

Parkview Care Homes Limited

Parkview Care 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?

Good ●

Summary of findings

Overall summary

About the service

Parkview Care Home is a residential care home providing personal care to eight people living with a mental health condition at the time of the inspection. The service can support up to 10 people in one adapted building.

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

People told us Parkview Care Home was a good place to live. One person said, "I like it here, it is a free and easy home." Another told us, "I like it here, the food is good, and the people are alright. The staff are nice and kind." People were treated with dignity and their independence was respected and promoted.

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.

Staff knew people well and understood how to support them. People were encouraged to take an active role in their recovery. People's needs and wishes were assessed and planned for in line with evidence-based guidance and standards. Risks were considered and mitigated. People were involved in their care planning, and regularly met with key workers to discuss their support and review their care and recovery plans.

Staff were available to support people as needed. When people's needs increased, the number of staff was reviewed. Staff were supported with induction, training and supervision to make sure they had the right skills to support people.

Staff worked well in partnership with other health and social care professionals to ensure people received the right support at the right time. Staff kept other professionals up to date with people's progress.

People were supported to take their medicines as needed. People were encouraged to take part in activities of daily living, such as laundry and cooking. People were involved in choosing the menu and had enough to eat and drink.

When things went wrong, lessons were learnt, and changes made to prevent reoccurrence. The views of people, their relatives, staff and other professionals were used to develop and improve the service. People knew how to make complaints, if needed.

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 requires improvement (published 24 October 2018) and there were three

breaches of regulation. The provider completed an action plan after the last inspection 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.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Parkview Care 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 Care Act 2014.

Inspection team

This inspection was carried out by an inspector.

Service and service type

Parkview Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with two relatives of people living at the service about their experience of the care provided. We also spoke with seven health and social care professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

At our last inspection the provider had not ensured the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Using medicines safely

- People received their prescribed medicines safely. One person said, "I am getting support. I take medicines every morning and evening. They bring them at the right time."
- Medicines were stored safely and staff who gave people their medicines were trained to do so. Staff competency to assist people with their medicines had been assessed and recorded before they were able to support people with their medicines. A member of staff said, "I had training, then had a competency test, I was observed giving medicines before doing it alone. It was enough to make me feel confident."
- We saw a member of staff give people their medicines. They washed their hands and checked the information about the person and medicine was correct. They also checked the remaining stock. The medicine cupboard was securely locked when they went to give the person their medicines.
- When people were given their medicines, this was recorded on the medication administration record (MAR). Staff supported each other by peer checking that the MAR had been completed accurately. This meant that a member of staff who had not been involved in giving medicines to the person, checked the accuracy of the recording.
- Some people were prescribed medicines 'as required' (PRN). PRN protocols guided staff about what the medicine was for, when a person might need it and the dose and frequency.
- Some homely remedies were available to people for self-care, such as pain relief and cough medicines. These are medicines which are purchased over the counter rather than prescribed. The stock of these was regularly checked and staff recorded when these were given on a homely remedy MAR.
- Staff liaised with health professionals about people's medicines as needed. One health and social care professional told us, "I feel the staff have the skills to do the job, if they require support around medication and what benefit it has for the patient they ask me and appear very eager to learn."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "They are nice here, nice people." Another said, "The staff are lovely, they put in loads of effort and things like that. Things like safety planning, coming up with different ideas to help keep me safe." One person's relative told us, "I know that although my [relative] is struggling to deal with a lot of things - they feel safe and secure in this setting."

- Staff understood safeguarding and how to report any concerns. A member of staff told us what they would do if they were concerned about safeguarding. They said, "Speak to the manager, bring up with them and fill in an incident report." Staff understood and could tell us about different types of abuse, and the signs people may show. There was information available about how staff could report concerns to the local authority.
- Staff understood about whistleblowing and a policy was in place to support this. Whistleblowing is the term used when a worker passes on information concerning wrongdoing.

