Community Integrated Care

Parkside

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
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 2 July 2015. We last inspected the service in January 2014 and at that inspection we found the service was meeting all of the regulations that we inspected.

Parkside provides residential care for up to four people with learning and/or physical disabilities. At the time of our inspection there were four people living at the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who were able, told us by gesturing that they felt safe living at the home. Relatives told us they were confident their family member lived in a safe environment. One relative told us, "My relative is very safe here, there have been no issues."

Summary of findings

People lived in a clean and homely environment, with bedrooms tailored to people's specific needs.

Relatives told us their family member received their medicine on time and no issues were reported to us. Staff at the service were trained to administer medicines to people safely and securely and best practice guidelines were followed.

Staff we spoke with had a good understanding of safeguarding procedures. They also knew how to report any concerns they had and recognised their own personal responsibility to protect vulnerable people. The provider had procedures in place to monitor and investigate any safeguarding matters.

Staff followed the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). MCA assessments and 'best interests' decisions had been made where there were doubts about a person's capacity to make decisions. The registered manager had made DoLS applications to the local authority and authorisations had been received for two people with a further two outstanding.

Staff had a good understanding of how to manage people's behaviours that challenged the service and had individualised strategies to help and guide them.

Although it was busy at times, relatives and staff all told us they felt there were enough staff to meet people's needs, The registered manager monitored staffing levels to ensure enough trained staff were available at all times. The provider had systems in place for the recruitment of all staff at the home, including suitability for the post, full history, references and security checks. The registered manager had a programme of staff training in place and monitored this to ensure all staff were kept up to date with any training needs.

The registered manager completed supervisions and appraisals with staff, but we found these had fallen behind.

The registered manager told us any maintenance work was done by the provider upon request. The provider also had emergency procedures in place including an emergency continuity plan which outlined what staff would do in various types of unforeseen emergencies, for example in the event of a fire.

We found people received nutritious meals, snacks and refreshments throughout the day and during observations it was confirmed that people appeared to enjoy meals in a social and unhurried fashion.

People were respected and treated with dignity, compassion, warmth and kindness. People and their relatives highlighted the quality of care provided by staff at the home. One relative told us, "Staff discuss [person's name] needs with us as a family." They continued, "If [person's name] is unwell they are very quick to let me know and to get the GP."

People were treated as individuals and monitored so any changes in their needs were identified and procedures put in place to address that change. People's records were regularly reviewed and discussed with the person where possible and their relatives, or best interest decisions were made if necessary.

People were able to participate in a range of activities in the service and also activities that occurred outside of the service environment, for example going on holiday or going to the pub.

There had been no complaints since the last scheduled inspection. Information on how to complain was available to people at the service and to relatives and visitors alike. The registered manager explained the appropriate action he would follow if a complaint was made.

People were regularly asked for their views about the service overall and about their care, at individual keyworker monthly meetings. The majority of relatives confirmed they were asked their views, during visits, reviews of care or annual service reviews.

Regular monitoring and quality checks were completed by the registered manager and the provider. A range of daily, weekly and monthly checks were completed with actions followed through when issues had been raised.

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.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service and the provider had an effective recruitment and selection procedure in place.

Medication audits were carried out and there was an effective medicines management system in place.

Good

Is the service effective?
Not all aspects of the service were effective.

Staff were experienced and suitably trained although staff support mechanisms could have been better.

People's nutritional dietary needs were met and there were no concerns with the food and refreshments at the service.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were adhered to and appropriate applications had been made. The provider understood their obligations under this act.

Requires improvement

Is the service caring?
The service was caring.

People were treated with dignity and encouraged to be as independent as possible.

People were well presented and staff talked with people in a polite and respectful manner.

Care plans had been developed as far as possible with the involvement of the person and their relatives and other healthcare professionals.

Good

Is the service responsive?
The service was responsive.

Person centred care plans were in place that reflected people's individual needs. Plans were reviewed and updated as people's needs changed and people and relatives told us they were included.

The service had a programme of activities in place for people which was meaningful, well planned and assessed.

