One relative commented, "Sometimes they are short staffed and seem pushed to get things done". Two professionals we contacted for their opinion prior to our inspection told us there always appeared to be enough staff on duty. However another professional noted that the service had seemed less well staffed on their recent visits. We looked at the staff rotas for the service and found them to be inconsistent in regard to staffing levels. The registered manager told us that they had recruited staff and were continuing to interview more candidates. They said they were awaiting confirmation of people's suitability through

the relevant checks and references for several prospective staff who had been offered jobs. This meant that systems for assessing and ensuring the appropriate levels of staff were on duty to meet people's needs were not in place.

One person told us that they did not feel safe. We spoke with the registered manager about the concerns shared with us. They agreed to speak with the person who shared their concerns with us. We alerted the local authority to the allegations we had received whilst undertaking our inspection. We were advised by the local authority that they had not received any information regarding the issue from the provider some two weeks after our inspection. We contacted the provider to discuss the delay and provide us with assurances that a referral would be made. This meant that the registered manager had failed to liaise with the relevant external agencies in a timely manner when allegations of abuse had been raised by people. All of the other people we spoke with told us that they felt safe. One relative told us, "There are no issues here with safety, I never have to worry".

Staff we spoke with were able to tell us about the types of potential abuse, discrimination and avoidable harm that people may be exposed to. We found that staff had received training in how to protect people from abuse or harm. Staff were clear about their responsibilities for reporting any concerns regarding abuse and described the procedures to follow if they witnessed or received any allegations of abuse. They told us they had undertaken training in a variety of ways about how to protect and keep people safe, including safe moving and handling and the management of behaviour that challenges. Staff told us training they had received had equipped them with the necessary knowledge to protect and keep people safe. One staff member told us, "If I have any concerns I report them to the nurse in charge or the manager".

We found people were not restricted in the freedom they were allowed and observed that they were protected from harm in a supportive respectful manner. We observed that the same level of support and assistance was provided to people who chose to spend time in their own room; thus ensuring their safety whilst respecting their choices. One person told us, "I can go out and shop whenever I want to". We observed staff supporting people to freely access the outdoor spaces available at the property. People told us

Is the service safe?

they had access to the local community; we saw that each individual's needs had been considered in regard to the level of support they may need from staff to ensure this was done safely.

Staff had developed risk assessments with reference to people's personal health and support needs. We saw that these assessments were regularly reviewed and updated to reflect current potential risks that staff needed to consider when supporting people. One staff member told us, "We can identify what may trigger people to behave in a certain way and we know how to keep them safe at such times". Risk assessments in place had considered the individual's abilities, behaviour and certain activities of daily living where assistance may be required in order to reduce any related risks, to avoid harm and maintain their well-being.

Records of incidents were appropriately recorded. Learning or changes to practice were documented following incidents and accidents. The registered manager monitored these for trends and to reduce any further risks for people. Staff told us that learning or changes to practice following incidents were cascaded to them in staff meetings. We saw that incidents and accidents were a rolling agenda item in staff meetings and acted as an update for staff. This meant that learning from incidents was shared to reduce risks for people and enable improvements in the future.

We found that the provider's recruitment and selection process ensured staff that were recruited had the right skills and experience to support the people who used the service. Staff files contained the relevant information including a Disclosure and Barring Service (DBS) check and appropriate references, this helped to ensure that staff were safe to work with people who used the service. Staff we spoke to told us that recruitment practice was good and they had received an induction before supporting people independently which had included shadowing more senior members of staff during their first few days on duty.

We reviewed how medicines were obtained, stored, administered, handled and disposed of. We observed that

medicines were provided to people in a timely manner. People we spoke to told us they were happy with how they received their medicines. One person said, "My medication is given to me on time". We found that records were completed fully without any unexplained gaps. Medicine storage cupboards were secure and organised. Medicines for disposal were kept in a suitable container and disposed of safely. We found that arrangements were not in place to check medicine stock levels, with the exception of the controlled medicines being administered.