Assessing risk, safety monitoring and management

- Risks to people were considered and planned for. For example, risks about people's behaviour, risk of falls and smoking had been considered. These were then mitigated, for example by staff reminding people where to smoke and including written reminders in people's bedrooms when this was needed.
- The registered manager had identified the risk of falls as an area of risk for some of the people living at the home. They had worked with the local falls prevention team to incorporate the principles with dance exercises to help people improve their core strength and assist with the prevention of falls.
- Risks about the environment and fire were considered and planned for. Fire drills were carried out regularly. Regular checks were undertaken to ensure fire equipment and emergency lighting were working. Checks on the electrics and gas had been undertaken as necessary.
- Personal emergency evacuation plans detailed the support people needed to evacuate the building in case of emergency. This included how they moved around and their response to previous drills.
- Equipment to assist with the support of people had been regularly checked. The call bell system had recently been installed, replacing an older system. There was no equipment kept at the home used to support people with moving. However, in the event of an emergency staff could access emergency lifting equipment at the home next door.

Staffing and recruitment

- There were enough staff available to support people. One person told us, "When I need staff they are there. They listen and come to me." Another said, "There is always someone to talk to." A member of staff told us, "There are enough staff, we have the staffing level calculator for if someone is agitated or needs extra support." They told us that one person's needs had recently changed so the number of staff needed at night was increased.
- Staff handed over important information about people and their needs between shifts. This helped to ensure that people had the support they needed throughout the day.
- Staff who had been newly recruited had been interviewed by a panel which included people living in the home. One person told us, "[Registered manager] has recently got us involved in interviewing staff which is quite nice. She got us involved interviewing the new staff and asked us what we thought, and if we liked them" The registered manager told us, "We get them to be a full part, not just a token part of the process."
- Staff had been recruited using safe recruitment processes. These included proof of identity, references and Disclosure and Barring Service (DBS) checks. DBS checks help employers to make safe recruitment decisions. The registered manager monitored the progress of these checks using a recruitment checklist.

Preventing and controlling infection

- The control and prevention of infection was well managed. The home was clean and tidy. People were encouraged to maintain cleanliness in their bedrooms. Staff understood the importance of using personal protective equipment, such as gloves and aprons, when needed. A member of staff told us, "It was in the health and safety course. Washing hands. When someone is ill they are not able to go into the kitchen."

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. When an accident or incident happened, staff responded to people and recorded what had happened and action taken. For example, one person left the home and did not return when expected. Staff tried to contact the person and when they were unable, they contacted the police. The person later returned, safe and well. Staff spoke to the person about what they could do to prevent this from reoccurring. The incident had been discussed and shared with the person's wider support team.
- Incident records and action taken by staff was overseen by the registered manager. The registered manager also analysed incidents that had occurred to identify any themes and trends and further steps to reduce the risk of reoccurrence. For example, encouraging a person who had a chest infection to stop smoking. The registered manager had the smoking cessation team visit the home to discuss how they could support people and staff with this.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At the last inspection we found that staff did not all have the skills needed to support the needs of people. This was because they had not all had mental health awareness training and challenging behaviour.
- Staff had undertaken training in prevention and management of violence and aggression in August 2019. This had been provided at the request of staff, following an incident with a person living in the home. A member of staff told us, "It's training about how to disengage in challenging situations and stay safe."
- At this inspection twelve staff had undertaken training in mental health awareness. A member of staff told us, "The mental health training, we spoke about coping mechanisms for people" They explained how for one person, the training had helped the staff team identify a communication tool to help one person tell staff when they needed support. Some staff had also done training about specific mental health conditions such as borderline personality disorder and autism.
- Staff had the right skills to work with people. A health and social care professional told us, "I feel the team there are very experienced working with this client group and there is always a friendly, warm, welcoming atmosphere in the house."
- Staff new the service were supported with induction. A member of staff told us, "The induction was shadowing shifts. I was shown around the building and introduced to all the residents. I felt comfortable and really supported."
- Staff were supported with training to help them to meet the needs of people. A member of staff told us, "There is lots of training provided, I feel really well equipped." This included subjects such as safeguarding, first aid and the Mental Capacity Act.
- Staff told us about motivational interviewing training they had recently attended, and how they hoped the skills they had learnt would help them engage with one of the people living at the home.
- Staff were supported with regular supervision. A member of staff told us, "I bring up and concerns and [registered manager] is always giving advice."