Relatives were confident any complaints would be addressed.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

We received positive comments about the registered manager, the staff and the provider; from the people and professionals that we spoke with.

There were procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to address these. These were monitored by the registered manager and the provider.

Parkside

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.

This inspection took place on 2 July 2015 and was unannounced. The inspection was carried out by one inspector.

We reviewed information we held about the service, including any notifications received from the provider about accidents, incidents and serious injuries. We contacted the local authority safeguarding team, two care managers, a physiotherapist, a district nurse, and the local Healthwatch. We used this information to support and plan our inspection. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services.

We spoke with the four people who used the service and three relatives. Due to their health conditions and complex needs not all of the people we spoke with were able to fully share their views about the service they received. We spoke with the registered manager, regional manager, senior care worker and four care workers.

We observed how staff interacted with people and looked at a range of records which included the care and medicines records for the four people who used the service, three staff personnel files, health and safety information and other documents related to the safe management of the service.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. One person smiled and gestured a yes. One relative said, "My relative is very safe here, there have been no issues." Another said, "The staff know how to help [relatives name] and understands their needs."

We were asked for our identity and once confirmed, asked to sign in the visitor book. That meant staff were aware of security measures and appropriate procedures to follow.

We asked staff about safeguarding procedures. One staff member said, "Anything out of the ordinary, would be reported." Another staff member said, "We have received training on safeguarding." A safeguarding policy was available for staff to follow which detailed the action to take if abuse was suspected. Information was available regarding the local authority procedures staff would follow to report any safeguarding concerns. One relative told us, "I am sure they have all had training to keep people safe, I would be very surprised if they had not." We noted there had been no safeguarding concerns within the last 12 months prior to our inspection and historic concerns had been dealt with effectively.

The provider had a whistleblowing policy in place to support staff to raise concerns about the delivery of care should that be necessary. All staff told us they could speak to the registered manager or senior care worker if they were worried about anything. Staff said they had never needed to raise any whistleblowing concerns regarding the service. This demonstrated staff had the knowledge and understanding to take action if they were concerned about the safety of people living at the service.

Relatives told us they believed their family members medicines were given appropriately and on time. We observed the staff in charge as they gave people their medicines. Correct procedures and best practice guidlines were followed, including hand hygiene. Medicines were stored safely and within a separate locked cabinet. There was additional security for any controlled drugs that may have needed to be administered to people who lived at the service. 'As required' medicines guidance was not always in place for a small number of medicines. The registered manager immediately updated this information and confirmed all 'as required' information was in place the day following our inspection. 'As required' medicines are medicines used by people when the need arises; for example tablets for pain relief or other remedies for a variety of intermittent health conditions.

When we looked at the Medicine Administration Records (MAR), we found all entries were completed and any gaps had a full explanation of why that was. MAR's are records of people's prescribed medicines and when they have been administered. Unused medicines were stored ready for disposal by the local pharmacist. A local pharmacy which provided medicines to the service had completed medicines training with all of the staff. Records showed that staff had received an administration of medicines competency assessment and these were in the process of being reviewed.

The premises were well maintained and there were regular checks on systems and equipment, for example electricity and vehicles. The registered manager told us he walked around the building every time he was there and identified any issues that needed addressing. He told us that if any maintenance needed to take place, a request to the provider would be completed and the work would be done soon after. A worn sofa was seen at the inspection and the registered manager confirmed that a new one had been ordered. Regular checks had been carried out within the service; such as fire systems, fire equipment and emergency lighting. We were told by the registered manager and two members of staff that a new sprinkler system had been installed within the service in January 2015 at a considerable cost. One staff member said, "It's worth it though if people are protected against a fire."

Fire drills had been completed and recorded. Staff were able to explain the correct procedure if a fire broke out at the service and what their response would be. There were emergency continuity procedures available to staff which they would follow in the event of an emergency and details of where to relocate should the need arise.