Medicines were provided by the local pharmacy for administration in blister packs so a measured dose was supplied and any omissions could be quickly identified. The stock levels of people's 'as required' medicines that were not contained in the blister packs were not routinely checked. The newly appointed clinical nurse manager (in post for two weeks) told us that they had already identified this issue and planned to include this in future medicine audits. We stock checked two people's required medicines and found them to be accurate. Records of medicines administered confirmed that people had received their medicines as prescribed by their doctor to promote and maintain their good health.

We found that supporting information for the safe administration of medicines was available for staff to refer to. We looked at the records for three people that were prescribed medicines to be given 'as required' for a variety of symptoms and conditions. We noted that these three people had been given 'as required' pain relief and medicines to ease agitation every day and for one person four times per day for an extended period but this had not been reviewed with the prescribing doctor. People's medicines should be reviewed to determine why a medicine was needed to be given so often and if the provision of a regular dose would be most beneficial. The clinical nurse manager told us they would speak with the prescribing doctor as soon as possible and schedule a review of people's medicines where appropriate.

Is the service effective?

Our findings

People we spoke with told us they felt the staff were skilled and trained to meet their needs. One relative said, “They know exactly how to care for my relative; when he is unwell or upset they understand how to approach him”. We spoke with staff about how the provider developed their skills to meet people’s needs effectively. Staff were complimentary about the training they had received and told us they felt it had equipped them to perform their role effectively. For example, staff told us they had received training in how to respond to people displaying behaviour that challenged; staff we spoke with were aware of how to use de-escalation skills they had acquired from this training and gave examples of how they utilised these skills to support people using the service. Records we looked at showed that over half of the staff had not received updates in respect of the provider’s required level of basic training. The registered manager told us that training had fell behind but that an internal candidate had been recruited to the post of training coordinator for the service, so staff would receive basic training updates in the coming weeks. This included training in safe moving and handling, food hygiene, non-abusive psychological and physical interventions and infection control.

The provider delivered a specialist service for people suffering from a variety of mental health conditions with some related physical health issues. The registered manager told us that a small proportion of staff had been provided with training which educated them about the mental health conditions of the people using the service but admitted that this need to be expanded to all staff. A small number of staff had received training in relation to Huntington’s disease; although this training was undertaken over three years ago. Staff we spoke to lacked knowledge about the possible symptoms or difficulties people using the service may experience due to their illness. However they were able to demonstrate they had an awareness of people’s more personalised support needs. We saw that staff were knowledgeable about the needs of people they were supporting. One staff member told us, “More specific training would be helpful”. Another said, “We have never had any training about mental illness”. This meant that specific training in regard to mental health conditions had only been provided to a small percentage of the staff working within a specialist service.

Staff had undertaken training and understood the relevance of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS), as part of their mandatory training. This is legislation that protects the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. Staff were able to demonstrate a basic understanding of the need to consider people’s ability to give consent and what may be considered as a restriction of their liberty. Records showed that people’s mental capacity had been considered as part of people’s initial assessment. We observed that people’s consent was sought by staff before assisting or supporting them. DoLS had been authorised for eight people who used the service at the time of our visit and care plans had been developed to reflect how people should be supported in line with the authorisation. Staff knew the people who were subject to a DoLS authorisation and we observed staff supporting people to make decisions and choices throughout our inspection in line with their care plans.

We reviewed the records in relation to a person subject to a Community Treatment Order (CTO). A CTO is put in place so a person has to adhere to certain conditions in order to remain in receipt of supervised community treatment following their discharge from hospital and detention under the Mental Health Act 1983. We saw that the order had been reviewed by the Responsible Clinician (RC) in December 2014; however it was unclear whether a decision had been made to renew the CTO from the documentation available in the person’s care record. We spoke to nursing staff and they were not clear whether the CTO had been renewed or removed. Nursing staff agreed to seek to clarify the person’s status and put the correct documentation in place accordingly. Records should be clear, factual and accurate in respect of people’s care and treatment options.

