Care Quality Commission

Care UK Community Partnerships Limited

Beech Hurst

Inspection report

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Ratings

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

Overall summary

The inspection took place on 16 & 17 June 2015. Beech Hurst was last inspected on 16 August 2013 and no concerns were identified. Beech Hurst is located in Haywards Heath, West Sussex. It is registered to support a maximum of 60 people. The service provides personal care and support to people with nursing needs, some of whom were living with dementia, some of whom had mental health issues, or a learning disability and those who had complex health needs and required end of life care. The service is divided into three separate units and set over two floors. On the day of our inspection, there were 53 people living at the service.

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

The home had some arrangements in place to meet people's social and recreational needs. However, we could not see that activities were routinely organised in line with people's personal preferences. Feedback from

Summary of findings

staff and our own observations clearly indicated this need was not being addressed, in particular for people who resided in the Seaford unit. We have identified this as an area of practice that requires improvement.

The culture and values of the provider were not embedded into every day care practice. Staff we spoke with did not have a strong understanding of the vision of the home. Although some staff spoke positively of the culture and how they all worked together as a team, feedback from other staff was mixed and indicated that there was a lack of cohesion and a negative culture in the home. We have identified this as an area of practice that requires improvement.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. A relative told us, "[My relative] always says she is safe here and I don't have to worry when I leave". When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place.

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately, including the administration of controlled drugs.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, such as wound management, and palliative (end of life) care. Staff had received both one to one and group meetings with their manager, and formal personal development plans, such as annual appraisals were in place.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. People were advised on healthy eating and special dietary requirements were met. People's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff. A relative told us, "[My relative] is very well cared for and the staff are all lovely". Care plans described people's needs and preferences and they were encouraged to be as independent as possible. People were encouraged to stay in touch with their families and receive visitors.

People were encouraged to express their views and completed surveys, and feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care. People told us they felt safe. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

Good

Is the service effective?
The service was effective.

Staff had a good understanding of peoples care and mental health needs. Staff had received essential training on the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and demonstrated a sound understanding of the legal requirements.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

Staff received training which was appropriate to their job role. This was continually updated, so staff had the knowledge to effectively meet people's needs. They also had formal systems of personal development, such as supervision meetings.

Good

Is the service caring?
The service was caring.

People felt well cared for, the privacy was respected, and they were treated with dignity and respect by kind and friendly staff.

They were encouraged to increase their independence and to make decisions about their care.

Staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

Good

Is the service responsive?
The service was not consistently responsive.

Requires Improvement

Summary of findings

The home had some arrangements in place to meet people's social and recreational needs. However, activities were not routinely organised in line with people's personal preferences. Feedback clearly indicated that this need was not being addressed, in particular for those who lived in the Seaford unit.

Comments and compliments were monitored and complaints acted upon in a timely manner. Care plans were in place and were personalised to reflect peoples' needs, wishes and aspirations.

Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

Some staff spoke positively of the culture and how they all worked together as a team and were supported. However, feedback from other staff was mixed and indicated that there was a lack of cohesion and a negative culture in the service.

Systems were in place to ensure accidents and incidents were reported and acted upon. Quality assurance was measured and monitored to help improve standards of service delivery.

Beech Hurst

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 16 and 17 June 2015. This visit was unannounced, which meant the provider and staff did not know we were coming.

One inspector undertook this inspection. Before our inspection we reviewed the information we held about the service and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

We observed care in the communal areas and over the two floors of the service. We spoke with people and staff, and observed how people were supported during their lunch. We spent time looking at records, including five people's care records, four staff files and other records relating to the management of the service, such as complaints, accident/incident recording and audit documentation.

Some people had complex ways of communicating and several had limited verbal communication. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection, we spoke with three people living at the service, seven visiting relatives, four care staff, two activities co-ordinators', the maintenance worker, two registered nurses, the registered manager, the regional director and a visiting social care professional.

Good

Is the service safe?

