

Parkview Care Homes Limited

# Parkview Care Home

## Inspection report

70 Old Shoreham Road  
Hove  
East Sussex  
BN3 6HJ

Tel: 01273720120

Website: [www.macleodpinsentcarehomes.co.uk](http://www.macleodpinsentcarehomes.co.uk)

Date of inspection visit:  
25 April 2023

Date of publication:  
13 July 2023

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Parkview Care Home is a residential care home providing personal to up to 10 people. Most people living at the service live with complex or enduring mental health difficulties. At the time of our inspection there were 5 people using the service however only 1 person was receiving personal care support.

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

Over the past two inspections, we had rated this service inadequate and took enforcement action against the provider. At this inspection, we found progress and improvements had been made. Some areas still required further work, such as documenting risks to people and how these were managed, and decoration of the building. However, the service had enhanced its quality assurance and governance processes to drive improvements. The embedding of these new ways of working is now required to ensure consistency moving forward.

People spoke positively about Parkview Care Home and told us they felt safe living there. We observed warm interactions between people and staff, who clearly knew each other well. Improvements had been made to people's care plans making them more person centred and focused on people's needs and wishes.

Staff demonstrated a good knowledge of safeguarding and spoke of being confident to report matters when needed and that these would be dealt with robustly by the registered manager. Medicines were administered safely, the systems around this had been reviewed and improvements implemented. Accident and incidents were being more robustly monitored to ensure learning and development of staff.

Training for staff had improved with mandatory courses taking priority. Staffing levels were sufficient to meet people's current needs and this was under regular review by the registered and assistant managers.

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. They were supported to partake in activities and interests important to them.

The registered manager was passionate about their role and making continued improvements of the service. They were open and proactive to any queries we raised during the inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was inadequate (published 12 October 2022) and there were breaches of 6 regulations. This service has been in Special Measures since 4 February 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

We carried out an unannounced inspection of this service on 23 and 26 May 2022 and continued breaches of legal requirements were found. CQC took enforcement action and imposed a condition onto the provider's registration. The provider completed an action plan after the last inspection to show what they would do and by when to improve person centred care; safe care and treatment; premises and equipment; good governance and fit and proper persons employed.

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

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

The overall rating for the service has changed from inadequate to requires improvement based on the findings at this inspection.

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** 

### 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** 

# 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 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

This inspection was completed by an inspector and an assistant inspector.

#### Service and service type

Parkview 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. Parkview 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

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

### During the inspection

We observed the care people received in communal areas of the home. We spoke with 2 people using the service and contacted 2 relatives/friends via telephone. We spoke with 4 staff including the registered manager, assistant manager and care staff. We reviewed a range of records. This included 2 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and training. We also reviewed a variety of records relating to the management of the service, including policies and procedures.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant although improvements had been made, some aspects of the service still needed improvement to ensure safety.

### Assessing risk, safety monitoring and management

At the last inspection, the provider had failed to ensure that people were protected from the risk of avoidable harm. Although there was no evidence people had come to harm, they were at increased risk. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, the provider had also failed to ensure the premises was properly maintained, standards of hygiene upheld, and health and safety risk assessments acted on. This placed people at risk of harm. This was a continued breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 12 and 15. However, further work was still required to embed these changes and improvements into practice.

- Previously, risk assessments were not robust and did not offer staff clear guidance to monitor and minimise risks to people where possible. At this inspection, improvements had been made and risks were being managed. Further improvements were required to the documenting of these risks. For example, measures were in place to minimise the risk of a person smoking in their room, such as fire extinguishers and safety blankets. However, the risk assessment for this person did not explicitly advise staff what equipment should be in place on room checks. Staff we spoke with demonstrated good fire safety knowledge, including the specific elements to support this person and the risk assessment was updated whilst the inspection was taking place.
- We were also concerned at our last inspection regarding the recording, investigating and oversight of accidents and incidents. The recording of accident and incidents had improved and was more robust, including the reporting of these to external bodies such as CQC. Staff knew what needed to be reported in a timely fashion and spoke of confidence in the management for investigating matters.
- Risks to the environment, such as fire and gas safety, were being effectively monitored. This included regular checking of safety equipment and fire drills. A recent practice evacuation had been completed and was successful. The registered manager had also completed a night-time 'spot check' to ensure the safety of people and the building. We saw evidence that this was positive and supportive for staff.
- Other risks to people had been assessed and managed. For example, when people were at risk of financial abuse. There was a clear plan in place to minimise the risk, staff had a good understanding of this and were

implementing the required safety measures.