Risks were identified and procedures put in place and regularly reviewed to minimise possible harm to people living at the service. Individually tailored risk assessments for people living at Parkside had been completed after potential risks had been identified during the care planning process. For example, we found moving and handling and falls risk assessments were in place for people where this had been identified as a risk. All risk assessments were

Good

Is the service safe?

regularly reviewed. Staff told us, “We review risk assessments regularly and also if accidents have occurred.” We noted that any risks were discussed at team meetings to ensure that staff were fully aware.

We checked how the provider managed people’s individual finances and belongings and the related procedures. We counted money held within the service for two people and checked the account balances for three. We found all money to be correct

Records of accidents and incidents occurring at the service were maintained. This information was then transferred on to the providers IT system, which showed trends and was easily monitored by senior staff. We saw where accidents or incidents had occurred, staff had taken appropriate action.

The registered manager told us people’s needs were assessed to determine dependency levels and thus staffing needs. Staff told us they felt there were enough staff at the service to deliver care. One of the care staff told us, “I think there is enough staff.” The relatives we spoke with thought there were enough staff, although commented they would always like to see more activities. One relative told us, “Yes, there is enough staff.” Another relative told us, “I have noticed a few staff changes; but everyone seems ok.” We checked four weeks of recent rotas and had no concerns about staffing numbers.

The newest member of staff had worked at the service for over a year with others having worked there between two and 12 years. Staff personnel files indicated an appropriate recruitment procedure had been followed. Evidence of an application being made and notes from an interview process were available. References had been taken up, with one from the staff member’s previous employer, and Disclosure and Barring Service (DBS) checks had been made. This showed the registered provider had appropriate recruitment and vetting processes in place. The registered manager told us that one of the people living at the home had been involved in recent recruitment and that this was going to be a regular event when the need arose to recruit more staff. The provider had procedures in place to ensure that any staff member driving the service’s mini bus had the correct documentation in place, including driving licences and their age was appropriate to drive the vehicle (i.e. over 21)

We were able to confirm that the registered provider had a policy and procedure for dealing with any performance or disciplinary issues at the service. Records confirmed that where past issues had arose, these were dealt with effectively and in a timely manner.

Requires improvement

Is the service effective?

Our findings

Relatives told us staff seemed to have the right skills to work with their family member. One relative told us, "The key worker understands [person's name]". Another relative told us, "They all seem to know what they're doing." One member staff told us, "When we start, there is induction training and shadowing of experienced staff. We have to look through people's files so that we know all about them and go through all the policies and procedures."

One relative told us that their family member had made "huge improvements" since living at the service. They also said, "[Person's name] seems very happy, their mood swings are better and they speak a little better too."

Staff had received suitable induction and training. We looked through staff records and saw staff had received induction and specific training to support them in their role at the service. We saw hard copies of training records and viewed the online training recording system which highlighted when staff training needed to be renewed. Training in, for example, safeguarding and emergency first aid had been completed. One member of staff told us, "We have received training from physio's in the past." While we were at the service one staff member was being paid a visit from a health and social care assessor. They told us, "[staff name] is doing very well, they are signed up to complete an intermediate apprenticeship."

Staff told us they had regular supervision and appraisals. They told us they had supervision approximately every two months. All of the staff we spoke with told us they felt supported by their line manager and said they could go at any time to talk things through. However, when we checked staff files, we found that supervision had not always been as regular as portrayed by staff. Annual appraisals were overdue and we saw from staff files that the last recorded appraisal had been with the previous providers in 2011. Appraisals had been started and mostly completed, and there had been an effort made to finalise these with dates being booked in the office diary for completion.

Team meetings were held to discuss a range of issues and gave staff additional support. The registered manager told us they were going to hold more meetings. We discussed this with the registered manager and they told us in the future meetings would be booked in advance and more regularly. They emailed us directly after our visit and confirmed that a matrix would be put in place to monitor these meetings.

