

Sunnyhill Residential Care Home

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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

Sunnyhill Residential Care Home is a care home which provides accommodation for up to 21 older people who require personal care. At the time of the inspection 20 people were using the service. People who lived at the service needed care and support due to dementia, sensory and /or physical disabilities.

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

Care records to support care were not fully established in all areas. A new computer system was being used and staff were not using this in a consistent way. Full systems to promote staff communication were not in place. These areas were identified for further improvement. The registered manager took steps to address these areas to reduce any risk of impact on people.

People's medicines were handled safely. Staff had a good understanding of how to identify and respond to any suspicion or allegation of abuse or discrimination. Staffing arrangements ensured people's needs were responded to and staff were recruited safely. There were suitable arrangements in place to assess and respond to risks to people and staff. The service was clean and had taken measures to minimise the risk from COVID-19.

Staff training was varied and reflected people's needs and included a review of staff competency. Staff completed a programme of essential training were and well supported and monitored. People's dietary needs were assessed, and food provided responded to people's individual needs and preferences.

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 told us and we observed staff were kind and caring. People felt comfortable with staff and formed positive relationships, staff listened to people and responded to their choices. Staff were personable in their approach. For Example, one person was complimented on their appearance and responded positively to the staff comments.

Complaints were responded to effectively. People's communication needs were assessed and responded to. End of life care was planned when needed.

The registered manager had established an open and honest culture where staff and people felt able to share their views, and identified concerns were responded to proactively.

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

Rating at last inspection

The last rating for the service under the previous provider was Good published on 22 December 2016.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

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 ●

Sunnyhill Residential 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. 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.

Service and service type

Sunnyhill Residential Care 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. Sunnyhill Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 8 April 2022 and ended on 22 April 2022. We visited the location's service on 8 April and 12 April 2022.

What we did before the inspection

We reviewed information we had received about the service since its registration. 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 this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and five members of staff including the registered and deputy manager. We spoke with a visiting nurse professional who was visiting two people in the service. We spent time observing people in areas throughout the service and could see the interaction between people and staff. We used 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.

We reviewed a range of records. This included three people's care records and some medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were viewed, including health and safety records, maintenance checks and training records.

We contacted and received feedback from four visiting professionals and spoke with three relatives and received a feedback email from another.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed with staff and said they were safe. One person told us, "I am here to be in a safer place." Relatives were confident of people's safety, one said, "I know he feels safe here he always wants to come back, and says it is his home."
- Staff had received training on safeguarding, this included recognising any signs of abuse or discrimination and responding appropriately.
- There were safeguarding procedures in place and a staff member was able to show me where they could get the relevant guidelines and contact details quickly. Staff understood different types of abuse and their responsibilities.
- The registered manager and staff had followed safeguarding procedures in the past and raised safeguarding concerns with the local authority appropriately.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were identified, assessed and managed. There were generic and individual risk assessments used according to people's individual needs. For example, everyone had a personal emergency evacuation plan that took into account how each person would be evacuated safely.
- Risks associated with people's health and wellbeing were assessed and monitored. For example, people's risk of any skin damage was assessed. These risks were responded to with regular creaming, checking and pressure relieving equipment when needed.
- Environmental risks were assessed and monitored. For example, windows restrictors had recently been replaced and these were checked on a regular basis to ensure they were suitable and safe. Other equipment and services were checked and serviced appropriately this included lifting equipment, fire safety equipment, gas and electrical equipment and water supply.
- Staff recorded any incident or accident. These were reviewed by registered and deputy manager to ensure appropriate and consistent action had been taken. This reduced the likelihood of the event reoccurring and allowed learning from past events. This included reporting to other agencies for further support and advice. For example, extra staffing had been funded to support close supervision for one person whilst their medication and placement was reviewed.
- Information relating to incidents and accidents was analysed to identify any themes that could be responded to. This included information on falls and emotional events. A visiting professional confirmed staff responded appropriately to people who were prone to falls. "They notify relevant professionals, agencies, family members, and update all care plans and risk assessments."

Staffing and recruitment

- The staffing arrangements took account individual needs and had been increased as people's needs had indicated. Recently the deputy and registered manager had worked extra hours to support staff with people's unpredictable changing care needs.
- There had been some staff changes over recent months and the registered manager continued to recruitment to establish a full complement of staff. In the meantime, agency staff were being used to cover any shortfalls. Regular agency staff were used to promote consistency in the support provided.
- Staffing rotas confirmed staffing levels were consistent. Four care staff worked during the day, this always included a senior carer, and two care staff worked at night. In addition, there were catering and cleaning staff working each day.
- People told us, "Staff are always around, they are all very good."
- Staff told us they were busy but there was enough staff to meet the needs of people safely. One told us, "We are always busy, I often don't take a break but I like to stay with people and have a chat."
- There were on call procedures for staff to gain advice and support if needed.
- Staff were recruited safely. Appropriate checks were completed to ensure staff were suitable to work at the service. This included, references, Disclosure and Barring Service (DBS) checks and employment histories. 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