- There were now effective policies and procedures in place to manage health and safety risks. This included risks relating to environmental safety, legionella, and maintenance of equipment and the building.
- Personal emergency evacuation plans (PEEPs) were in place, which advised what support people would require in the event of an emergency. These were specific to each person and available both in the office and in a 'grab and go' bag at each exit point.

### Staffing and recruitment

At the last inspection, the provider had failed to ensure there were sufficient numbers of suitably trained staff. This placed people at risk of harm. This was a continuing breach of regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had also failed to ensure safe recruitment processes were operated effectively. This was a continuing breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 18 and 19.

- Previously, there had not been enough staff working with the right mix of skills to meet people's needs. At this inspection, there were enough staff on shift to meet people's needs and the planning on future rotas was robust to ensure staffing levels were safe. Training had also been improved to ensure staff had the correct mix of skills to safely meet people's needs.
- Staff feedback about staffing levels was mixed, but generally stated that matters had improved. One staff member said, "Shifts vary at the moment, in an ideal world wouldn't everyone want more staff." Another added, "I think we do now have enough staff, but it depends on how many people we have here. We're ok at the moment though and it's better than it was."
- The registered manager advised that a staffing dependency tool is difficult to find for services who support people with their mental health. However, they had sought advice from the local mental health teams about staffing levels and they reviewed people's needs regularly to ensure staffing levels were safe.
- People were happy with the staffing levels and told us there were always staff available when they needed support. One person said, "[Staff] are always around when we need, see there's someone right there (pointed at a staff member)."
- The provider had an up-to-date recruitment policy in place and the registered manager had followed this to ensure staff were recruited safely. This included making checks before someone began working at Parkview, for example, obtaining references and completing Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Preventing and controlling infection; Using medicines safely

At the last inspection, the provider had failed to ensure the proper and safe management of medicines and the control and prevention of infections. Although there was no evidence people had come to harm, they were at increased risk. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of



regulation 12.

- Previously, audits of the service had identified that the cleanliness of the environment required improvement and action had not yet been taken to address this. During this inspection, improvements had been made and we were assured the home was clean and tidy, including the communal areas, bathrooms, and kitchen. A cleaning schedule was in place as well as a designated housekeeper which had supported improvements in the cleanliness in the home.
- Infection prevention and control measures had been implemented and were more consistent and robust. There were a small number of gaps in a cleaning schedule. We raised this with the registered manager who addressed it during the inspection.
- We were assured that the provider had a robust and up to date policy in place with regards to infection prevention and control. Staff were aware of this and were seen to be following this correctly throughout the inspection. For example, wearing personal protective equipment (PPE) when needed and demonstrating good hygiene practices.
- Medicines were administered and stored safely. Previous concerns about the temperature of the medicine storage cupboard not being monitored effectively had been addressed and improvements made.
- We observed staff administer medicines in the way people wanted. Medicines administration records were accurately completed, and a regular auditing process of these was in place to allow any errors to be identified and addressed quickly.
- People who had medicines on an 'as and when' basis (PRN) had clear guidance in their medicine files to ensure staff knew when to offer this and how to monitor its effectiveness safely. Staff had their competency checked regularly to ensure they remained able and safe to support people with their medicines.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had effective systems and processes in place to protect from the risk of harm or abuse.
- People were safe at Parkview Care Home. They were supported by staff who protected them from abuse and avoidable harm. There were displays in the home to advise people how to raise concerns should they wish. One person told us, "I don't have any concerns, I'm safe here."
- Staff had completed training in safeguarding and demonstrated a good knowledge of how and when to raise concerns. Managers investigated incidents, provided any relevant support and where required, reported incidents to the relevant authorities.
- Systems were used effectively to ensure learning opportunities were optimised when things went wrong. Accident and incidents were monitored and used as a tool for improvement.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At the last inspection, the provider had failed to provide staff with appropriate support, training, appraisal and supervision to carry out their role. This placed people at risk of receiving care and support which was not effective. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 18. However, these changes need to be embedded and effective over time.

