Priory Rehabilitation Services Limited

The Elton Unit - The Priory Highbank Centre

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Outstanding**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The Elton Unit is a detached single-storey building situated in a residential area of Bury yet close to open countryside. It is part of the Priory Rehabilitation Services Group and is registered to care for up to 28 adults with an acquired brain injury. The unit is set in well-maintained gardens with adequate parking and clearly defined parking areas for disabled visitors.

This was an unannounced inspection that took place on 26 February 2015. There were 25 people using the service at the time of the inspection. We last inspected the home on 23 October 2013. At that inspection we found the service was meeting all the regulations that we reviewed.

The home had a manager registered with the Care Quality Commission (CQC) who was present on the day of the inspection. A registered manager is a person who has registered with CQC to manage the service. Like

Summary of findings

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 found that suitable arrangements were in place to help safeguard people from abuse. Staff knew what to do if an allegation of abuse was made to them or if they suspected that abuse had occurred. Staff were able to demonstrate their understanding of the whistle blowing procedures (the reporting of unsafe and/or poor practice). Staff were also able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

We found people were cared for by sufficient numbers of suitably skilled and experienced staff who were safely recruited. Staff received the essential training and support necessary to enable them to do their job effectively and care for people safely. Records showed that staff had also received extensive training relevant to their role. The staff we spoke with had an in depth knowledge of the care and support the people who used the service required.

We saw people looked well cared for and there was enough equipment available to ensure people's safety, comfort and independence were protected. People's care records contained detailed information to guide staff on the care needed. Visitors we spoke with told us they were very happy with the care and support their relative received and they spoke highly of the kindness and attitude of the staff. Although verbal communication was limited with some of the people who used the service, they responded positively by smiling when asked about their lives, activities and the staff's attitude to them. We observed respectful, kindly and caring interactions between the staff and people who used the service.

An important aspect of people's care was to involve them in the planned programme of activities. A relative told us they felt the activities provided were very creative and imaginative and that a great effort was made by staff to stimulate communication and involvement with people.

The chef told us they worked closely with the dietician employed by the provider to ensure the meals provided were varied and nutritionally balanced. We spent time in the dining room and saw that the food provided looked appetising and there was plenty of it.

All areas of the unit were secure, clean, well maintained and accessible for people with limited mobility; making it a safe environment for people to live and work in. Procedures were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and water supply.

We found the medication system was safe and we saw how the staff worked in cooperation with other healthcare professionals to ensure that people received appropriate care and treatment. The healthcare professionals we contacted told us they had no concerns with the service and were happy with the care people received.

There were a number of processes in place to monitor the quality of the service provided to ensure people received safe and effective care. Regular checks were undertaken on all aspects of the running of the service and there were opportunities for people to comment on the quality of care provided. Regular meetings took place that enabled people to discuss the facilities and services provided within the unit. The complaints procedure was clearly displayed and people told us they would have no problem raising any issues of concern if they needed 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 safe.

Sufficient suitably qualified and competent staff who had been safely recruited were available at all times to meet people's needs.

Suitable arrangements were in place to help safeguard people from abuse. All members of staff had access to the whistle-blowing procedure and knew how to contact people outside the service if they felt their concerns would not be listened to.

The system for the management of medicines was safe. The care records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk.

People lived and worked in a clean, secure, safe environment that was well maintained.

Outstanding ☆

Is the service effective?
The service was effective.

Staff received extensive training to allow them to do their jobs effectively and safely and systems were in place to ensure staff received regular support and supervision.

People were provided with a choice of suitable nutritious food and drink to ensure their health care needs were met. People who were at risk of malnutrition and poor hydration had their food and fluid intake monitored to help ensure their well- being.

Staff were able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Good

Is the service caring?
The service was caring.

People spoke positively of the kindness and caring attitude of the staff. We saw that staff treated people with dignity, respect, humour and patience.

The staff showed they had a very good understanding of the needs of the people they were looking after. Great importance was attached to ensuring that staff were able to care for people who were very ill and needed specialised end of life care.

Systems were in place to enable people to request support and seek information/ advice about such things as welfare benefits and the use of advocates.

Good

Is the service responsive?
The service was responsive.

The care records contained detailed information to guide staff on the care to be provided. The records were reviewed regularly to ensure the information contained within them was fully reflective of the person's current support needs.

Good

Summary of findings

People looked well cared for and there was specialised equipment in place to meet their specific individual needs.

In the event of a person being transferred to hospital, information about the person's care needs and the medication they were receiving was sent with them. This was to help ensure continuity of care.