We saw that people were supported to access food and drinks appropriate to their needs and choices. One person told us, “Food is nice and they give you a decent portion size”. Another person told us, “The food is ok, I have salads”. Staff told us they had received training in food hygiene and were aware of safe food handling. Menus were displayed in the reception area with at least two choices of meal available at each sitting. People told us they had been consulted about the menu content during meetings that were held for them and that their likes and dislikes had been taken into account where possible. Staff were aware of the nutritional needs of people and of those who

Is the service effective?

needed support and monitoring in order to ensure adequate diet and fluids was taken. One relative said, “There are always snacks and drinks on offer for people whenever I visit”. We observed that meals were nutritionally balanced and looked appetising.

We met with kitchen staff. They told us that any specific dietary needs or changes to people’s nutritional needs were communicated to them by staff. One member of kitchen staff said, “The nurses tell us about any changes to peoples dietary needs and we keep a note”. We saw care records were updated accordingly in respect of people’s specific dietary needs and people’s weight was monitored regularly. We observed that people, who required staff support, received their meal in a timely manner.

We observed a staff handover meeting which takes place at the beginning of each shift. Staff told us this was an opportunity for them to receive the most up to date information about people, allowing them to be clear about changes to their needs. One staff member said, “The

handover tells us all the changes we need to know about day to day”. The handover was given verbally and also documented so that staff could refer back to this throughout their shift. Each member of staff was given a number of people to support throughout their shift; we saw that staff were allocated according to the person’s needs.

Records showed people had been supported to access a range of health care professionals including psychiatrists and dentists. Health care professionals whom we contacted prior to our inspection felt that the service was responsive to peoples changing needs and said staff contacted them regularly for advice and guidance. One relative told us, “My relative had an issue with their teeth, staff organised for the dentist to come and see them”. One professional told us that outcomes for people using the service had been good despite many challenges faced by the staff in improving the person’s condition. This supported our findings that the service supported people to maintain good health.

Is the service caring?

Our findings

People told us that staff were caring and kind when supporting them. One person told us, “Staff care about me, they take the time out to sit and have a chat with me”. A relative said, “The staff are very polite and always make time to have a laugh.” A second relative said, “Staff always make time to talk with us; my relative likes it here, he tells me”.

Staff we spoke with knew people well and this was demonstrated through the interactions we observed; we saw a relaxed and friendly approach towards people. For example, we saw one person was displaying signs of feeling restless and anxious so a staff member linked their arm and walked with them and spoke with them in a calming manner; it was clear to us that the person responded well to such reassurance. This supported our finding that staff provided supportive action to relieve people’s distress.

People were encouraged by staff to remain as independent as possible. We observed staff asking people what level of support they needed and what they were able to do for themselves. One person said, “I go out shopping; I either go alone or can ask someone to take me”. People told us that staff respected their privacy when assisting them and would encourage them to try to do as much for themselves as possible, but were there to support them when they needed help.

People we spoke with told us they were involved in planning and making decisions about their care and

treatment. One person said, “I am supported to make decisions about my care; I feel listened to by staff”. We observed people being supported to make a variety of decisions about a number of aspects of daily living during our inspection, for example whether they wanted to go out to the shops and what food they wanted for lunch. This showed that staff knew the importance of providing personalised care to people appropriately and in the way they wanted to be.

People told us that they were provided with a ‘Service User Guide’ on admission. One relative said, “We were provided with a wealth of written information about the service when my relative came here, it was really useful”. The guide covered a range of issues, including how to make a complaint and the aims of objectives of the service. Staff we spoke with knew how to access advocacy services for people. Care records we reviewed evidenced that advocates had been sought for people when the need had arisen.