Information contained in people's records indicated some consideration had been given to people's mental capacity and their right and ability to make their own choices, under the Mental Capacity Act (2005) (MCA). We spoke with the registered manager about the MCA in relation to Deprivation of Liberty Safeguards (DoLS). Staff were aware of the MCA and understood about supporting people to make choices and decisions. Where people were unable to make a decision, 'best interests' decisions had been made in discussion with relatives, staff and healthcare professionals. CQC monitors the operation of DoLS and reports on what we find. DoLS are part of the MCA. The registered manager had made two DoLS applications after discussion with relatives and healthcare professionals at the time of our inspection, with a further two applications pending. That meant the provider was complying with their legal requirements.

People at the service could not ask for food and refreshments and were therefore at risk of nutritional problems. People at the service were weighed regularly and their intake of food and drink was recorded on food and fluid charts. This meant that any potential nutritional risks were quickly identified.

People chose what they wanted to eat. We asked staff how people were able to choose meals if they had difficulty verbally communicating. Staff explained that two people made gestures or nodded their heads if they approved. Staff admitted that for some people it was a case of getting to know them well, which they confirmed they thought they did.

We observed two meal times at the service. People appeared happy and relaxed and not rushed as they sat around the dining room table and ate their meal. People were supported by staff where this was needed. The support was done in a way which encouraged people to help themselves if possible. Menus showed that a range of different foods were available to people. Relatives told us that they were welcome to stay for meals if they wished. One relative told us, "We can stay if we want to, it's all very good." Staff told us that menus were in the process of being

Requires improvement

Is the service effective?

reviewed and that included new pictures of food items for people to look at. One staff member had been tasked with completing this and told us that they wanted to ensure that people had a good choice of food items they liked.

Fresh, frozen and tinned food were available and kept within the kitchen area. Food was labelled and stored appropriately, with regular temperature and storage checks being completed by staff. All staff completed appropriate training in this area.

The registered manager explained to us how people were supported with their food at the service. Records confirmed that other healthcare professionals had been involved in people's care when additional nutritional support was required for people. For example, the speech and language therapy team had previously been involved with one person due to their risk of choking. Staff knew what people enjoyed and did not enjoy eating. For example, one staff member told us that one individual did not like apples. That meant staff were aware of individual's special dietary requirements, likes and dislikes and worked with other healthcare professionals to support them when additional intervention was required.

Healthcare professional visits were recorded and we confirmed with staff that additional support would always be called upon if people required it. One person had received support from the local behavioural team and this had proved positive for them. Staff told us when people displayed behaviours that may be perceived as challenging; they would record the circumstances and learn from any factors which may have led to it happening. GP, optician and dentist appointments were recorded in people's care records showing that the provioder supported people to ensure their general healthcare needs were met.

The premises had been adapted for wheelchair users and for those who used other mobility aids. The corridors and rooms were all accessible, although some of the huge garden space was not accessible due to the nature of the soil and the close proximity to tree areas within it. There was space for people (although limited) to have private areas if required, other than in their bedrooms. One relative told us, "There is space, wish there was more." One staff member said, "It would be lovely if we could have an extension into the garden area to increase the space." We spoke with the registered manager about any work due to be completed at the property. He confirmed that there were no current plans for any extensions, but it was something that was hoped for in the future.

Good

Is the service caring?

Our findings

One person nodded their agreement when we asked them if staff cared about them. When we asked another person if staff were nice to them, they smiled. Staff recognised people as individuals. We heard staff explaining, encouraging and taking time to explain again if required. Staff were knowledgeable about people when we asked them. They were able to tell us what people liked to do, about their background and family and also about their health and support needs. One staff member said, "Everyone is individual, they are all so very different." One staff member explained one person was keen to show us their musical skills and with their help, we were able to better communicate with the person because they knew them so well.

One relative told us about the special birthday planned next year for their family member. They told us that staff were liaising with them to finalise arrangements, including where to hold the event. They said, "[Staff name] is helping us with the arrangements, which is very good." We spoke with the staff member who was working with the family and they told us how much effort they had put in to help the family find a suitable venue and ensure it was somewhere that the person would like. The staff member told us, "It's a milestone, so I hope [Person's name] has a good time." Staff told us that relatives were invited to various meetings that took place at the service and we saw evidence that one relative usually attended keyworker meetings. Relatives had been involved with producing a document called 'All About Me'. The document detailed information about people's families, what they like to do and other details which helped staff members understand people better and be able to provide more person centred support to them.