People were provided with clear information about the procedure in place for handling complaints. Relatives we spoke with told us they would have no problems raising any concerns they might have.

Is the service well-led?

Good

The service was well led.

Systems were in place to assess and monitor the quality of the service provided and arrangements were in place to seek feedback from people who used the service and from staff.

Incidents and risks were monitored to help ensure people were cared for safely.

Staff told us they experienced positive working relationships and felt that management responded well to the needs of staff and to people who used the service. Relatives and staff told us they felt included and consulted with.

The Elton Unit - The Priory Highbank Centre

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 was unannounced and took place on 26 February 2015. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service, including notifications the provider had sent to us. Following the inspection we contacted the local clinical commissioning group (CCG) and the GPs who provided care to the people who use the service. This was to seek their views about the care provided to the people in the unit. We were told they were very happy with the care and they had no concerns.

During this inspection we spoke with six people who used the service, two relatives, four rehabilitation assistants, one registered nurse, the cook and the kitchen assistant, two tutors employed by the provider, the support service manager and the registered manager.

We looked around all areas of the unit, observed lunch being served and looked at how staff cared for and supported people. We also looked at three people's care records, ten medicine records, three staff recruitment and training files and records about the management of the service.

Outstanding ☆

Is the service safe?

Our findings

Inspection of the staff rosters, discussions with staff and relatives of people who used the service showed there were sufficient suitably qualified and competent staff available at all times to meet people's needs. Staff told us they really enjoyed working in the unit because the staffing ratio to people who used the service was high. We were also told by staff that they really valued the opportunity to work closely with each person and provide sufficient 'care time' to provide effective and caring support and meet the personal needs of each individual. One staff member told us, "I am very proud of the fact we have a very low staff turnover and very low levels of sickness absence".

We looked at three staff personnel files and saw a safe system of recruitment was in place. The recruitment system was robust enough to help protect people from being cared for by unsuitable staff. The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire, a job description and at least two professional references. Checks had been carried out with the Disclosure and Barring Service (DBS).The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. The provider had checked that the registered nurses who worked at the unit had a current registration with the Nursing and Midwifery Council (NMC).

We saw that suitable arrangements were in place to help safeguard people from abuse. Inspection of the training plan showed all staff had received training in the protection of adults and children. Policies and procedures for safeguarding people from harm were in place. These provided guidance on identifying and responding to the signs and allegations of abuse. 'Easy read' procedures for people who used the service were also displayed throughout the unit to help them know who to speak with if they did not feel safe. The staff we spoke with were able to tell us what action they would take if abuse was suspected or witnessed.

We were told that monthly safeguarding meetings were held where senior staff met to discuss issues such as, safeguarding incidents that had occurred, lessons learnt and training updates. We saw evidence of these meetings being held. The information in the minutes of the meetings showed that investigations and discussions were thorough. They also showed the provider regularly invited the adult safeguarding specialist nurses from the local clinical commissioning group (CCG) to attend. We were told this was to ensure their involvement, draw on their knowledge of safeguarding and seek out their advice if needed. We were also told that the registered manager attended the CCG Safeguarding and Quality Forum where they have a standing item on the agenda of 'learning from incidents'. The CCG Designated Nurse Manager in Adult Safeguarding confirmed to us that this information was correct. By encouraging this partnership working it showed that the service was open and transparent. It also showed they were prepared to undergo a high level of scrutiny by external agencies in order to drive improvements, change practice if necessary, and help ensure that people in their care were protected from harm.

It was explained to us by the registered manager that designated safeguarding officers were appointed for each of the services within the Priory Group. We were told that, because of their in- depth knowledge of safeguarding issues, the registered manager was the designated safeguarding officer for the unit. This meant that staff had an accessible 'point of contact' for advice and support if they suspected or were aware that abuse had occurred. It also helped to ensure that, as the safeguarding officer was knowledgeable about the local safeguarding policies and reporting procedure, incidents would be reported in a correct and timely manner. We were told by the registered manager that staff saw the role of the safeguarding officer as part of the 'day to day practice' within the unit. Staff told us they understood it was a further safeguard in place to make sure people who used the service were kept free from harm.

