

Tradstir Limited

Partridge House Nursing and Residential Care Home

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 

Summary of findings

Overall summary

About the service

Partridge House Nursing and Residential Care Home is a residential care home providing nursing care and support for up to 38 people. People were living with a range of needs associated with the frailties of old age and some people were living with dementia or other mental health needs. 36 people were living at the service on the day of our inspection.

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

We saw the required improvements had been made since the last inspection in respect to the deployment of staff, the design and adaptation of the premises, treating people with dignity and respect, the provision of meaningful activities and person centred care and culture and staff morale. The provider had systems in place to monitor and improve the quality of the service. However, we were unable at this inspection to determine whether the current service provision could be sustained over time. Many of the systems and processes put in place to improve the service have not yet been fully embedded and assessed to ensure they maintain continuous improvement. The service would need to demonstrate appropriate systems and processes and care delivery over a period, to ensure the sustainability of good care could be achieved for people. We also identified an area of practice that needs improvement in relation to the provision of activities for people who chose to stay in their rooms.

People told us they felt safe and they received care that met their needs. It was clear from the feedback we received from people, relatives and staff that significant improvements had been made by the provider since the last inspection. A relative told us, "Things had really slipped in this home, but they're definitely going in the right direction now." A member of staff added, "The home is so much better now. A lot of work had gone in from all of us and the managers. The residents are getting good care and I enjoy working here."

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.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 22 June 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

This service has been in Special Measures since 22 June 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

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

We have found evidence that the provider needs to make improvements. Please see the Responsive and Well Led sections of this full report.

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.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Partridge House Nursing and 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 undertaken by one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Partridge House Nursing and 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. Partridge House Nursing and Residential Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

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 spoke with people, relatives and staff and gathered information relating to the management of the service. We reviewed a range of records. This included 4 care plans. We spoke with 8 people using the service and 1 visitor. We also spoke with 14 members of staff, including 2 regional managers, the registered manager, deputy manager, 2 registered nurses, the chef, 4 care staff, 2 ancillary staff, the activities co-ordinator and an administrator. Some people living at the service were not able to fully verbalise their views with us. Due to people's needs, we spent time observing people with staff supporting them.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At the last inspection, we identified areas of improvement in relation to the deployment of staff. The deployment of staff did not always meet people's needs or keep them safe. The high use of agency staff had impacted on people's care delivery and their experience of care received. We saw that improvements had been made.
- The provider had been successful in recruiting permanent staff and the use of agency staff had decreased. This had provided a stable staff team and continuity of care for people. Staffing levels and the deployment of staff around the service was monitored daily by management. We were told at busy times, staff were deployed to the areas of the service that needed them most. For example, at specific times of the day, to support people who were living with dementia. Our own observations supported this.
- People, relatives and staff told us the service had enough staff to meet people's needs and keep them safe. A relative told us, "There has been a big turnover of staff and new ones seem to be starting. There's always staff around." A member of staff said, "It's improved since you [CQC] last came in. We've got lots of new staff and have got two new staff starting soon. Previously there was not enough time, and everything was rushed. It's easier now with regular staff. We work together as a team, it's easier because they know people." The regional manager added, "We are using regular agency staff, but we are now very nearly fully recruited with permanent staff."
- There were systems in place to ensure staff were safe to work in the service. All staff had a Disclosure and Barring Service (DBS) check completed prior to starting at the home. A DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Records showed staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had an up to date registration with the Nursing Midwifery Council (NMC).

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

- People told us they felt safe at the service. A relative told us, "They have definitely upped their game from before. It's a safe home now."
- Staff had received training in how to keep people safe from abuse. They knew how to raise concerns both with the service and to external health and social care organisations.
- The provider took action to keep people safe. They had worked with the local safeguarding authority to investigate concerns. Where needed they supported staff with extra training to ensure they provided safe care.
- Accidents and incidents were recorded, and action taken to keep people safe. Staff were able to review the information and make changes to people's care plans to keep them safe. Accidents and incidents were routinely monitored over time to look for patterns and trends and to take preventative measures.