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

- People's needs and choices were assessed and considered in line with evidence-based guidance. The registered manager had mapped elements of NICE guidance which helped support the assessment and planning of support in areas such as schizophrenia and self-harm. They said, "I don't want us to be doing things because we have always done it. We're making sure it is based on the latest research."
- People needs were assessed using recognised assessment tools. For example, people's risk of malnutrition was assessed and monitored using the malnutrition universal screening tool (MUST).

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

- People were supported to eat and drink as needed. Mealtimes were sociable occasions with most people eating together in the dining room.
- People were offered choices of meals and drinks and involved in deciding what was on the menu. One person told us, "If you don't like anything, you have an option on the wall."
- People were encouraged to take part in the preparation of food and mealtimes, such as cooking, laying the table and washing up. One person said, "I do some of the cooking, vegetarian sometimes. Sometimes I do washing dishes, getting the recycling there and back out." A member of staff told us how people were encouraged to do the things they enjoyed and, "to promote enjoyment with cooking." A chart in the kitchen helped to ensure that the tasks were shared out between people.
- There were monthly themed food evening, such as Chinese, Malaysian and Croatian. The registered manager told us they had got a professional Chinese chef to come and prepare the Chinese meal and were looking for other specialist chefs.

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

- People were supported to live healthier lives. Care plans identified the support people needed the manage their healthcare needs, including oral care. When people had specific health diagnoses, such as diabetes, these were recognised. Staff supported people to monitor their health and access support from healthcare professionals as needed.
- People were supported to access mental health support as required. Some people had decided to take part in studies with Sussex Partnership Trust.
- Staff worked well with health and social care professionals to ensure people received the right support. One health and social care professional told us, "I always find the staff very helpful on my visits and they are always able to give me thorough feedback on my clients progress and current presentation. They know my client well and I feel they are caring and supportive to him and other residents." Another said, "I have found them to be very responsive if I have a query. I have also found them to be helpful when changes are made to the patients care plan."
- Staff worked with health care professionals to provide people consistent and timely care. One health and social care professional told us, "They always kept me up to date with any change in presentation and were particularly effective around safeguarding issues. They were always responsive to my suggestions regarding interventions and risk management in maintaining client's mental health and their placement in the care home." Another said, "We are kept informed of when our patients are struggling or have been refusing their medication and work well together in trying to maintain our mutual clients in the community whilst ensuring they have quick access to additional support and or hospital when necessary."

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 Act 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.

- People were supported in line with the MCA. No one living at the home was considered to lack capacity to make any particular decisions, and their choices were understood and respected by staff. Care plans about

empowerment and capacity considered people's abilities to make their own decisions.

- No one living at the home was subject to a DoLS authorisation.

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

- People's bedrooms were personalised, and people's artwork was displayed in communal areas. People could move freely around the home and spend time where they wished.
- People had access to the communal garden and we saw people spending time in the garden area.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us that staff were kind and caring. One person said, "Nice friendly staff and nice manager. Staff are so nice and helpful. Any problems, go to them and they will help you. They are a great home." Another person told us, "It's good I think. I've been to quite a few houses like this, but this one works. There is a happy atmosphere and staff are helpful."
- We saw staff support people respectfully. For example, one person was concerned about how long their washing was taking. Staff chatted to them about this and confirmed how long the cycle would take, to alleviate their concern.
- A health and social care professional told us, "The staff are knowledgeable caring and compassionate, they are ready to help." Another said, "The staff team there know the residents very well and appear kind, committed and conscientious."
- People and staff were aware and respected equality and diversity and had training in the subject. One member of staff told us, "It's treating people as equals no matter gender, race or sexuality." There was an LGBTQ board in the hallway with information and resources for people and staff to access. People's preferred names and pronouns were used.
- A health and social care professional told us, "The manager recognises diversity in its residents and manages evenings out for residents that identify as LGBT." Another said the registered manager had "provided equalities good practice to support LGBT awareness raising and support for resident and also promoting this in other services." The registered manager had spoken at the Brighton and Hove provider forum about equalities.
- Activities had been arranged to celebrate Brighton Pride, including a painting session with an art therapist. People had been supported to join the march.