- At the previous inspection, staff had not completed all mandatory training. This included staff not completing refresher courses. This had improved at this inspection. Staff mandatory training was up to date and staff we spoke with demonstrated a good knowledge of the relevant areas, for example, fire safety, first aid and safeguarding. Steps were being taken to enhance more specific training to better support the people who lived at Parkview.
- New staff had completed a robust induction and evidence of this was in their recruitment files. This included time to get to know people and what their needs and wishes were. This element of the induction was an area of positive feedback across our conversations with staff.
- There was a system in place for the registered manager and assistant manager to give regular supervision and support to staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

At the last inspection, care and treatment was not always person centred. This placed people at risk of receiving care and support which did not meet their needs. This was a continued breach of regulation 9 (1) (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- Previously, care plans were not up to date or reflective of people's current needs and wishes. This had improved at this inspection. People's care plans were reviewed regularly and matched their current level of needs. The registered manager advised that they are currently working between an electronic and paper-based system which can present challenges, but they are working towards using one consistent electronic system in the future.
- At the last inspection, people's care records did not reflect their future plans and goals. At this inspection, we found that improvements were being made. People's everyday goals and wishes were documented but the detailed plans of someone moving on, which is part of the services ethos, were not. We heard a conversation between the registered and assistant manager about one person's future plans and how they would work to support this. This was not always robustly documented in the care plans. This was something the management team were working on to improve.
- People told us they were now more involved in their care planning and could give their views on what they wanted. One person spoke passionately about the food choices available and how they were involved in shaping the menu. Staff told us, "We review [the menu] regularly and always make sure there's something on there that everyone likes."
- There was no one using the service that had specific dietary requirements. Food choices for people had been discussed in both resident and staff meetings. A visual display detailing choices was evident in the dining room. We observed people being encouraged to prepare food independently.
- People were supported to access support from external professionals if required, such as the GP or local mental health teams. One relative told us how staff had worked with others to significantly reduce a person's tobacco intake, "They have done so well with [person's] smoking, hats off to them for getting it under control."
- To ensure care delivered met the current legislation and standards, the registered manager kept up to date with any changes throughout a variety of online resources and connections with other services in the local area.

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

- The service was in the process of renovation works which had not been completed. This meant that some of the décor was still not finished in parts of the building, for example, walls only half painted. Staff told us, "It has taken us a bit of time to decide on colours, [people] have now all chosen this together so we've started the refresh now." Despite the on-going work, the service felt homely and people appeared comfortable in their environment.
- The service was clean and tidy. People were able to personalise their rooms with their own belongings and furniture.
- The garden had been adapted with a new area to relax and socialise in, we observed people enjoying the garden and communal areas during our inspection.

#### 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).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider was working in line with the MCA. People were able to make their own decisions and any areas in which they required support was detailed in their care plans. For example, one person required support making financial decisions.
- Staff demonstrated a good knowledge of MCA and explained that if were concerned people lacked capacity, they would carry out assessments to confirm this and ensure decisions were made in their best interest.
- The registered manager confirmed there were currently no people subject to DoLS authorisations and they understood how to make a referral if restrictions were identified.

# Is the service caring?

## Our findings

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

At our last comprehensive inspection, we rated this key question good. The rating for this key question has remained 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

- Staff were compassionate and treated people with kindness and respect. We observed positive interactions throughout our inspection that demonstrated good relationships had been formed between people and staff.
- People spoke positively of their experiences in the service and the quality of life they had. One person told us, "The staff here are lovely, really caring. I love it living here. We're always having fun and a laugh".
- Relatives also spoke positively about care provision and staff. One commented, "They [staff] are caring for him well, [staff] are really lovely and very helpful. The garden and house seem clean and tidy. I'm very pleased he is in a good place and well cared for."

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

- People received care how they wished and in line with their preferences. One person said, "I can do what I want when I want. I go out to see my friends all the time."
- We observed people being offered choices throughout the day of the inspection and where a choice was made this was respected and acted upon. For example, people were given a clear choice of what they would like for lunch and whether they would like to prepare it themselves.
- People and relatives told us they were happy and felt they were involved and could make decisions about their care.
- Staff knew people well. One staff member told us, "We have time to really get to know people. Some are independent, and others need more support or reassurance. It's nice to go out and about with people, I feel I really get to know people this way."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. We observed positive interactions to support this during the inspection. For example, staff knocked on doors before entering rooms, and were polite and respectful in their interactions with people.
- Staff demonstrated a positive attitude towards the standards of care they wanted to provide. One staff member told us, "People's needs here vary quite a lot. Some are shier than others but that shouldn't mean they can't get involved if they want to. We adapt to support people in the best way."
- Care plans reflected people's individual needs and abilities showing what they could achieve independently as well as what they required more support with.
- Improvements had been made to the storage of people's care records to aid confidentiality.