Our findings

People said they felt safe and staff made them feel comfortable. One person told us, "I'm happy and safe". A relative told us, "People are very secure here". Another relative said, "We feel that everything is safe here". Everybody we spoke with said that they had no concern around safety for either themselves or their relative.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place.

There were systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs, for example around mobility and eating and drinking. The assessments outlined the benefits of the activity, the associated hazards and what measures could be taken to reduce or eliminate the risk. We saw safe care practices taking place, such as staff transferring people from a wheelchair to an armchair.

Staff were knowledgeable about the people they supported and specifically how to support people with behaviour which might challenge. Staff demonstrated they understood how to respond to people's behaviour and recognised the triggers which could cause a person to become challenging. Guidance such as the use of talking therapy and distraction techniques were recorded in people's care plans.

We spoke with staff and the registered manager about the need to balance minimising risk for people and ensuring they were enabled to try new experiences. The registered manager said, "The clinical lead carries out all pre-assessments. With this information, we manage people's risks. For example, we had a resident who wanted to smoke and we managed the risk around taking them to the garden and using nicotine patches".

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Staffing levels were assessed daily, or when the needs of people changed to ensure people's safety. The service used a computerised system based on people's needs to determine the number of staff required. The registered manager told us, "I'm confident we have sufficient staffing at the moment. The contingency is there to add members of staff when we need them, and we can revise the numbers if need be". We were told agency staff were used when required and bank staff were also available. Bank staff are employees who are used on an 'as and when needed' basis. Feedback from people indicated they felt the service had enough staff and our own observations supported this. One person told us, "I suppose there are enough staff, they always come when I call them". A relative said, "We think there are enough staff about whenever we visit". Another relative added, "There's normally enough staff around".

Records showed staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector. Files contained evidence to show where necessary; staff belonged to a relevant professional body. Documentation confirmed that all nurses employed had registration with the nursing midwifery council (NMC) which were up to date.

We looked at the management of medicines. The registered nurses were trained in the administration of medicines. A registered nurse described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks and cleaning of the medicines fridge. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

We saw a nurse administering medicines sensitively and appropriately. They were polite and made sure that people

Good

Is the service safe?

were comfortable and ready, and told people what they were taking. Nobody we spoke with expressed any concerns around their medicines. One person told us, “I get my medication regular, they are very good”. Another said, “They always make sure I take my tablets”. A relative added, “They do his medication twice a day, I’ve got no concerns”.

Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately.

Good

Is the service effective?

Our findings

People told us they received effective care and their needs were met. One person said, "The staff do a wonderful job, they look after me". A relative told us, "[My relative] has been much better since he's been here, they really meet his needs".

Staff had received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. Staff completed an induction when they started working at the service and 'shadowed' experience members of staff until they were assessed as competent to work unsupervised. We saw that staff had received a wide range of training specific to the nursing and care needs of people who lived at the service, including wound management, end of life care, medicines, and specific training in respect to radiologically inserted gastronomy (RIG) feeding. A radiologically inserted gastrostomy is a technique whereby a narrow plastic tube is placed through the skin, directly into the stomach, and is used to give liquid feed directly into the stomach to provide nutrition. One person told us, "I get on very well with the staff, they all know what they're doing". A relative said, "He is well looked after here. The staff are very good and all well trained". The registered manager told us, "Our training is up to date". They added, "We have community links around specific training for Parkinson's and RIG feeding". One member of staff told us, "The training is really good. I get more training here than anywhere else I've worked". Another member of staff said, "My training has been very good so far".

Staff received support and professional development to assist them to develop in their roles, Feedback from the registered manager confirmed that formal systems of staff development including one to one and group supervision meetings and annual appraisals were in place. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have.

Staff told us they explained the person's care to them and gained consent before carrying out care. Staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA) and gave us examples of how they would follow appropriate procedures in practice. The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. There were also procedures in place to access professional assistance, should an assessment of capacity be required. Staff were aware any decisions made for people who lacked capacity had to be in their best interests.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The provider was meeting the requirements of DoLS. 22 DoLS applications were in place for people, and the registered manager understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty.