All members of staff had access to the whistle-blowing procedure (the reporting of unsafe and/or poor practice). This was contained in the policy files but also clearly visible around a variety of areas within the unit. Staff we spoke with were familiar with the policy and knew how to escalate concerns within the organisation. They also knew they could contact people outside the service if they felt their concerns would not be listened to. Inspection of the training plan showed that all staff undertook whistle-blowing training annually. We were told the provider felt it was essential that, in addition to staff having access to the whistle-blowing procedure, they also had training. This was to ensure that staff recognised unsafe/

Outstanding ☆

Is the service safe?

poor practice, be reassured that their concerns would be listened to and be confident that they would not be treated unfairly if they made a disclosure. Having a culture of openness where staff feel comfortable about raising concerns helps to keep people who use the service safe from harm.

The care records we looked at showed that risks to people's health and well-being had been identified, such as poor nutrition, choking and the risk of developing pressure ulcers. We saw care plans had been put into place to help reduce or eliminate the identified risks.

We looked around all areas of the unit and saw access to the unit was via door keypads. This helped to keep people safe by ensuring the risk of entry into the unit by unauthorised persons was reduced. The bedrooms, dining rooms, communal lounge areas and corridors were clean and there were no unpleasant odours. The wide corridors helped to ensure safe movement around the unit. We saw staff moved people around the unit very carefully in chairs that were designed to meet people's physical needs. The movement around the corridors was organised in a calm and respectful way. We saw staff waited patiently to allow people to move through doorways to help prevent collisions occurring.

We saw infection prevention and control policies and procedures were in place, regular infection control audits were undertaken and infection prevention and control training was an essential part of the training programme for all staff. We were told there was a designated lead person who was responsible for the infection prevention and control management. We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. Alcohol hand-gels and hand-wash sinks with liquid soap and paper towels were available throughout the unit. We saw hand hygiene amongst the staff was excellent. This helps prevent the spread of infection.

We looked to see how the medicines were managed. We saw a detailed medicine management policy and procedure was in place. We found the systems for the receipt, storage (including controlled drugs), administration and disposal of medicines were safe. We also checked the medicine administration records (MARs) of ten people who used the service. The records showed that people were given their medicines as prescribed, ensuring their health and well-being were protected.

We looked to see what systems were in place in the event of an emergency. We saw personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. These were kept in people's individual care files and also in the 'fire file' to ensure they were easily accessible in the event of an emergency. We saw the emergency resuscitation equipment, that included a heart defibrillator, was located in a designated prominent position.

We saw the policies and procedures that were in place in relation to ensuring compliance with health and safety regulations. We also saw the procedures that were in place for dealing with any emergencies that could arise, such as utility failures and other emergencies that could affect the provision of care.

Inspection of records showed that a fire risk assessment was in place and regular in-house fire safety checks had been carried out to check that the fire alarm, emergency lighting and fire extinguishers were in good working order and the fire exits were kept clear.

Records showed risk assessments were in place for all areas of the general environment. The records also showed that the equipment and services within the unit were serviced and maintained in accordance with the manufacturers' instructions. This helps to ensure the safety and well-being of everybody living, working and visiting the unit.

Good

Is the service effective?

Our findings

People we spoke with told us they considered the staff had the right attitude, skills and knowledge to care for their relative and meet their needs. One relative we spoke with told us, "We scoured the whole country and in terms of the facilities, safety and levels of care this [unit] is the very best of the best in terms of meeting the needs of our relative".

The rehabilitation assistants we spoke with told us they had received the necessary training to allow them to do their jobs effectively and safely. The records showed the staff undertook a six month induction programme on commencement of their employment. The records we looked at confirmed staff had also received extensive training relevant to their role, such as care of tracheotomies. Staff confirmed their training was well organised and that the provider responded favourably to requests for additional specialist training.

A discussion with the staff showed they had a good understanding of the needs of the people they were looking after. One of the staff told us that continuity of care was always maintained because the night shift lead nurse reported to all the rehabilitation assistants each morning. This was done verbally and by a written report. This was to ensure that any change in a person's condition and subsequent alterations to their care plan was properly communicated and understood.

The records showed systems were in place to ensure staff received regular supervision and appraisal. Staff told us that 'best practice' within the Priory Group units was regularly discussed and shared during the staff forum meetings and they felt they learnt from this. One person told us they felt it would also be useful to see 'best practice' of activities outside the Priory Group. We were told this had been discussed during their appraisal meeting and they were awaiting a response to this suggestion.

We spoke with the two tutors who were present on the inspection day. They told us they were employed to provide support for the rehabilitation assistants to help them gain qualifications to diploma level in Health and Social Care. We saw that on- site computer access was available for staff training and staff were supported with this training by the tutors. The tutors told us they provided this face-to-face learning support once a month. We were also told that staff could organise on-going contact with the tutors via email and get support for a range of 'e-learning' packages that were available on line.