# Is the service responsive?

## Our findings

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

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

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

- The service had a pre-admission assessment process to ensure they could meet people's needs before they moved in. This included gathering details of how the individual wished to be supported by staff.
- Staff spent time getting to know people and were able to recognise any signs that may indicate a decline in their mental health. They understood how best to respond when people were upset or anxious and guidance was in place to ensure consistency.
- Staff knew people well and were knowledgeable about their likes, dislikes and what was important to them. One staff member said, "It's up to [people] what they do. It's their home and it's important that we get to know them to best support them." Another staff member said, "All the people here are super friendly which just makes it so easy to get to know them. We're lucky that we have the time to be able to do it."

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.

- At the time of our inspection, none of the people who used the service required information in an accessible format. However, there were systems in place to provide information that complied with the Accessible Information Standard if required.
- People's care plan included information about their abilities, preferences, wishes and needs for effective communication.

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

- Staff supported people to engage in a range of activities and to follow their interests. Spaces within the home also supported this. For example, we observed people enjoying their favourite board games and using the space in the garden which had been adapted for them to relax in. One person told us, "This is absolutely my favourite chair, I love spending time out here in the garden."
- People had access to the community if they wished, with or without support from staff. Most people chose to spend time with their friends and family but there were also group activities discussed and planned for those who wanted to engage.
- The service had a 'sister home' which was on the same site. We observed that people had formed friendships between the services and were encouraged to spend time with each other as and when they

wished.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This was available to people when they required it. We reviewed a complaint which had been received since the previous inspection and the policy had been followed correctly.
- People told us they felt comfortable raising any concerns with staff. Relatives echoed this and felt assured any concerns raised would be listened to, taken seriously and acted upon.

#### End of life care and support

- At the time of our inspection, no one was receiving end of life care. There was space in people's care plans for their end of life needs and wishes to be documented as and when they felt ready to have these discussions.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership had improved but it still needed embedding in practice to ensure the approach was consistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At the previous inspection, the provider had not ensured systems and processes operated effectively to maintain governance of the service and compliance with their responsibilities. This was a continued breach of regulation 17(1) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 17. However, these changes need to be embedded and effective over time.

- Previously, audit processes completed by the provider and registered manager had identified need for improvement within the service, but action had not been taken to address this. At this inspection, quality assurance processes were more robust, effective, and action plans were evident to drive improvements. Not all the identified improvements had yet been implemented but the priority of work had focused on people's safety with plans for less urgent matters to follow. The registered manager had an action plan to keep track of these improvements.
- At the last inspection, there were concerns that the managerial oversight of people's care plans was lacking, important details in relation to risks were missing and that they were not stored securely. This had improved at this inspection and both the registered manager and assistant manager had robust systems in place to store, monitor and address any issues with care planning. A regular reviewing process had been implemented and was being utilised.
- The registered manager had oversight of accidents, incidents, complaints and safeguarding concerns within the home. These were monitored regularly to identify any patterns, trends or areas for development. Learning was shared with staff through meetings, handovers or supervisions.
- Services registered with the CQC are expected to notify us when significant events occur, for example, when a safeguarding concern is raised. The registered manager had provided these notifications to CQC as appropriate.
- There was an open and positive culture within the service. Staff, people and their relatives spoke positively about their experience of the service.
- The registered manager was open and transparent during the inspection process. They told us of the lessons they had learned, staffing changes they had made and the improvements in progress.



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

- The registered manager understood and acted within the requirements of the duty of candour. This included how concerns raised were dealt with, how lessons were learnt from feedback or incidents at the service and apologising when things went wrong.

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

- There was open communication within the service. Staff meetings were held and were an opportunity for the registered manager to share information and update the staff team on key areas within the home. These were not fully embedded within practice yet, but staff told us it had improved and the registered manager had plans to make them more of a priority.
- Both people and staff spoke positively about the registered and assistant managers, feeling confident concerns would be acted upon. A staff member told us, "[Registered manager]'s door is always open, I can just pop in and ask a question if I need to". Another staff member said, "It feels much more settled now, we talk as a team."
- The provider had systems in place, such as surveys, to gain people's views and opinions about the quality of the service provided.

Working in partnership with others

- Staff worked collaboratively with health and social care professionals to ensure people received good quality of care which suited their needs. Referrals to external professionals had been made in a timely way when required.