People had an initial nutritional assessment completed on admission. Their dietary needs and preferences were recorded. There was a varied menu and people could eat at their preferred times and were offered alternative food choices depending on their preference. For example, we saw that one person enjoyed pies for their lunch and this had been prepared for them. Another person asked for the mashed potato to be removed from their plate as they no longer wanted it.

We observed lunch in all three units of the home. It was relaxed and people were considerately supported to move to the dining areas or could choose to eat in their bedroom. People were encouraged to be independent throughout the meal and staff were available if people wanted support and extra food or drinks. People ate at their own pace and some stayed at the tables and talked with others, enjoying the company and conversation.

People were on the whole complimentary about the meals served. One person told us, "It's a beautiful day, and I'm enjoying this, how nice". Another said, "The food is good. I get choices every day and if I don't want it they do something different". We saw people were offered drinks and snacks throughout the day, they could have a drink at any time and staff always made them a drink on request.

People's weight was regularly monitored, with their permission. Some people were provided with a specialist diet to support them to manage health conditions, such as swallowing difficulties. The registered manager said, "We get feedback about the food and we follow Speech and

Good

Is the service effective?

Language Therapists (SALT) care plans and record it on food and fluid charts". A relative told us, "[My relative] was losing weight, but not since she arrived here. She's eats well now".

Care records showed that when there had been a need identified, referrals had been made to appropriate health professionals. The registered manager told us, "At handover meetings we discuss any health issues. We have regular visits from the GP and chiropodists and will make referrals". Staff confirmed they would recognise if somebody's health had deteriorated and would raise any concerns with the appropriate professionals. We saw that if people needed to visit a health professional, such as a GP or an optician, then a member of staff would support them.

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "I'm well cared for here. I get on very well with the staff and so does my wife". A relative said, "He's the happiest here out of all the care homes he's been in". Another relative added, "The staff are very good and very caring".

Interactions between people and staff were positive and respectful. There was sociable conversation taking place and staff spoke to people in a friendly and respectful manner, responding promptly to any requests for assistance. We observed staff being caring, attentive and responsive during our inspection. We saw positive interactions with good eye contact and appropriate communication, and staff observed appeared to enjoy delivering care to people.

Staff demonstrated a strong commitment to providing compassionate care. During our inspection a recently bereaved family visited the service to offer their thanks to the staff. The staff conducted themselves with compassion and empathy, and it was clear that caring relationships had been formed with this family and their relative whilst they were at the service.

From talking to staff, it was clear that they knew people well and had a firm understanding of how best to provide support. A relative told us, "The care workers are great and they know [my relative] so well". A member of staff said, "We get to know the residents well and take an interest in them". Another member of staff added, "Where some people can't talk, we use communication cards, or write things down for them. We can recognise people's expressions, as to what they want".

We were given examples by staff of how they had got to know people, their personalities and the things they liked. One member of staff told us, "I was talking to a resident and found out that she was mad on cats and she had toy cats in her room. I knew I had a good book on cats at home, so I got it out of the loft and brought it in for her. She really loved it and we read it together. Another member of staff told us how they had seen a person's tattoo and they had discussed that it was to remember the war. They said, "Through talking about the tattoo, we've got something in common now, so I make sure we talk regularly".

People looked comfortable and they were supported to maintain their personal and physical appearance. For example, people were well dressed and groomed and wore jewellery. A relative told us, "She always has her hair done and is well groomed". Another relative added, "She is always very presentable and looks nice". Staff also had a clear understanding of the principles of privacy and dignity and had received relevant training. We saw that staff were respectful when talking with people calling them by their preferred names. Staff were observed speaking with people discretely about their care needs, and knocking on people's doors and waiting before entering.

People were consulted with and encouraged to make decisions about their care. We saw examples where people were given the choice of when to get up and go to bed and what they would like to wear. A member of staff said, "It's all about giving choice and respecting people's decisions. I hold up selections of clothes for people to choose what to wear each day. It's really important for them to keep their identity and get what they want". One person told us, "I get to choose what I do".