- Systems and procedures were in place to ensure medicines were managed safely.
- The service used an electronic medicines system. This helped to reduce the likelihood of any errors. It only allowed staff administer medicines in line with the prescription information and if medicines were missed this was highlighted quickly so it could be addressed appropriately.
- Medicines were given to people at times and in ways that suited their needs and preferences. One person had been prescribed antibiotics and these were given at regular intervals to ensure the effectiveness of the medicine.
- Only senior staff who had been trained and assessed as competent gave medicines. Staff practice demonstrated staff followed best practice, ensuring people took their medicines safely with records completed afterwards.
- Medicines were stored in the staff office. This room was always locked, and the temperature was monitored so staff could ensure medicines were being stored at their optimum temperature.
- People who had 'as required' (PRN) medicines had a PRN protocol in place. This gave information to staff on what medicine the person could have and what they could have it for.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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. Some concerns around the separation of clean and dirty laundry was identified during the inspection visit. The provider has taken appropriate action, reviewed the practice and confirmed they were looking to re-locate laundry facilities, to maintain good infection control practice.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The registered provider had ensured visiting arrangements were aligned with government guidance and we observed visitors in the service on both days of the inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

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

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

- The registered manager co-ordinated any admission to the service and responded to emergency needs to keep people safe. They ensured the local authority were involved on an on-going basis, and families were involved as far as possible.
- Some people's needs regularly changed and staff worked with professionals to tailor support in line with relevant guidelines. For example, staff worked closely with the community mental health team contacting them regularly to review and monitor people's progress especially when they first moved into the service. One professional complemented the staff on how they responded to one person's needs ensuring their changing needs were met. "This client has complex mental health issues which can cause their care needs, mobility, cognition, and behaviour to fluctuate."
- The registered manager reviewed and responded to relevant standards and guidelines. For example, they were fully aware of recent changes to legislation relating to the vaccination status of staff employed.
- The service used nationally recognised tools to help assess people's needs and they updated these assessments. This included malnutrition tools to check people's risk of weight loss.

Staff support: induction, training, skills and experience

- Relatives told us staff had the skills to support people. One relative said, "They give him the care he needs and deal with him in the correct way."
- Staff recruitment was focussed on recruiting people with the right knowledge and skills. However, new staff completed a tailored induction programme. For example, we saw a new senior care worker completing shadow shifts to ensure their competency and understanding of people's individual needs.
- Staff completed a rolling programme of essential training, mainly online. This was co-ordinated by the registered and deputy manager who reviewed this on an individual basis to ensure staff were developing their skills and competency. A recent fire evacuation demonstrated staff competency as this was accomplished effectively and in a timely manner.
- There was specific training that was tailored to people's individual needs. For example, training on epilepsy and emergency treatments, was included when one person with this condition was living in the service, to ensure their safe care.
- Staff felt well supported emotionally and professionally and received regular supervision. This identified any areas where further support or development was required. They told us, "All the staff support you and point you in the right direction. The managers are always around and can be contacted and support you with the training. They also chase you to complete all the training."

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

- Staff maintained regular contact with health and social care agencies to support people's care, promoting physical and mental health. The registered manager had worked hard to establish effective links with the allocated GP surgery and its services. Feedback from surgery staff indicated effective systems were in place. "They always email/call if they have any concerns and responses are quick."
- The registered manager told us regular weekly health reviews were completed by an allocated health care professional. A social care professional told us communication around people's needs were effective, "I found staff at Sunnyhill to be easy to communicate with and effective in their care and support for residents. They have always been happy to support me with any visits or information I have required."
- A visiting health care professional confirmed staff worked consistently and effectively and told us, "Where there have been foot related issues they have always acted on them efficiently, contacting the GP where necessary. My visits are always well organised."

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

- People's nutritional and hydration needs were assessed and responded to. This included monitoring people's weights, appetites and nutritional risks. People were encouraged to eat a balanced healthy diet and an emphasis on encouraging people to eat, as many had small appetites.
- People told us, "The food is good" and "The food is very nice."
- People were spoken to about what they wanted to eat, and we saw staff show people a plated meal, so they understood the choices available. During lunch staff were attentive to the people offering drinks and condiments.
- Some people had specific diets that included modified textures that promoted safe eating. Senior staff worked closely with the catering staff to ensure people received the appropriate meals.