Using medicines safely

- Registered nurses and senior care staff were trained in the administration of medicines. A registered nurse described how they completed medicine administration records (MAR). These were accurate. We observed them giving medicines sensitively and appropriately. Staff administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely.
- People's medicines were stored appropriately; safely administered and accurate records had been kept of when they were administered to people. Staff supported people to take their medicines safely and at the time prescribed by their doctor. Medicines were kept locked so they could only be accessed by trained staff.

Assessing risk, safety monitoring and management

- Risks to people were assessed and mitigated. Support plans provided a person-centred approach to supporting people. Risk assessments provided guidance on effective risk management. This included risks to people's personal safety, physical health and where behaviours had the potential to put a person or others at risk. Risk assessments were reviewed regularly to ensure staff had access to accurate information to keep people safe.
- Checks were carried out on the facilities and equipment to ensure they were safe. This included electrical and fire safety equipment. People's care records contained details of personal evacuation plans. These guided staff on the assistance needed to evacuate people safely in the event of an emergency, such as fire.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Visiting in care homes

People were able to see their friends and relatives at a time that suited them and were supported by staff to do so. Procedures were in place to enable people to receive visitors safely. PPE, including masks, and hand sanitiser was available to all visitors to use.

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

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

At our last inspection the provider had not ensured the premises were fit for purpose in line with statutory requirements and taking into account national best practice. People's needs had not been taken into account in respect the environment of the premises. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- The service is a specialist dementia service. At the last inspection, the provider had not fully considered people's needs with regards to the layout of the service and providing accessible information. Improvements had been made.
- Extensive refurbishment work had taken place at the service and the environment was light and comfortable. Large pictures and paintings of the local area were displayed, along with pictures of seaside and camping memories.
- There were sensory areas, with ornaments and trinkets for people to pick up and hold, as well as a custom built red phone box containing a mirror and an old dial phone for people to use. People's rooms had their chosen picture and room number on their doors. Some were pictures of themselves, some were of animals they loved.
- Notice boards were colourful and up to date and detailed daily menus, the staff who were working and information around activities, meetings and ways to give feedback on the service.
- People's individual needs around their mobility were met by the adaptation of the premises. Handrails were fitted throughout. Slopes and a passenger lift allowed people in wheelchairs to access all parts of the service, and there were adapted bathrooms and toilets. Dementia friendly and clear signage enabled people to orientate themselves around the service and locate any specific rooms they needed, such as toilets and bathrooms.

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

- At the last inspection, we found issues in relation to the lunchtime meal experience. It was not a sociable occasion and was task focused. At this inspection we found the required improvements had been made. We have reported on this in the Responsive key question.
- People's ability to eat safely and maintain a healthy weight were assessed. Where needed, advice was

sought from healthcare professionals on how people's diets should be adapted to suit them. Information was available in the kitchen to ensure people received appropriate drinks, meals and snacks.

- Where people were at risk of malnutrition, food and fluid charts were completed to monitor people's intake. This allowed staff to provide support and encouragement to people who were struggling to eat and drink.
- People were offered a choice of food from the menu. In addition, people were confident staff knew about any food allergies and would provide alternative meals if needed. One person told us, "The food is very tasty."

Staff support: induction, training, skills and experience

At our last inspection, the provider had not ensured there were sufficient numbers of suitably qualified, competent and skilled staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At the last inspection, the service was using a high number of agency staff. We were told the agency staff received an induction at the service. However, it was clear from observing some agency staff interactions with people, this induction was not adequate to give them the skills and knowledge required to provide effective care to people. Improvements had been made.
- We saw permanent and agency staff supporting people effectively and skillfully. A member of agency staff told us, "I had an induction when I started and I've had supervision, it was very good."
- All staff had received training in looking after people, including safeguarding, health and safety, equality and diversity. They were knowledgeable of relevant best practice and regulations. Staff supported people with confidence and professionalism. A relative told us, "They seem well trained I think."
- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.
- Systems of staff development including one to one supervision meetings and annual appraisals were in place.