One person we spoke with told us they really valued the opportunity the provider had given them and appreciated the support given by the tutors. They told us they valued the chance to gain an accredited qualification in Health and Social Care. This person also received tuition in 'functional skills' relating to numeracy and literacy.

Some of the professionally qualified staff we spoke with told us it was a requirement by their professional body to stay up to date in their professional practice. They told us they received clinical and professional support by their attendance at the regular monthly meetings and they advanced their own expertise mainly through personal research.

We asked the registered manager to tell us what they understood about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is essentially a person centred safeguard to protect the human rights of people. It provides a legal framework to empower and protect people who may lack capacity to make certain decisions for themselves. DoLS are part of the MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a person is deprived of their liberty in a safe and correct way.

What the registered manager told us demonstrated they had a good understanding of the importance of determining if a person had the capacity to give consent to their care and treatment. From our observations and inspection of care records it was evident that several people had intensive nursing care needs and were not able to consent to the care provided. We asked the registered manager to tell us how they ensured the care provided was in the person's best interest. We were told that if an assessment showed the person did not have the mental capacity to make decisions then a 'best interest' meeting was arranged. A 'best interest' meeting is where other professionals, and family if relevant, decide the best course of action to take to ensure the best outcome for the person who used the service. We saw evidence of a 'best interest' meeting that had been held.

Good

Is the service effective?

The registered manager was also aware of the procedures to follow in the event of a person being deprived of their liberty. The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. We were told that 16 people who used the service were subject to a DoLS. Records we looked at provided evidence that the registered manager had followed the correct procedures to ensure any restrictions, to which a person was unable to consent, were legally authorised under the DoLS. This should help ensure people were not subject to restrictions which were unlawfully placed on them.

We checked to see if people were provided with a choice of suitable and nutritious food to ensure their health care needs were met. A discussion with the chef showed they worked closely with the dietician who was based at the provider's other service nearby. This was to ensure the texture, variety and content of the meals provided was appropriate for the people who used the service. In the kitchen and serving area there was a chart that clearly defined the dietary requirements and special diets of each person who used the service. We were told none of the people who used the service observed any religious or cultural dietary laws.

The chef told us they were guided by the senior chef who worked at the other service to create a three week cycle of meals, designed to minimise repetition and maximise variety and choice. We saw there was always a vegetarian option for lunch and supper. We were told the majority of the people who used the service were not able to have input into the planning of the menus however the nursing and care staff made the chef aware of people's likes and dislikes. This information was kept in the kitchen. The food served looked appetising and there was plenty of it. Drinks were regularly offered to people who used the service and to their visitors. We asked two of the people who used the service if they were enjoying their food; they both smiled their affirmation.

Records we looked at showed that following each meal staff completed records for those people who required monitoring of their food and fluid intake. The care records we looked at showed that people had an eating and drinking care plan and they were assessed in relation to the risk of inadequate nutrition and hydration. We saw action was taken, such as a referral to the dietician or to their GP, if a risk was identified. The care records also showed that people had access to external healthcare professionals, such as tissue viability nurses, opticians and dentists.

The layout of the building ensured that all areas of the unit were accessible for people whose mobility was limited. Adequate equipment and adaptations were available to promote people's safety, independence and comfort. Equipment was available to safely hoist and transfer people whose mobility was greatly impaired. The car parking areas were well laid out with very clear signage and clearly defined parking areas for disabled visitors.

Good

Is the service caring?

Our findings

Although verbal communication was limited for the majority of the people who used the service, they responded positively by smiling when asked how they felt they were being looked after, if they liked the food and how they felt about the staff. The visitors we spoke with told us they were very happy with the support and care their relative received. One relative we spoke with told us, "The rehabilitation assistants are brilliant. They share their gossip with [my relative] who smiles at what they say. The staff tell jokes and banter with [my relative] showing that they really care". Another relative told us, "I love to see the youthful vibrancy of the staff approach to their patients. We have had no issues of real concern over 17 years of care".

We saw staff treated the people who used the service with dignity and respect. We spent time in the dining room, observing the lunch time period. We saw that food and drink were brought to people very carefully and placed on secure surfaces so they could comfortably and safely reach it. Adapted crockery and cutlery was in use to help maximise people's safety, independence and dignity. The atmosphere in the room was calm, relaxed and secure. Sufficient staff were available in the dining room to ensure there was enough assistance for people. The rehabilitation assistants were extremely patient and very supportive in the way they encouraged people to finish their meals.