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

- People's needs were responded to within the design and adaptation of the service. The service was well presented with some recent redecoration and refurbishment. It was clean and presented a homelike environment. One relative said, "The home is how she likes it, 'homely'."
- The living areas had been adapted to support people living with dementia. There were areas for sitting in small groups, space to walk freely and signs were used to orientate people to key areas in the service, including the toilets. People were seen to be using different areas in the service as they wanted.
- People's rooms were furnished with personal items and there was an attractive safe garden. There was an assisted bath and shower for people with poor mobility.
- The service had equipment to move people safely and to promote their independent mobility. For example, people had rooms on the ground floor if they could not manage the stairs or passenger lift.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager and staff worked in accordance with the MCA. Staff constantly sought people's consent and supported them to make their own decisions. For example, people chose where they spent their time and who they spent their time with.
- Some restrictive practices were used to keep people safe and people were constantly supervised by staff. DoLS applications and authorisations were in place for people around any restrictions within their lives that they did not have capacity to consent to. For example, doors out of the service were locked. Where people lacked capacity, specific mental capacity assessments and best interest decisions had been completed.
- Copies of the applications and authorisations were available, and a record was kept detailing all the DoLS submitted and their status. For decisions not included in the DoLS best interest decisions were made on an individual basis. For example, the use of a sensor mat was being used for safety reasons, appropriate records were in place to support decision as the person concerned lacked capacity.

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

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 were treated with kindness, respected and treated as individuals. There was a relaxed atmosphere in the service. People told us, "I am happy to be here, nice people and staff here." Relatives were confident that people were treated well and respected. One told us, "Its brilliant the way staff look after them."
- Staff had a good understanding of equality and diversity and respected people's differences and personalities. One staff member said, "I love each and every one, for their different ways and personalities. It's like a family here."
- Staff had developed genuine and trusting relationships. People greeted some staff with a smile and a hug. A visiting professional was happy with the relationship formed with the person they supported and said, "He has grown fond of the care staff there."
- Staff were warm, friendly and polite to people, and took account of individual needs and diversity. For example, one person thought they had lost their purse. Staff listened and went to look with them acknowledging their concern.
- Equality and diversity principles were embedded with an equality and diversity policy to protect people, and staff against discrimination. Staff understood the importance of people's diversity including any cultural need which was addressed within a person-centred approach to care.

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

- People were supported to express their views and be involved in making decisions about their support. Staff took time to ask people for their choices, listen to what they said and responded to what they said. For example, we saw people were asked if they wanted their fingernails painted and then asked to choose what colour. They were shown a variety of choices, one person chose a colour but later changed her mind, this decision was responded to.
- People's preferences and choices were discussed with people and their representatives and reflected within their care documentation. This enabled staff to understand people and promote an individual approach. For example, one person had specific preferences around his personal hygiene and how to encourage a good level of personal hygiene.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained, and their independence was promoted. Staff promoted people's independence and autonomy. A relative told us, "They give him the right level of independence, so he is in control. They are in his home; he will tell them what he wants."

- Staff protected people's privacy, this included ensuring toilet and bedroom doors were closed appropriately and knocking before entering rooms. We saw staff ensuring a visiting nurse attended to a person needs in their private bedroom.
- Staff recognised the importance of people's appearance and we saw people were dressed according to their own preference, and this reflected their individuality. Staff supported people to keep their clothes clean and looking nice. For example, we saw one staff member adjust the clothing of one person to ensure it was covering them when they moved them.
- Private information was kept confidential. Records were held securely in either office area which were restricted for staff use. Computers were password protected and staff had signed confidentiality agreements.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Peoples individual needs had been assessed and risk assessed, and people received care and support that reflected their choices and preferences. However, for people recently admitted care plans recording individual needs were not in place. When this was raised with the registered manager this was addressed with a full care plan available and viewed on the second day of the inspection. This matter is picked up under the well led section of the report.
- People's representatives told us staff knew people well and supported people in an individual way. One relative said, "Staff are on the ball, they all know him well." Another told us when talking about their relative, "She tells me she is well looked after." A visiting professional told us staff supported them with information and communication with people. "Carers assist me with communicating with clients when necessary for the benefit of the client."
- Care plans in place were individual and reflected a person-centred approach to care. For example, people's choices on personal hygiene were recorded and included when people would like a shower and what support they needed to maintain oral hygiene. For those people who needed additional support with oral hygiene this was highlighted.

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 had been assessed and staff responded to people's communication needs. One person was deaf and did not want to wear their hearing aids. Staff used a number of communication aids that included gestures, writing on a pad and speaking loudly and clearly.
- Staff were skilled in understanding what people were saying and communicating. Staff picked up on people's verbal and non-verbal communication and on key words that were used. One person often reverted to their first language and staff knew they could contact his son to understand what he was saying if needed.
- Systems to support people to communicate with staff, relatives and friends had been assessed and promoted. For example, staff had ensured people with telephones had easy speed dial numbers on their telephone or ones with large numbers.