People were relaxed in the presence of all staff. We observed warm, caring and positive conversations taking place. Staff were going about their work in a naturally, helpful way to support and care for people.

Staff were observant to people's changing moods and responded appropriately. For example, one person had become anxious and staff immediately reassured the person and calmed them down almost instantly. During our observations we saw extensive positive interaction between people and the staff working at the home. One relative said, "The staff are great, they know everyone well, really caring." Another relative told us, "The staff look after [person's name] so well, they have a good relationship with the staff."

Staff showed an understanding of the need to encourage people to be involved. Staff told us, "It's important to encourage and motivate people where we can." During our inspection staff encouraged people during the music session that took place in the afternoon and also during a one to one craft session held in the morning. People were helped to remain as independent as they could be. One person was able to drink by themselves after staff supported them to take the cup and drink through a straw.

People's privacy and dignity was maintained by staff at the home. Staff closed bedroom doors when they were about to support people with personal care. We heard and saw staff knocking on bedroom doors before they entered and calling through to alert people they were there. One member of staff told us, "I am always mindful of people's dignity, I would not like to be treated badly so make sure people here aren't."

The provider had produced a 'service user' guide for people and relatives. The guide contained information in a variety of formats (including pictures) and included information on all the equipment used in the service, policies and procedures and how to obtain support from advocacy services. One person had previously been involved with an advocate and when asked, the staff knew how to access this type of service should the need arise again in the future. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions and looking after their best interests.

End of life arrangements were documented in people's care records. For example, one person's record confirmed their preferences for the type of funeral service and where the service should be held. Staff had documented this information for most of the people at the service. Where relatives had not wanted to discuss this topic, staff had shown understanding and it had been noted to follow up in the future at a more suitable time. We noted in the garden were two wooden benches which had been donated by the relatives of people who had lived at the home and had passed away. One staff member said, "We never forget people, these remind us."

Good

Is the service responsive?

Our findings

People were supported in a person centred way, which meant staff tailored support to the individuals and they were not treated as a group of people living together under one roof. Detailed records where in place, identifying people's individual needs and how staff would support the person to achieve the best possible outcome. Full assessments had been carried out with risk plans to support these. Health records, included information on weight, seizures and input from various professionals. One relative told us, "Staff understand [name], they know what works and what does not." Another relative said, "They [person] spend lots of time with company, which is much better."

People were supported to ensure they were not socially isolated. There was a relationship cycle which portrayed family members or other people of particular importance to the person in a visual way. When we asked one member of staff about the document, they told us it helped them to understand who was important to people. One staff member told us that friends of the people living at Parkside visited regularly and some of these visitors were from other services in the local area.

People's care was regularly reviewed and involved people, staff, family and external healthcare professionals. This ensured people were cared for and supported in a way which was personalised to their individual needs. We noted when people's needs changed before a review was due, for example when an accident had occurred; their care records had been reviewed and amended to include any changes that were required. Relatives told us they felt involved in their family members care and had issues explained to them. One relative told us, "We feel included in everything that takes place, very pleased with the home."

We saw people making choices during the inspection. One person told staff they wanted a particular item for lunch by the gestures they made when asked. Staff told us some people were able to tell them what they wanted, but with other people the staff used different ways of communicating. One staff member told us, "[Person's name] smiles or laughs when we show them food to choose, that's how we know they like it." Another staff member said, "For some people we use gestures or facial expressions and for others we use pictures." We also saw people and their relatives had provided staff with information about the activities they preferred to do.

People participated in a range of activities, including; crafts, music, and swimming. One person was a fan of Newcastle United and we had a conversation with them, supported by a member of staff, about how much they enjoyed going to see the team. The staff member told us the person was now a member of Newcastle United Disabled Supporter Club. We also saw from key worker meetings that one person had enjoyed trips out to a local pub.