We observed at lunchtime one staff member helping a person who used the service. The close caring rapport between these two people was apparent. Although the person could not verbalise it was clear from the smiles and facial expressions that they recognised and understood what the staff member was saying and doing. There was laughter and affection in both directions. The staff member showed patience and care, encouraging the person to eat the entire meal. This took considerable time but it was done with politeness and respect for the person who was being supported.

We also observed another member of staff helping a person with their meal. The staff member was talking to them about that person's favourite football team. The staff member had taken the time and trouble to check previous scores and scorers for this person's team. When we joined the conversation the person who used the service beamed with a huge smile when we mentioned some of the players in the team.

The visitors we saw on the inspection day were visiting their relative in their own bedroom. They told us they visited their relative regularly and that staff always made them feel welcome. We saw people could access one of the small lounges within the unit if they wished to, where they could sit and talk in private.

We asked the registered manager to tell us how staff cared for people who were very ill and at the end of their life. We were told that one of the registered nurses had recently undertaken End of Life training and as the 'end of life champion' they shared their knowledge and information with other staff members. We were told that although it had not yet happened, if people made an 'end of life choice' to go home to spend their final days, staff would do everything possible to make this happen.

We saw the provider employed a Welfare Rights Officer whose role was to offer support and advice to people who used the service and to their families. We were told advice was given for such things as how to access individual advocates and ensure people received the correct amount of welfare benefits. The registered manager told us the provider employed a Family Liaison Officer who was available to offer support and advice to families about anything at all that concerned them. This information was given to families when their relative was first admitted to the unit. There was also information displayed on the notice board within the unit.

Good

Is the service responsive?

Our findings

The care records we looked at showed that detailed assessments were undertaken prior to the person being admitted to the unit, to ensure their needs could be met. The assessments were undertaken by the relevant people from the team of professionals employed by the provider. The team of professionals included, in addition to the registered nurses and rehabilitation assistants, physiotherapists, psychologists, occupational therapists, speech and language therapists and a dietician. The team was led by a Consultant Physician who specialised in the care of people with an acquired brain injury.

The care records we looked at contained detailed information to guide the nursing and rehabilitation staff on the care to be provided. They also contained specific specialist information and guidance from the relevant professionals involved in the development of their individual treatment programmes. The care records were reviewed regularly by staff to ensure the information was fully reflective of the person's current support needs. As the majority of the people who used the service did not have the capacity to be involved in the planning of their care we saw evidence in the care plans to show family had been involved in the care planning and decision making. We saw that family were also invited to attend their relative's six monthly healthcare case conference.

The care records contained a 'hand held summary'. This was a document that, in the event of a person being transferred to hospital, provided good information about the person's care needs and the medication they were receiving. The registered manager told us that if a person who used the service required hospital attendance they would be supported by two rehabilitation assistants to ensure the person's safety and continuity of care.

We visited some people in their bedrooms. The people looked clean, suitably dressed and comfortable. We saw there was specialised equipment in place to meet their specific individual needs. The staff we spoke with had an in depth knowledge of the person's care needs and of the specialised equipment that was in use.

The registered manager told us that fortnightly visits were undertaken by the health centre GPs who serviced the unit. During these visits people who used the service had their health care needs monitored. In addition, meetings were held with the clinicians on the unit. The GPs told us this arrangement was set up by both organisations to allow for good communication between clinicians. We were told that at the meetings clinicians shared ideas and suggestions which they felt worked very well for the people who used the service. We were told the arrangement also improved the system for the ordering of repeat prescriptions of medicines. The GPs told us they were very happy with the overall service and the care that people received. They told us the staff were very good at keeping them informed about any changes in a person's condition and were also very good at liaising with the families of the people who used the service.

We looked to see what activities were provided for people. We were shown the activities room that was well stocked with board and activity games. There was also a small kitchen area with drink-making facilities. We spoke with the activities organiser who told us there was a planned programme of daily activities. We were told that two of the people who used the service were going out to the cinema that day. During our inspection we saw musical activities taking place in one of the lounges and people looked to be enjoying themselves. A relative told us they felt the activities provided were very creative and imaginative. We were told they felt a great effort was made to stimulate communication with people who rarely verbalised their responses. This relative thought the activity organiser did a, "fantastic job"; organising news sessions, reading groups, listening to music, outside entertainers, exercise classes, and visits to the cinema. They told us they thought the special needs of the people who used the service were addressed in a very responsive and caring manner.