Staff supported people and encouraged them, where they were able, to be as independent as possible. One person told us, "They encourage me to go into the garden. It gets me up and about". A member of staff told us, "We always promote independence. Sometimes people aren't interested, but we always keep offering and encouraging, even if it's just little things". Visitors were also welcomed throughout our visit. One person told us, "They know it's important for me to spend time with my wife, so they get a wheelchair for me, so we can get about". A relative said, "We can come and go as we please". Another relative added, "We often visit and we don't have to phone beforehand or anything like that".

Requires Improvement

Is the service responsive?

Our findings

People commented they were well looked after by care staff and that the service responded to their needs and listened to them. However, we identified areas of practice that required improvement and were not consistently responsive to peoples' individual needs.

The home had some arrangements in place to meet people's social and recreational needs, and the service employed two activity co-ordinators. We saw a range of group and one to one activities on offer, which included reminiscence exercises, arts and crafts, bingo, quizzes and organised events, such as a barbeque and tea party. People who resided in the Ashdown and Hickstead units of the home told us they enjoyed the activities on offer. One person said, "I get involved in the activities, they're always asking me to join in". Another person said, "I like the quizzes and sitting in the garden". A further person added, "I'm a loner and they respect that, but they come in and chat to me about my music".

However, we could not see that these activities were routinely made available for the people who resided in the Seaford unit. Staff raised concerns regarding the lack of activities and opportunities for social engagement for the people residing in the Seaford unit. One member of staff told us, "There are no activities for them and it's not good enough. It's like they're in prison. No interaction, just walking around. They are able to do things, but it's not happening. It's not fair". Another member of staff said, "The activities in the home are good, but not in Seaford. They really need some meaningful one to one activities". A further member of staff added, "The activities tend to happen for the easy people, they get involved. It's like no one wants to get involved with activities and engage with the more challenging residents". Our own observation supported this. Apart from the delivery of individual care, we saw little other contact from staff with people who resided in the Seaford Unit, and no activities took place. We looked at the recording of recent activities in the service. Only one recorded activity had taken place in the Seaford unit in the previous two months. We saw that two people from the Seaford unit had attended organised activities in other areas of the home. However, we could not see that any suitable activities in either a group or one to one setting had taken place, or were organised, in line with the personal preferences and interests of all the people who resided in the Seaford unit.

Engagement in meaningful and stimulating activities is important for good care. It can help people to maintain a level of independence and functional ability, and improve people's quality of life. As with other aspects of caring for people, it is an integral part of providing person centred care. We have identified this as an area of practice that requires improvement.

Care plans incorporated information about people's past's, their personality traits and preferences with their daily routine. We saw that people or their relatives had been involved in the development of their care plans. For example, it was recorded in one person's care plan that they were very interested in gardening. We saw that this person was regularly supported to access the gardens at the service. We also saw that another person wished to be dressed in a specific way, and a member of staff told us, "One resident likes to wear red socks with their red shirt, and we sort that out for them". Equally, care plans recorded when people did not wish to discuss their life history, or talk about their interests or preferences. Each section of the care plan was relevant to the person and their needs. Areas covered included mobility, nutrition, daily life, emotional support, continence and personal care. Information was also clearly documented on people's healthcare needs and the support required managing and maintaining those needs.

Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning recorded. Staff told us they would support people to complain. The procedure for raising and investigating complaints was available for people. One person told us, "I can talk to them, they listen to me. Another person said, "I can raise anything, they take me very seriously and listen to me". We saw that feedback from complaints was analysed, in order to identify any trends and to improve the service delivered.

Requires Improvement

Is the service well-led?

Our findings

Comments we received from people and some of the staff indicated they felt the home was well led. One person told us, "I think the manager is nice". A relative added, "Having seen a few care homes, this one is very good". However, we found areas of practice which required improvement.