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

- People were involved in making decisions about their care. One person told us they spent time talking with their key worker. They said, "I chat to them often, about what I like doing out and about and if I have any problems."
- Meetings were held for people living at the home. Minutes showed that topics such as the menu, activities and health and safety were discussed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff knocked on people's doors and waited for invitation before entering. When staff needed to speak about or with people about something private, this was done in a quiet space.
- People were encouraged to be independent. A kitchen timetable helped to share the tasks of food preparation and keeping the dining room and kitchen tidy. People had different responsibilities each day. We saw staff encourage people to undertake these independently. One member of staff told us, "We encourage people to do as much as possible."
- Daily life care plans included people's abilities to undertake daily living activities such as laundry and managing their money. These assisted staff to understand which areas people needed support with to further develop their independence. We saw staff support people with their money and to take part in activities such as laundry and cooking.
- Independence was encouraged when people were escorted by staff. For example, staff were supporting one person to an appointment. They were encouraged to arrange transport to the appointment independently.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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. Staff knew people well and took interest in them. For example, one person's first language was not English. A member of staff was learning some of the person's first language, so they could speak together in it. There were some post it notes around the home with small phrases so other people and staff could join in with speaking the language.
- Relatives told us that people received the right care and support. One person's relatives said, "I am very pleased with my [relative's] care at Parkview, their needs are well met, and mentoring is ongoing, the staff are always welcoming thus providing a warm atmosphere throughout the home."
- People's care plans included a one-page profile which included what was important to the person, things people liked and admired about them and how best staff could support them. Care plans also included people's social and health history, to ensure that staff knew about their past histories.
- People had developed recovery profiles with a recovery worker. These reflected on what was working well for the person about their recovery, such as medicines, and detailed what could further support their recovery. Staff at the home had continued these profiles with people when the recovery worker had left the home. People also met weekly with their keyworkers. These regular meeting helped to identify patterns for some people, for example about when they might experience hearing voices. Staff then supported people to identify ways to manage this and their well-being, such as using diaries and journals.
- One person had developed a wellbeing contract with staff. This set out the actions they would take, and those that staff would, when they needed support about their wellbeing. The person and staff reviewed this together on a weekly basis.
- People were involved in reviewing their care plans. One person said, "I look at my care plan often with [staff member]. We look at my recovery plan and talk about how I am doing." Another person told us, "Staff do it with me, then I sign it."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered and planned for. Care plans included people's preferred method of communication. No one living at the home required information in a different format than verbally or written. One person told us, "Staff are very good, they know how to communicate."

- Staff adapted their communication to people's specific needs. For example, one person preferred to text with staff than speaking face to face. A mobile phone had been purchased for the home, so they could communicate with the staff team in this way.

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 able to pursue their interests. One person told us, "We can go about when we want to, as long as you tell the staff because of fire."
- People were supported to take part in activities they enjoyed. For example, one person enjoyed swimming. Staff supported them to visit the local leisure centre regularly. Staff arranged regular visits to the local cinema and a monthly coffee morning. A member of staff told us, "We have a lot of activities we promote, people are not always interested but we tailor them to people."
- People were supported to access the local community. For some people this was taking walks in the local park or visiting a local café for coffee. Staff also supported people to attend local LGBTQ events. A health and social care professional told us, "There always seems to be activities going on in the house or days out booked for the clients."
- Staff considered the affect that certain celebratory days could have on people. For example, on 14 February they arranged a self-care day. This include constructing self-care boxes, musical and dance activities and a visit from a therapy dog.
- People and staff were preparing for world mental health day. The registered manager had arranged a coffee morning at a local café. This was open to people living in the home and the wider community. They were planning to share information about mental health services in the city and how to look after mental well-being.
- One of the people living at the home had spoken to staff about feeling homesick for the country they grew up in. The registered manager had arranged a summer fair to raise money to support the person to visit their family in this country with a member of staff. The person told us, "Things are going well. I'm going to visit my family. [Registered manager] has helped me a lot." Various other community organisations, such as dance, and music groups had been involved in the fair.