We were told the cultural and religious backgrounds of people were always respected and regularly celebrated. On the inspection day we saw the dining room was decorated with pictures to celebrate the Chinese New Year. We saw people's rooms were decorated with their personal possessions. This was most noticeable with the ardent football supporters. Their rooms were bedecked with football flags, scarves, posters and pictures.

We saw people were provided with clear information about the procedure in place for handling complaints. The complaints procedure was also in an 'easy read' format. This may help people who use the service to understand how to make a complaint and to know when and who will investigate it for them.

Good

Is the service responsive?

Relatives we spoke with told us they would have no problems raising any concerns they might have. One relative told us they had been visiting the service for 17 years and even though they clearly understood the formal process involved they had never had to make a complaint. We were told that a, "quiet word" to the registered manager was sufficient to resolve any minor concern. A relative told us, "Niggles about the occasional disappearance of odd socks is about as serious as it gets – that tells you all you need to know about how satisfied we are about [our relative's] care".

Good

Is the service well-led?

Our findings

A relative told us the manager was always accessible and showed, "exceptional leadership".

The staff we had discussions with spoke positively about working at the unit. One staff member told us they believed there was an excellent team ethos in which the management staff responded well to the needs of staff and to people who used the service. This staff member told us they were very proud of the review/appraisal procedures employed by the provider because it enabled staff to be involved in the running of the organisation. In this staff member's view this process devolved responsibility and initiative to the rehabilitation assistants and other workers and they felt that in turn improved the quality of care for the people who used the service.

Staff told us they experienced positive working relationships and one comment made was, "I really enjoy working here, otherwise I wouldn't have stayed for over 7 years. It is a really good working environment. The work we do with the [people who use the service] is brilliant".

Observation of the induction and training programme showed that the provider's values and philosophy were clearly explained to staff. Our conversations with relatives and staff showed that people felt included and consulted with.

One staff member we spoke with told us they were elected by the rehabilitation assistants in the unit to be the 'staff representative'. We were told structured staff representative meetings were held regularly where staff could raise any matters of concern. It was explained that the issues raised were not concerned with staff working conditions but were about providing even better care provision for the people who used the service. There was a suggestion that these meetings were, 'well listened to' by management but proposals for change sometimes took a while to be acted upon.

Records we looked at showed departmental meetings were held monthly and a staff forum was held every second month. When we asked the registered manager what the content of the staff forum was we were told, "Anything they want it to be. It can be comments, complaints, suggestions or general discussions". We were told there was a confidential 'employee helpline' available for staff to access if they felt they needed support or advice on anything.

We asked the registered manager to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. We were told that regular checks were undertaken on all aspects of the running of the service and were shown the 'healthcare audit calendar for 2015' that identified the areas of practice to be monitored throughout the year. In addition we looked at some of the audits that were undertaken monthly, such as care plans and medication audits. There was also a system in place for reviewing and analysing accidents or incidents. This enabled staff to look at ways of possibly eliminating or reducing the risk of re-occurrence; thereby helping to protect the health and safety of people who used the service. We were told that 'quality monitoring learning group' meetings were held monthly. These were to enable staff to discuss any recurring themes and devise action plans for improvements.

We were told that a senior staff member, independent of the unit, undertook an unannounced 'quality walk round' every two weeks. This was done to check on issues such as the cleanliness and decorative order of the unit, health and safety issues, staff presentation, people's experience of the quality of the meals, the care provided and the attitude of the staff. We were also told that an 'out of hours'; unannounced visit was undertaken monthly. We saw the findings were recorded.

We were told management sought feedback from people who used the service, their relatives and staff, through annual questionnaires. We were also told that six monthly 'focus group' meetings were held for people who used the service and for their relatives. We were told relatives were sent written invitations to the group and it was an open forum, where refreshments were provided and where they could discuss anything they wished to. We saw that, as a result of the last 'focus group' meeting, two areas for action were identified and addressed within the agreed timeframe.

In addition to the focus group meetings the provider produced a monthly newsletter that was readily accessible for people who used the service, relatives and staff.

We saw the provider had been awarded Silver Status by the Investors in People, which is a national organisation. Silver Status recognises excellence in the provider's management effectiveness and the involvement and empowerment of employees. It also recognises the support provided to the employees in their personal and professional

Good

Is the service well-led?

development. Quality staff development benefits the quality and safety of care provided to people who use the service. We were told the provider was working towards the next step of Gold Status.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.