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

- People told us they received effective care and their needs were met. A relative told us, "The staff work in partnership with us to make things positive for [our relative]." Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.
- Staff liaised effectively with other organisations and teams. People received support from specialised healthcare professionals when required, such as GP's, chiropodists and social workers. Feedback from staff and documentation supported this. Staff recognised when people were unwell and had contacted the relevant professionals.
- People's needs were assessed before they moved into the service. This allowed the registered manager to assess risks to people and if staff were able to support people in a safe manner or identify if they required further training.
- The provider had up to date policies in place which reflected legislation and best practice. All staff knew how to access the policies and systems were in place to monitor that they kept up to date with changes.

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 provider had a good understanding of the Act and were working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- Staff understood when a DoLS application should be made and the process of submitting one. The provider used a DoLS tracker to ensure staff knew who was under DoLS, whether they had any conditions to their DoLS and when a new application should be made.

Is the service caring?

Our findings

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

At the last inspection, this key question was rated as Inadequate. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

At our last inspection, the provider had failed to ensure people were treated with dignity and respect. This was a continued breach of Regulation 10(1) (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- At the last inspection, people were not always treated with dignity and respect. Staff did not routinely engage with people in a kind and sociable way. The lack of continuity of staff had impacted on care delivery and people's choices and preferences around their care were not always followed. We saw that improvements had been made.
- The service now had a more consistent and stable staff team, and people were supported by staff who knew their needs and cared for them in a respectful way. The interactions we observed were positive, with staff and people engaging well and staff being attentive to people's needs.
- People told us staff were caring and attentive, and they were well treated and supported. One person told us, "They [staff] are really nice." A relative said, "The atmosphere here is much calmer now." We observed that people enjoyed being in the company of staff. A member of staff told us, "We get more time to be with the residents now, it's been good getting to know them."
- Throughout our inspection, we saw how staff attended to people when they sought their attention and interacted with them in the way best suited to their individual communication needs. For example, one member of staff told us how they spoke the same language as a person living at the service. They said, "I speak [person's] language. We chatted in my language, we talk a lot. I ask him what he likes, what he wants to do."
- Staff had all received training in equality and diversity and understood the importance of recognising and respecting people's differences. One member of staff said, "We treat everyone as individuals, it's their choice."
- The provider and staff supported people's privacy and dignity and promoted independence. We saw how staff ensured they did not discuss anything of a personal nature in front of other people. People were also encouraged to carry out day to day tasks for themselves, such as brushing their teeth and dressing.

- People were encouraged to be involved in their care and to make decisions about how they spent their time. Staff ensured that people, families and professionals were involved in order to guide them on the best way to care for and support people.

Is the service responsive?

Our findings

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

At the last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant people's needs were not always met.

At our last inspection, the provider had failed to ensure that people received care that was appropriate, met their needs and reflected their choices and preferences. This is a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

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

- At the last inspection, the provision of meaningful activities did not meet people's needs. We saw that improvements had been made. However further work was needed in respect to activities and designated one to one time for people who chose to stay in their rooms.
- The service employed one activities co-ordinator and there was an expectation for all staff to assist with, and be involved with activities. We saw activities taking place, such as themed events, nail painting and carol singing. People enjoyed the group activities on offer. One person told us, "I enjoy the singing, I like doing that."
- Staff told us how they are looking to develop the activities programme to be more person centred and include peoples' individual interests. One member of staff told us, "The activities are much better now, and we get more time to do them, but we can only do so much." Another member of staff said, "We are limited with time for individual activities, as we have our care work to do as well."
- There was no formal activities programme for people who chose to stay in their room, or who were unable to attend the communal areas of the service. A member of staff told us, "We can't really do anything with the people in their rooms, other than have a conversation with them." A visitor added, "Things are much better, but there is still some way to go. I know that [my relative] is bored on his own when I'm not here as he stays in his room." Our own observations supported this, people who remained in their rooms were not allocated social time, and their interests were not routinely supported.
- At the last inspection, the mealtime experience was not person centred, was task focused and was not a sociable event. Improvements had been made.
- We observed lunch in the dining areas and lounges. It was relaxed and people were considerably supported to move to the dining areas or could choose to eat in their room, or in their lounge chairs. Tables were set with cutlery, napkins and glasses and condiments were available. The food was presented in an appetising manner and people spoke highly of the lunchtime meal. The atmosphere was enjoyable and relaxing for people.
- Staff supported people who needed assistance, and others were encouraged to be independent

throughout the meal, with staff being available if people wanted support, extra food or additional choices.

