

Monarch Consultants Limited

Parkside Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Parkside Nursing Home is a care home that provides nursing and personal care for up to 50 people in one purpose-built building. At the time of the inspection 17 people lived at the home, including people living with dementia.

People's experience of using this service and what we found

There had been a number of changes in the management team and these changes had not yet been embedded to provide sustained changes at the home. Relatives told us they were not consistently involved in planning and reviewing people's care. The provider's senior leadership team had supported the service in making numerous changes in order to improve the quality and safety of care. Governance systems and processes had improved and as a result incidents had reduced. The home worked well and acted on feedback from health and social care professionals.

People were protected from the risk of harm or abuse. Safeguarding incidents were investigated and reported in a timely manner to safeguarding authorities. Medicines were managed safely. Staff were recruited safely, and people were supported by staff who knew them well. Infection control measures were in place to protect people from the risk of infection. Lessons had been learnt and people's outcomes had improved as a result of the changes since our last inspection.

People were involved in planning their care. The provider had been open and honest when issues occurred and responded and acted upon complaints in a timely manner. People were supported to spend their time undertaking activities they enjoyed.

People were offered choice in what they wanted to eat and drink, risks associated with eating and drinking were managed and specialist advice had been sought when needed. Staff were trained and competent and care was delivered in line with best practice guidance and the law. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were provided with consistently kind and caring support; they were given choices and they were consulted about all aspects of their care. Staff supported people in a dignified way, and people were supported in a timely manner. Staff communicated with people respectfully.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 18 November 2021) and there were multiple breaches of regulation. Following our last inspection, we held a provider meeting and the provider completed an action plan to show what they would do and by when to improve. At this inspection we found

improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 13 September 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

The overall rating for the service has changed from inadequate to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Parkside Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Parkside Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 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.

Service and service type

Parkside Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Parkside Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that when a registered manager is appointed, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider was actively trying to recruit a registered manager with the skills and experience to support the home.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and clinical commissioning group who had worked closely with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with ten staff members including the acting manager, nurse support, registered nurse, care workers, agency care worker, kitchen staff and housekeeping staff. We spoke with two people who used the service and 12 people's relatives. Not everyone living at the service was able or wanted to speak with us, therefore we spent time observing interactions between staff and people. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including concerns and complaints were reviewed.

After the inspection

We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We sought further information from the provider, that we were unable to review on site, to inform our inspection judgements. This included staff training information, staff rotas and policies.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection we found the provider failed to ensure that people were protected from abuse and improper treatment. This was a breach of Regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 13.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes in place protected people from the risk of abuse and avoidable harm.
- Since our last inspection the provider had reviewed their safeguarding processes and ensured all staff received training and understood safeguarding. Staff we spoke with were aware of what to report and who to report concerns to.
- The provider had introduced observed practice and further training in moving and handling for staff to address issues we found during our last inspection relating to restraint. Our observations showed people were supported safely and no longer subjected to possible abuse.
- The provider had reviewed their admission processes to ensure people were fully assessed and could safely live alongside people already living at the service. This meant safeguarding concerns relating to incidents between people had decreased significantly.
- Safeguarding incidents had been reviewed in a timely manner by a member of the senior leadership team. Safeguarding records we reviewed detailed what action had been taken to prevent and reduce incidents occurring again. This protected people from the risk of abuse.

At our last inspection we found the provider failed to ensure people received care and treatment in a safe way, this was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Risk assessments and risk reduction measures were in place to protect people from harm.
- Since our last inspection the provider had reviewed all people's individual risks, and these had now been fully assessed. For example, we observed a person becoming distressed, this was associated with a health condition they lived with, staff acted immediately to support and reassure the person. Care plans we reviewed detailed how staff should support the person in order to minimise and manage any distressing

incidents.

- Risks associated with people's nursing needs were fully assessed and managed well. For example, risks relating to pressure area care were managed effectively. People were supported in line with their assessed needs. Detailed repositioning records were in place along with pressure relieving equipment where required. Pressure relieving equipment was monitored to ensure equipment was effective.
- Safety checks were in place to ensure people were kept safe from risks associated with their environment. Regular checks of water temperatures and food safety were undertaken to ensure people were kept safe from harm.
- Staff undertook regular fire evacuation training and all people had personal emergency evacuation plans in place which detailed vital information in case of an emergency occurring.