People told us staff respected their dignity and their right to privacy. One person told us, “Staff are respectful towards me”. One relative told us, “Staff always knock the door and wait till we tell them to come in”. We observed staff communicating with people in a respectful manner and supporting them in a dignified and discreet way. One professional we received feedback from about the service stated they had witnessed staff interacting with clients, adhering to their wishes and gaining consent whilst considering their privacy and dignity.

Is the service responsive?

Our findings

People and their relatives told us they felt involved in and able to express their views about their care and support needs. One relative told us, “I have had care plans discussed with me and shown to me to see if I am happy with them”. Records that we looked in contained information about people’s lives, family, likes and dislikes that people or their relatives had provided to staff. Records confirmed that people and their relatives had been involved in the care planning process. Assessments had been completed to identify people’s support needs and these were reviewed appropriately.

People and their relatives felt staff communicated with them effectively. One relative described how their loved one had been involved in two incidents whilst using the service. They told us staff had kept them informed at each stage of the process and they were aware that these incidents had been reported to the appropriate external agencies. One relative described how they had been encouraged to have open communication with staff when their loved one first started using the service. For example, they were able to provide guidance to staff about how best to approach their relative in order to administer medicines in the way they preferred. Another relative told us, “Activities are planned very much around what my relative wants; they love musicals and staff regularly find things that he may like to go along to see, he has been to the theatre a few times”. This meant that provider strived to provide personalised care through consultation with people or those who know them best.

People’s cultural needs were routinely considered as part of their initial assessment. People and their relatives told us they were able to access the community or request religious representatives to visit them to continue to observe their chosen faith if they chose to.

People told us that the staff had been responsive to their needs. One person told us, “If my wheelchair stops working they get it fixed quickly”. Another person told us, “Staff are quick to respond when I ring the bell”. We observed staff supporting people when necessary or when they were asked for assistance. This showed that the provider encouraged staff to be responsive to people’s individual needs and situations.

Care plans contained personalised information detailing how people’s needs should be met. They included information about their health needs, life history, individual interests and pastimes. We saw that reference to people’s preferences included important instructions for staff to be mindful of, for example one person preferred to have support from male staff where possible. Staff we spoke with were aware of this person’s preference and they told us they plan for this accordingly during the handover meeting, when allocating staff. People’s rooms had been personalised and displayed items that were of sentimental value or of interest to them.

The provider used a variety of methods in order to listen to and learn from feedback from people who used or were involved with the service. Meetings for people were regularly held; subjects discussed included activity and menu planning and the environment. We saw that people were encouraged to express their views and ideas about the service in this meeting; any actions to be completed, by whom and when were documented in the minutes. Minutes from the meeting were displayed on the notice board. People and their relatives told us they had completed questionnaires that the provider gave to people using the service, relatives and stakeholders on an annual basis. One person said, “I have filled in questionnaires while I have been here”. A relative told us, “I did the survey and saw the results were out in the foyer to look at”. The provider analysed and compiled the returned questionnaires. The documented findings were freely available in the reception area for people and their visitors to read and included direct quotes and graphs to demonstrate people’s level of satisfaction about the service. The registered manager had added comments at the end of the document to address how they intended to act upon the less positive aspects of the feedback. This demonstrated that the provider actively sought people’s views about the service, shared the results and how they intended to act upon these.

The service had a complaints procedure in place. People and their relatives told us they were aware of how to make a complaint. Information about how to make a complaint about the service was in an accessible area and was also outlined in the service user guide supplied to people on admission. One person said, “I have never had to make a complaint but I know how to”. A relative told us, “We had information about the complaints process given to us”. People we spoke with told us they would in the first

Is the service responsive?

instance speak to the staff and they felt their concerns would be listened to and acted upon. A second relative said, "If I have any issues, staff take them on board, I am never fobbed off; they have usually been minor things". No one we spoke with had had cause to make a formal

complaint. No complaints had been received by the service since our last inspection in December 2013. Our findings demonstrated that provider actively provided people with information about how to raise any concerns or complaints.