The service had the use of a vehicle to take people out into the community and staff and relatives confirmed it was used regularly. On the day of the inspection all of the people, participated in some form of activity, including making scarecrows for the garden and playing musical instruments. Some of the comments from relatives when we asked about activities at the service were; "[Person's name] has a good social life"; "[Person's name] goes on plenty of trips out" and "[Person's name] went on holiday to Cumbria and [relative] was able to go to, very good." We also noted that people had either been on holiday or where planning to go on further holidays to, for example, Ayr, Edinburgh or an activity centre in Northumberland.

We asked one person if something was wrong or they were upset would they tell someone. They gestured that they would tell a member of staff. Relatives told us they knew how to complain and would have no hesitation in doing so. They told us they would know if something was upsetting their relative. One relative told us, "If I had to complain I would see the manager, he is very approachable." Another told us, "[Person's name] would let me know if they were unhappy." The complaints procedure was available within the home. We noted no complaints had been received since the last inspection and when we asked the registered manager about the process, they knew how to handle them appropriately.

One relative told us when their family member came to live at the home, the staff had made the transition between services very straightforward and easy for them and their family member. They told us, "We can call in any time and feel welcomed" and "Staff are more than happy with us

Good

Is the service responsive?

visiting." They were very good at settling [person's name] in." This meant staff were skilled at ensuring people transferred between services or from their family home to the service with ease.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a dedicated registered manager in post who had worked many years in the social care sector. Our records showed he had been registered with the Care Quality Commission since October 2010. The registered manager was not available at the beginning of the inspection and the senior staff member was able to support us during this time. There was a clear reporting structure in place and staff knew who was in charge on a day to day basis, including when the registered manager was not available.

The regional manager and registered manager told us of a possible restructure which had been discussed within the organisation. They told us that nothing had been confirmed yet, as further talks and decisions needed to be made. One relative told us of their concern about this and said that they chose the service because of its steady workforce and static registered manager. We were not able to find out any more details as the restructure had been delayed a number of times and staff were not sure what was happening next.

Staff knew how to access policies and procedures. There was also a staff hand book available. That meant staff had information to refer to in order to support them in their role. One staff member told us that they worked 'flexibly', which meant the provider offered them support around their working hours to fit in with their personal circumstances. The staff member told us, "It works well for me."

The atmosphere in the service was relaxed and it was noted all staff were supportive of each other and clearly had positive working relationships including with the registered manager. Staff told us they enjoyed working at the service. It was evident from staff conversations the quality of life for people who lived at the service was important.

The registered manager worked between two services and told us he split his time accordingly. Relatives told us they felt the service was well run, homely and the registered manager and senior staff kept a close eye on the running of the service and the standard of care. One relative said, "The manager always takes time to chat with us if he is about."

Meetings for people living at the service took place. Activities, days out, and menus were some of the items on the agenda. Information was gathered regarding people's views every month via the keyworker meetings. Staff ensured people were asked what was and what was not working well for them. Staff told us they ensured people were asked what they would like to do. People's records confirmed keyworker meetings were held generally every month. The relatives we spoke with said the provider and the registered manager asked them their views on the running of the home regularly via visits to the service or by communications sent to them directly or by telephone calls made.

A range of daily and weekly audits and checks were carried out at the service and any issues identified had been recorded. Any required actions had been followed through to completion. Checks on health and safety issues were carried out, including fire safety and accidents and incidents. Care planning was monitored along with other checks on the environment, medicines and complaints for example. Monthly checks on people's finances were also completed. The regional manager visited regularly and they monitored the service as a whole, highlighting any action outstanding and supporting the registered manager to ensure these were completed.

The registered manager had informed the CQC of any significant incidents or events within suitable timescales, although we found one recent Deprivation of Liberty Safeguards authorisation confirmations had not been sent through to us. The registered manager apologised for the oversight and sent the notification through to us the next day. This meant we could confirm suitable actions had been taken.

We spoke with health care professionals and they all told us the service had a good reputation in the North Tyneside area and they had no concerns about the care people received.