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

- The registered manager and staff recognised the importance of recreational and social interaction for people's well-being. There was a social friendly feel in the service. Staff spent time with people supporting them with everyday activity that included reading the newspaper, chatting and painting fingernails.
- The allocated activity person had left and was being replaced. The activities programme was to be re-established and the staff member taking on this role told us they were excited and looking forward to working with each person.
- People's individual preferences around social and recreational activity were explored within the care documentation. Staff knew what people liked to do with their time. For example, one person enjoyed colouring and was found avidly colouring during the inspection visit. Another person enjoyed his daily newspaper.
- The impact of the pandemic had reduced the variety and frequency of the recreational activity that had included a reduction of social outings, events and visiting. People were now enjoying regular visiting in line with government guidelines and further development of activities including the re-introduction of trips in the minibus were planned.

Improving care quality in response to complaints or concerns

- People were able to raise concerns and staff listened to people. People's representatives were able to raise complaints and a complaints procedure was available. A relative told they had raised concerns in the past and had spoken to the provider to resolve.
 - Records confirmed complaints were fully recorded, investigated and responded to. The registered manager had reflected on the complaints raised and changed some practices to improve the service. For example, contact with grieving relatives had been increased and formalised to close the service provision in a supportive way for families.
 - The provider had a system in place to review and monitor complaints and any actions taken in response.
- End of life care and support
- People and where appropriate their representatives were asked about any end of life wishes and preferences and these were recorded. This included preferences around funerals.
 - Staff supported people with end of life care with the support of health care professionals. Good links had been established with community health care professionals. This included the provision of stock medicines for one person, that can be used when necessary to support a comfortable death.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

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

- The leadership of the service was not effective in all areas. Care plans and care records to support care were not fully established in all areas. For example, one person did not have a care plan despite having varied and complex care needs and living in the service for 11 days. It was noted that a limited respite care plan had been written and core risk assessments had been completed. However, staff did not have clear guidelines to ensure this person's daily care needs were attended to.
- A new computer system was being used for all care records. We found staff were not all familiar with the system so records were not completed in a consistent way. For example, clear instructions on the correct skin care management for people and the correct records to ensure the effectiveness of medicines used as required. The lack of clear records to support effective care was identified as an area for improvement.
- The registered manager reduced the possible risk and impact related to the lack of records by ensuring appropriate care plans were provided, and other records were updated.
- We found the systems to support communication between staff were not effective in all areas. There was a number of staff changes and agency staff were being used. An incident where information hadn't been shared in a timely way had recently impacted on a person's care. Staff told us communication between staff needed improving and was being addressed. However, a formal system to support communication had not been established. This was raised with the registered manager who re-instated communication diaries to support staff communication.
- There was a well-established experienced management team led by registered manager in place. She had a good oversight of the service and used auditing tools to review the quality in the service. She was well liked by people and staff and demonstrated a supporting and very caring approach.
- The operations manager represented the provider, visited on a regular basis and completed quality reviews. The management team worked closely to improve the quality of the service. For example, a concern raised around practice in the laundry was responded to quickly along with plans to improve the provision in the future.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had established an inclusive and positive culture in the service. They had a high

profile, visibility and accessibility in the service. The registered manager and the deputy manager worked alongside staff to support and maintain good outcomes for people. Staff told us the registered and deputy manager were supportive and available. One told us, "They are always there for you."

- Systems to engage with staff and people were in place. Staff meeting records confirmed staff had the opportunity to raise concerns and share their views. Recent concerns included the effective use of the computer system and completing appropriate records. Further training was offered to support staff.
- Resident's meetings confirmed people were encouraged to share their views. Records from these meetings confirmed people were supported, enabling them despite any disability. People's requests were responded to and demonstrated their involvement. One person suggested a bird table to encourage birds to the garden. We saw this request had been responded to.
- Most relatives felt they were kept informed. However, one relative felt communication was lacking and could be improved, this was raised with the registered manager. Emails were used to update relatives on the service changes.

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; Working in partnership with others

- The registered manager was fully aware of their responsibilities including those under duty of candour and relevant statutory notifications had been submitted to the CQC promptly.
- The registered manager and management team acted in an open, honest and transparent way. This was demonstrated through the response to findings during the inspection visit which were responded to in a positive proactive way.
- Staff worked closely with the local healthcare providers such as the GP surgery, district nurses and the mental health team.
- Health care professionals were positive about the working relationship formed with the managers and staff working in the service. One professional told us, "The staff are well informed and provide me with all the information I need." Another said, "Staff always listen and follow our recommendations, we work together."