- At the last inspection, despite care plans having relevant and up to date information to enable staff to support people in a personalised way, it was clear that the high use of agency staff and lack of continuity of care demonstrated that care plans were not being followed. We saw that improvements had been made.
- Staff told us they knew people well and had a good understanding of people's individual personality and preferences, which enabled them to engage effectively and provide person-centred care. A member of staff told us, "I've not been here very long, but we do have a chance to get to know the residents. I know some better than others." A relative added, "I think there is some way to go with staff knowing what everyone needs, certainly with [my relative], but there has been a lot of improvement now that they are using less agency staff."
- The provider had implemented a care planning system that alerted staff as to when tasks needed to take place and allowed them to record completion of these tasks in real time. Staff told us that the care planning system was effective and helped them plan and have the time they needed to deliver and record care appropriately. A member of staff said, "The new handheld system is really good and helps us to know what is in people's care plans."
- Detailed person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences. Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff.

End of life care and support

- People were supported at the end of their lives. Care plans contained comprehensive information around people's end of life wishes and any input from health professionals. Staff we spoke with were aware of how to care for people at the end of their life and what support they would need. The provider had an end of life care planning policy and procedure in place and had experience of supporting people at the end of their life.

Meeting people's communication needs

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

- People's communication needs were assessed and recorded in their care plans. Staff were aware of people's communication needs and how to offer them support in ways they understood.

Improving care quality in response to complaints or concerns

- Staff had explained the complaints procedure to people and their relatives. Complaints had been responded to and actioned by management. Details of complaints and their outcomes were recorded, so that staff could look for any patterns or trends and learn from them.

Is the service well-led?

Our findings

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

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

Managers and staff are clear about their roles, and understand 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection, the provider had not ensured they had effective systems and processes in place to assess and monitor the quality of their service, and to make sure this happened at all times and in response to the changing needs of people who use the service. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection, we identified areas of practice that needed improvement in relation to the provider having robust and effective systems of quality monitoring to assess the quality of care and drive improvement. We saw that improvements had been made.
- The provider undertook a range of quality assurance audits. We saw audit activity which included medicines, infection control, care plans and health and safety. The results of which were analysed to determine trends and introduce preventative measures.
- However, despite the improvements identified, we were unable at this inspection to determine whether the current service provision could be sustained over time. This is because the service has recently been through a significant and sustained period of non-compliance with the Regulations and has an inconsistent record of providing good outcomes for people.
- Many of the systems and processes put in place to improve the service have not yet been fully embedded and assessed to ensure they maintain continuous improvement. The service would need to demonstrate appropriate systems and processes and care delivery over a period of time, to ensure the sustainability of good care could be achieved for people. We therefore, at this time, have rated this key question as Requires Improvement.
- At the last inspection, we identified concerns in respect to the culture of the service and the morale of staff. Improvements had been made.
- Regular meetings and support had taken place with staff and the feedback we received was positive. One member of staff told us, "It has got considerably better. A lot of hard work has gone into it. We did lose a lot of staff, but it's getting better." Another member of staff said, "Everything is fine. The manager is very good

and kind." The registered manager added, "My door is always open, we have made significant improvements. Staff are supported and happy and so are the residents and their families."

- At the last inspection we received negative feedback in relation to how the service was run and how management acted on feedback received. Improvements had been made.
- Regular meetings had taken place with residents and relatives to obtain their feedback. Information such as 'You said – we did' was displayed around the service to inform people of changes that had been made. For example, based on feedback from people, more fresh fruit was available.
- Feedback from people and relatives was overall positive and recognised the improvements made at the service. One person told us, "If I'm not happy I come straight out with it. They know me." A relative added, "Things had really slipped in this home, but they're definitely going in the right direction now."
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.
- The provider had informed the CQC of other significant events in a timely way, such as when people had passed away, where there had been suspected abuse and any significant injury. This meant we could check that appropriate action had been taken.

Working in partnership with others; 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 service liaised with organisations within the local community. For example, the Local Authority and Clinical Commissioning Group, to share information and to assist each other in investigating any concerns.
- Staff were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.