Is the service well-led?

Our findings

People and their relatives who were able to identify who the manager was told us they were approachable. One person told us, “I don’t know who the manager is”. People told us they were supported day to day by the nurses and care staff on duty. One relative told us, “I tend to speak to nursing staff when I visit; I know where the manager is though if I should need to speak to them”. Staff were aware of the leadership structure within the service, most had met the newly appointed Clinical Nurse Manager (CNM). One staff member told us, “There’s no connection between night staff and management”. Another told us, “The manager is not evident on the floor much”. During our inspection we found that the manager was less apparent than the CNM and nursing staff, who assisted us during our inspection. The registered manager told us that the CNM and nursing staff supported them in the day to day running of the service. We observed people and staff approaching nursing staff for support and advice throughout our visit. One health care professional we received feedback from about the service, stated they felt that the nurses and manager were very approachable and genuinely seemed to care for the people living there.

Processes were in place to gain feedback from people who were involved in or had experience of the service. We saw that this feedback was analysed and shared as a means of quality assurance. People and their relatives told us they were able to informally offer their thoughts in the meetings that were held for people and through regular communication with staff. This proved that the provider sought opinions about the quality of a service in a consistent way.

Staff told us they received regular supervision and an annual appraisal with the registered manager or a senior member of the care team. These processes gave staff an opportunity to discuss their performance and identify any further training they required. Some of the staff we spoke with were aware that they had not received timely updates in respect of the providers basic training. As part of their supervision staff told us they would review a policy with their supervisor and this allowed them to update their knowledge. One staff member stated, “In my last supervision we went over the safeguarding and whistle blowing policy”.

Staff had access to regular staff meetings. Night staff we spoke with said they had found attending the meetings difficult due to the timing in the past, which was most often at around 2pm on a weekday. The registered manager had undertaken the last meeting at 7pm, just before their shift. The registered manager told us this had been done to encourage night staffs involvement by being more flexible in their approach to the time of day they were held. Night staff we spoke with said they had appreciated the opportunity and recognition of their needs by the registered manager. This meant that the provider was striving to be more flexible by involving staff in developing and improving communication within the service by encouraging staff contributions.

The registered manager told us they received regular support from their senior managers, who visited the service on at least a monthly basis. They stated that the provider was supportive in respect of accessing identified training for them and their staff. One nurse told us, “I want to complete a degree, the manager has told me they will look into this and how they may be able to support me”. Staff were clear about the arrangements for whom to contact out of hours as necessary or in an emergency.

Staff gave a good account of what they would do if they learnt of or witnessed bad practice. The provider had a whistle blowing policy which was available on their website and in paper form in the nurse’s station. This detailed how staff could report any concerns about the service including the external agencies they may wish to report any concerns to. One staff member, “I have read it previously and know where to find it if I want to go over it again”. Staff told us and we saw that each staff member was supplied with and had to sign to say they had read the relevant policies relating to their role, as part of their induction. The provider had a ‘policy of the month’ displayed on the notice board for staff to revisit and remind themselves about; staff were asked to sign to confirm they had read this. This supported our findings that the provider actively promoted an open culture amongst its staff and made available information for them to raise concerns or whistle blow.

We saw that a system of internal auditing of the quality of the service was in place, this reviewed a number of key areas of risk for the service, for example health and safety compliance. Where omissions or areas for improvement were identified an action plan was developed. The registered manager told us that part of the internal audit

Is the service well-led?

checks that were undertaken on a monthly basis, were to ensure previous action plans had been completed. We saw in the December 2014 audit that the issues we identified in regard to staffing levels and delayed training updates were identified as a current concern within the service's audit

process. This meant that the provider's quality assurance systems were effective in identifying and reporting areas of risk in relation to staffing levels and training, with actions outlined to improve these issues.