Staffing and recruitment

- The provider ensured enough suitably trained staff were always deployed to safely meet people's needs.
- The provider worked collaboratively with staffing agencies to ensure all temporary agency staff were trained to the same standard as internal staff. This meant people received consistent care and support by competent staff.
- Staffing issues such as low morale had improved since our last inspection and as a result staff felt the care people received had improved. For example, one staff told us, "We are in a much better place now, it's a much nicer place to be, we have time to care now, we didn't before."
- Staff were recruited safely. All staff had essential safety checks such as a Disclosure and Barring Service check prior to starting employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely.
- Medicine records detailed how people liked to take their medicines and all essential safety information such as allergies were clearly documented. People who required medicines to be given covertly had detailed care plans in place which included instructions from the prescribing doctor and pharmacist as per best practice guidance.
- People received their prescribed medicines on time by trained staff. Further competency assessments had taken place since our last inspection by the provider's senior leadership team to ensure all staff administered medicines in line with best practice guidance this included washing hands in between administering medicines to different people and gaining consent.
- The provider reviewed their medicine ordering processes since our last inspection to ensure people did not run out of their prescribed medicines. Medicine audits were carried out monthly to highlight any shortfalls in medicines management.
- The provider had addressed storage issues and a new medicine room had been created to ensure all medicines were correctly stored in line with best practice guidance.

Preventing and controlling infection

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. During our inspection the home was experiencing an outbreak of COVID-19. We found designated staffing in place, windows open to allow for good ventilation, and zoning in place however we found that one small lounge was crowded during the day. We fed this back to the acting manager at the home who took immediate action.
- We were assured that the provider was preventing visitors from catching and spreading infections. The cleanliness of the home had significantly improved and changes to the deployment of housekeeping staff

ensured that suitable cleaning cover was available over a longer time period.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were restrictions on visiting the service due to a COVID-19 outbreak which were in line with current government guidance. Essential care givers continued to visit the service.

Learning lessons when things go wrong

- The provider ensured lessons had been learnt.
- Incidents and accidents were investigated and analysed to identify themes and causes.
- Since our last inspection the provider had introduced new processes to address the issues, we found surrounding care delivery. For example, a nominated staff member now checked all daily monitoring forms for people at risk of pressure damage, malnutrition, dehydration and falls to ensure care was being delivered in line with peoples assessed needs.
- Daily monitoring of accidents and incidents meant that timely action was taken, and people were protected from avoidable harm.

Is the service effective?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider failed to provide care in line with people's assessed needs which placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been fully assessed and detailed assessments were in place for staff to support people safely.
- Since our last inspection care plans had been updated when people's needs changed. For example, one person's care plan had been consistently updated to reflect what support was required to manage their diabetes. Clear instructions relating to what action staff should take if they became unwell were clearly documented. This enabled staff to support people safely. Care plans relating to wound care had been fully updated and where photographic monitoring was required consent was gained.
- People's needs were assessed in line with best practice guidance and the law. For example, nationally recognised screening tools were in place for pressure area care and nutritional monitoring.
- We received mixed feedback from relatives as to whether they had been involved in the care planning process. For example, one relative told us, "I have not been involved" whereas another relative told us, "I did have a lengthy phone conference and we went through all sorts of issues relating to their care". The provider acknowledged involving people's relatives in care planning had been difficult due the pandemic however they had plans in place to reintroduce face-to-face care reviews with people and their loved ones.

At our last inspection the provider had failed to ensure staff were competent to provide safe and effective care this was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- Induction and training programmes were in place for all staff. This ensured staff supported people safely.
- Staff received regular supervisions to identify any training.
- Since our last inspection temporary agency staff all received comprehensive inductions to the service.

Agency staff we spoke with all had access to care plans and our observations showed they knew people well.

- Further training and regular competency assessments in areas such as moving and handling, infection control and nutrition had taken place. This ensured people received safe care from competent staff.
- Competency assessments were in place for nursing tasks such as aseptic technique and catheterisation. Records showed that only competently assessed trained staff undertook tasks such as wound care.