We discussed the culture and ethos of the service with the registered manager. They told us, "We provide good care delivery and training. I'm looking forward to the improvements that will be made at the home and it being a good place for staff to work, with staff being happy and wanting to come to work".

However, we found that the culture and values of the provider were not embedded into every day care practice. Feedback from staff was not always positive about the culture of the home. Staff we spoke with did not have a strong understanding of the vision of the service. Although some staff spoke positively of the culture and how they all worked together as a team, feedback from other staff was mixed and indicated that there was a lack of cohesion and a negative culture in the service. One member of staff told us, "The dedication of the staff is good, but we're not supported. There's not a lot of teamwork, people are annoyed. It feels like we're on the Titanic". Another member of staff said, "Sometimes it gets a bit negative here, but I think we've got a good team and I have no issues". A further member of staff added, "The manager doesn't listen. We're not supported. I don't feel I can raise anything as it just gets twisted. Staff morale is terrible, people aren't happy. People are leaving because we're never given anything positive, all the feedback we get is negative. There's no leadership, it's us versus them. The management don't care about us. The manager should be more positive. It feels like any changes that are made are done for the CQC not the residents".

Members of staff had mixed views regarding the leadership of the service. One staff member told us, "The manager is really good, she listens and I feel supported". Another said, "The manager has an open door policy and I can approach her with anything. There is good leadership and I feel supported". However, we received several negative comments from other members of staff. One told us, "I love working here and I've got lots of friends here, staff and residents, but this is the worst that this home's ever been, staff morale is so low. A lot of that is to do with the manager". Another said, "I feel like I can talk to the manager and she would listen, but would anything change, I doubt it". We received further negative comments from staff around the day to day communication and interactions between staff. One member of staff said, "I feel harassed and chased by the manager. I feel put upon. You can go to the manager, but we're not listened to, we get talked over. I feel restricted in terms of ideas and improvements I'd like to suggest". Another told us, "There is a lack of communication from the manager about the home, it feels like decisions are made without consultation. It doesn't affect me, but I know a lot of staff are unhappy". A further member of staff added, "I think the manager is doing a good job, I feel supported by her, but there is a lack of communication, especially about the staffing changes".

We raised these concerns with the registered manager, who told us, "We have listened to staff. HR (Human Resources) Clinics have taken place, to discuss the dissatisfaction about staffing levels in the afternoon". Staff also confirmed that they had had the opportunity to discuss their concerns with HR. The regional director told us that further consultation with staff would take place to discuss the culture of the service.

The culture of a home directly affects the quality of life of people receiving care. Positive workplace cultures are central to an organisation's success or failure, and are never more important than when the service is providing people with care and support. Staff working as an effective team, with mutual appreciation and some blurring of roles, improves team performance and will impact positively on the quality of life for people and the wellbeing of staff. We have identified the above concerns as an area of practice that requires improvement.

The provider undertook quality assurance audits to ensure a good level of quality was maintained. Questionnaires were also sent out to families and feedback was obtained from people, staff and involved professionals. Returned questionnaires and feedback were collated, outcomes identified and action taken. The information gathered from regular audits, monitoring and the returned questionnaires was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. The regional director told us, "We have an internal governance team who carry out a provider review and clinical review on a quarterly basis". The regional director additionally informed us that Beech Hurst had been

Requires Improvement

Is the service well-led?

approved for 'Beacon' status by Care UK. We were shown how work had been undertaken to improve dementia care at the service, and that developments in respect the environment and care delivery of the service were to be implemented.

The registered manager and regional director informed us that they attended regular management meetings to discuss areas of improvement for the service. Additionally, information around the latest developments and good practice guidelines within the care sector and communications from the Care UK head office were discussed, so that they could be cascaded to all staff.

Accidents and incidents were recorded and staff knew how and where to record the information. Remedial action was taken and any learning outcomes were logged. Steps were then taken to prevent similar events from happening in the future. Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that manager's would support them to do this in line with the provider's policy. We were told that whistle blowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services.