Improving care quality in response to complaints or concerns

- People knew how to complain and were confident to do so. One person told us, "I can just complain, I've not needed to." Another said, "I can if I needed to." Complaints forms were available to people and visitors outside the office.
- Complaints had been managed in line with the providers policy. This included timely investigation and responses to the complainant.

End of life care and support

- People's preferences at the end of their lives had been discussed and recorded. These included where people would like to be cared for and treatment they would and would not like. Some people had chosen not to discuss this subject with the staff and their wishes had been respected.
- No one was receiving end of life support at the time of the inspection.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had not ensured good governance had been maintained. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

At our last inspection the provider had failed to notify CQC of the seven-month absence of the registered manager. This was a breach of regulation 14 (Notice of Absence) of the Care Quality Commission (Registration) Regulations 2009. At this inspection the provider was no longer in breach of regulation 14.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance checks supported service improvement. These checks included care plan audits and management audits completed by the provider's compliance manager. The report of checks completed included notes on what had been looked at, and actions for improvement which were identified. For example, a management audit of staff stress was completed in May 2019. Actions were identified to review rotas to support staff with work/life balance and specialist training requested by staff. These actions had been completed.
- Findings from audits were shared with staff in a variety of ways. This include by video. The registered manager told us that staff remembered the videos, as it was an unusual format.
- People spoke highly of the registered manager. One person said, "She is brilliant. She just always puts you first and doesn't tell you off if things don't go to plan." A health and social care professional told us, "I have found Parkview to be a highly valued service due to the commitment and client-centred approach of the staff lead by a very effective manager... The manager and staff team help foster a warm, safe and welcoming environment."
- The rating from the last inspection was displayed in the hallway of the home. It was also displayed on the provider's website.

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

- Staff told us the vision of the service was "promoting recovery." The registered manager had formed a charity to support recovery for people living with mental health conditions. A member of staff said the registered manager was "always going above and beyond with events and things for the charity."
- Staff were supported by the registered manager. They told us, "Really supportive, always on the phone if ever I need any help. She is really helpful. If we have any concerns, we can go to her." Another said, "I've never been in such a supportive environment."
- Staff felt well supported by the staff team. One member of staff said, "It's a really nice team. Everyone is flexible and willing to help out. People are passionate and dedicated. It can be stressful but is really rewarding."
- The registered manager had arranged a celebration event in January 2019 for the residential services in Sussex supporting people with mental health conditions. Awards were provided to staff for their work with people and a community award was presented to a local business.
- The registered manager understood their responsibilities under duty of candour. They shared information and gave apologies to relevant people when things went wrong.

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

- People, relatives, staff and professionals' views had been sought through surveys. The responses had been considered and responded to. For example, people had fed back that the previous survey was too long and time consuming. The registered manager had redesigned the survey to be more simple and shorter. Action taken included talking to people about the importance of their medicines, which had been completed.
- The registered manager had been working with other professionals to recognise coproduction and the importance of involving people in decisions about their service. For example, some people living in the home had been part of a recent interview panel for new staff.
- The registered manager had started using a mobile messaging system to improve staff communication since the last inspection. They told us this had improved communication and been useful when staff needed to swap and change shifts.
- Staff were supported with regular team meetings. Minutes showed discussions about various aspects of the running of the service including, medicines, staffing and updates about people.

Working in partnership with others

- Staff worked in partnership with other agencies and the community. One health and social care professional said, "I communicate a lot with the provider via email also and they are always responsive. They are also very good at contacting myself if they have any concerns about my client or any concerns or questions regarding medication or risks." Another told us, "I have found the care at Parkview exemplary. They have been very caring towards my client and have a good understanding of his needs and difficulties. They have worked with him around activities which assist him with maintaining good mental health. They liaise well with his care team and ensure that we are kept up to date of any changes or concern."
- The registered manager had links with other professionals. They were working with other registered managers looking at the training offered for staff working in mental health services. They were also the chair of the local network for registered managers running mental health services. A health and social care professional told us, "[Registered manager] has also engaged with others outside of the service to support staff development amongst mental health services, for example chairing the network and supporting the skills development project."