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

- People were supported to eat and drink in order to maintain a balanced diet.
- We found that action had been taken since our last inspection regarding the storage of nutritional supplements. These were now stored securely and in line with storage guidance. This meant they were safe for people to consume.
- A wide choice of nutritious food was on offer. People were supported in different ways to choose what they wanted to eat. For example, we observed staff offering plates of different foods to people who did not understand verbally what was on offer. They also gave people tasting plates in order for them to make a choice through taste.
- Weight, diet and fluid monitoring was in place and reviewed to ensure people who were at risk of malnutrition and dehydration were identified. These were referred to health care professionals for advice and guidance which was followed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health needs were managed safely and effectively.
- Timely referrals to health and social care professionals were made when specialist advice was needed. For example, all people at risk of choking had been referred to the speech and language therapy team and their care records reflected specialist advice which had been implemented.
- Staff supported people to gain access to their named doctor when needed. For example, one relative told us, "The staff contact the doctor when needed. They have to explain to my [relative] that it is necessary as they don't really like doctors or hospitals."
- Care plans detailed oral health assessments and people were supported to access the dentist when needed.

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

- The premises and environment had been adapted to meet people's needs. Visual aids were used to signpost areas such as lounges and bathrooms to support people to find their way around the home.
- We found issues relating to the hot water in the building had been resolved. Monitoring was in place to ensure the home always had water and if issues occurred, they were dealt with immediately.
- The upstairs areas within the home were undergoing refurbishment work in order to make the environment more visually accessible to all people. Sensory equipment we found to be out of use during our last inspection had been moved so all people had access to it.
- A new system to gain access to areas of the home had been introduced. This meant staff could gain access quickly in the event of an emergency.

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

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

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where restrictions were identified a DoLS application had been made to ensure these restrictions were lawful. Systems in place ensured that any DoLS in place remained lawful.
- Staff received training in the MCA and DoLS. Our observations showed staff were aware of their responsibility. For example, we observed staff consistently gaining consent before they provided care. Staff explained to people what and why they were undertaking certain tasks.
- Since our last inspection where people lacked capacity mental capacity assessments were in place and had always been completed for specific decisions. For example, where a person required bed rails there was now a detailed mental capacity assessment in place. Assessments evidenced these were in place in the persons best interest to keep them safe from harm.

Is the service caring?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection the provider had failed to ensure people were supported in a caring, dignified and respectful way. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 10.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff delivered care with kindness and compassion. We observed staff to be patient and supportive to all people.
- Since our last inspection the provider had completed internal and external quality audits to ensure staff were treating people with kindness and compassion at all times. Any concerns relating to staff conduct was been fully addressed and appropriate action taken where needed.
- People we spoke with told us they enjoyed living at the home and liked all the staff. One person said, "They always help me, the staff here I couldn't do without them they're lovely".
- Peoples choices were fully respected. All care records demonstrated that people had been given a choice of who they would like to help support them.
- Relatives told us they felt staff were caring and treated their loved ones with kindness. For example, one relative told us, "I do feel that the carers are kind and caring towards my relative and myself when I visit."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- Since our last inspection the provider had ensured all staff including those in none care roles had completed dignity training.
- We observed all people to be dressed in well-fitting clean clothes. One person told us they like to wear make-up and have their hair done, they told us staff supported them with this every day.
- Relatives told us they felt all staff respected their loved one's privacy and dignity. One relative told us, "They are always really nice with my relative. They are visually impaired, so they always explain everything verbally what they are doing."
- Privacy and independence were promoted throughout the service. Staff consistently knocked on people's doors and waited prior to entering people's bedrooms.

At our last inspection the provider failed to ensure people received care in a person-centred way. This was a

breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged and supported to express their views.
- Care plans we reviewed demonstrated people had been included in planning their care. For example, people's likes and dislikes were clearly written in all care records we reviewed. Involvement in care planning from relatives was mixed. Some relatives we spoke with said they had been involved whereas other felt this area could be improved. This was fed back to the provider who advised that telephone reviews with relatives had continued throughout the pandemic but these had not always been successful. They had plans already in place to address this as soon as the COVID-19 outbreak was over.
- Since our last inspection residents' meetings were held for all people living at the home. This gave all people the opportunity to give feedback and express what changes they would like to see.
- Staff supported people to express their views. For example, we observed a person walking thorough the corridor with support from staff, the person expressed they wanted a quiet place to sit. Staff then supported the person to sit in a quieter part of the home and sat chatting with them.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support tailored to their needs and preferences.
- Care plans were detailed and directed staff in how to support people safely according to their needs. For example, one care plan we reviewed provided specific needs relating to a person's mental health and the care plans directed staff how to support them.
- People and their relatives told us they felt staff knew their likes and dislikes. For example, one person we spoke with told us, "Staff are very nice here and know exactly what I like, I make it clear what I don't like."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and documented within care plans. For example, one care plan we reviewed detailed methods to communicate effectively with a person who has verbal communication difficulties.
- Information such as safeguarding and information relating to COVID-19 was available for people in an easy read format. This ensured information was accessible to all people who lived at the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to choose and engage in a range of activities.
- Activities on offer were developed with people living at the service. For example, minutes from a resident meeting we reviewed detailed what activities people enjoyed and what new activities people wanted.
- Where people were nursed in bed or did not want to engage in group activities, people were given the choice to engage in 1:1 support of their choosing from dedicated activity staff.
- People were supported to maintain contact with their families. The provider followed government guidance on care home visiting arrangements this included maintaining visits from essential care givers at all times.

Improving care quality in response to complaints or concerns

- Complaints and concerns had been documented and investigated.

- After our last inspection the provider held meetings with people and their relatives to address the issues found. The provider had been open and honest and detailed the action they would take to improve the quality of care.
- People felt their concerns were listened too and action was taken when needed. For example, one relative told us, "I did raise a complaint when my relative first moved in. I went straight to management about this, and it was sorted out. I have not had cause to complain about anything since then."

End of life care and support

- At the time of our inspection nobody was receiving end of life care.
- End of life wishes had been discussed and documented within care plans. Where people declined to speak about this area of care this was respected and revisited where needed.
- Staff received training in end of life care and policies were in place to support staff.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection we found management failed to have oversight of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities).

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17. However, further improvements were required to improve this domain to good.

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

- Since our last inspection there had been a number of changes within the management team. An acting manager was in post however further changes within the management team at the home were planned. Stable and consentient management is required to embed all the changes made by the providers senior leadership team.
- Staff reflected on the positive changes to the home. For example, one staff we spoke with told us, "We've had lots of changes over the last few months to get our heads round, but people are much happier now."
- The provider had utilised their systems and processes in place to improve the quality of care provided. Accidents and incidents were monitored by the providers senior leadership team to identify trends. The planned management changes would need to embed these further to ensure the changes are sustained.
- Since our last inspection internal and external quality audits had been undertaken in order to improve the quality of care and drive service improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback from staff about how they were supported and managed was mixed. Staff acknowledged that the culture and morale had improved within the home but felt at times they were not always supported. The provider encouraged staff to voice concerns and where issues had been raised to them comprehensive investigations had taken place. For example, we received anonymous whistleblowing concerns, the provider completed an in-depth investigation including holding HR clinics with staff to identify issues and take action where needed.
- Feedback we received from relatives was mixed and some we spoke with felt they could be included more in their relative's care. For example, one relative told us, "If I wanted to know anything, I would have to ring up as we are not given any information unless something has gone wrong." The provider acknowledged COVID-19 had made face to face reviews difficult but had plans to reintroduce these care reviews with people and their relatives.

We recommend the provider seek alternative processes to undertake peoples reviews that include relatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings were held to encourage staff to raise issues. However due to the number of changes and inconsistent management work was still required to ensure staff felt fully supported and protected to raise concerns.
- People were involved in shaping the service. Meetings were held monthly, and feedback acted upon. Where people did not or could not engage in meetings, staff communicated with them in an appropriate method on an individual basis to gain their views.
- Staff received training in equality and diversity. Policies in place had been reviewed to include all protected characteristics.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider, acting manager and senior leadership team understood their responsibility to be open and honest with people and had acted when things went wrong.
- Records we reviewed evidenced incidents and any agreed outcomes had been communicated to people and their relatives.
- Relatives we spoke with told us they were informed when things went wrong. For example, one relative we spoke told us, "Whenever anything untoward has happened, they let me know straightaway. I have no concerns about the communication as far as that sort of thing is concerned."

Continuous learning and improving care; Working in partnership with others

- The provider had worked in partnership with the local authority and clinical commissioning group in order to improve the quality of care.
- One professional we spoke with told us, "The service has worked with us and made a number of improvements, they have been proactive in implementing suggestions we have made."
- Lessons were learnt, and action taken to prevent incidents reoccurring. For example, since our last inspection the provider had introduced new daily '11 at 11' meetings to include all heads of departments. This meeting covered any issues or incidents from the previous 24 hours with any immediate learnings highlighted, this information was then cascaded to all staff in order to improve the quality of care without delay.