

Cathena Healthcare Limited

Chantry House Residential and Nursing Home

Inspection report

Chantry House
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Suffolk
IP17 1DJ

Tel: 01728733833

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14 October 2022

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Ratings

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

Summary of findings

Overall summary

About the service

Chantry House Residential and Nursing Home provides accommodation and personal care for up to 24 people. At the time of our inspection there were 22 people living in the home. The majority were being supported with their mental health needs and some were also living with varying levels of dementia. People's experience of using this service and what we found

We found concerns at our last inspection and rated the home requires improvement in four key questions and overall. We also found several breaches of the Health and Social Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that progress had been made and the provider was no longer in breach of regulations. However, further improvements were still needed to fully embed a person centred approach in the home.

The culture in the home was task led and not always person centred. Emphasis was placed on meeting people's medical needs and associated risks and at times there were missed opportunities for meaningful engagement.

We were encouraged by the actions the provider was taking to address this but these had not been fully implemented. Therefore, we were unable to assess their effectiveness. We have made a recommendation that the provider considers current guidance and best practice to ensure care records are detailed, accurate and person centred.

People told us they felt safe and we observed they were at ease in the company of the staff that cared for them. Visitors could freely visit the service and were welcomed.

People were protected from the risk of potential harm; safeguarding policies and processes were in place and staff had received appropriate training.

Staff were recruited safely. There was mixed feedback about staffing levels and the use of agency staff. On the day of our visit there were sufficient staff to meet people's needs. However, we have made a recommendation about staffing arrangement in the home.

Risks to people were regularly assessed with measures in place to mitigate them. This included timely referrals to healthcare services.

Staff were kind, caring and treated people well. They supported people in a discreet and dignified way which maintained people's privacy and independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

The home was clean and hygienic with good infection control procedures carried out. Staff wore appropriate personal protective equipment (PPE). Safe management of medicines was in place.

There was clear leadership in the home. Governance systems supported the provider and management team to identify shortfalls in the home and address them. Processes were in place to learn lessons when things had gone wrong with actions taken to reduce future incidents happening.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 5 May 2019) and there were breaches of regulations. 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 the regulations.

Why we inspected

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 requires improvement to good based on the findings of 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below

Good ●

Chantry House Residential and Nursing 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 carried out by an 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

Chantry House Residential and Nursing 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. Chantry House Residential and Nursing 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

Inspection activity started on 5 October 2022 when we visited the home and ended on 14 October 2022 when detailed feedback was given.

What we did before the inspection

We reviewed information we had received about the home 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 spoke with five people who lived at Chantry House Residential and Nursing home to seek their views of their care and support. Not everyone who used the service were able to tell us about their experience of receiving the service, so observations of care and support were made. We spoke with two relatives and a healthcare professional when we visited the home. The Expert by Experience made telephone calls on 7 October 2022. They spoke with two people who lived in the home and with four relatives.

We spoke with the provider's nominated individual, the clinical lead, an agency nurse, a senior carer, four care staff, administrator, head of housekeeping, maintenance person and two ancillary staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received written feedback from five staff and four health and social care professionals involved with the home.

We reviewed the care records of three people who used the service and several medicines records. We also reviewed a range of records in relation to the governance and management of the service, including audits, policies and procedures, training information and the recruitment records of three staff members.

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.

Assessing risk, safety monitoring and management

At our last inspection the provider failed to ensure that people's care and treatment were always planned and managed in a way that promoted their health, safety and wellbeing. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider is no longer in breach of regulation 12.

- People told us they felt safe in the home. They said staff were attentive and they were supported to use mobility aids and equipment safely.
- Staff understood people's assessed needs and risks and had good knowledge of how to keep them safe.
- Risks to people were regularly assessed, monitored and recorded in their care records, for example, where people's skin integrity was at risk appropriate pressure relieving equipment was in place.
- Where people had been identified as at risk of falls a range of measures had been considered. This included low profile beds, crash mats and bedrails.
 - People's care records included risk assessments, which demonstrated how the risks in their daily living were assessed. This provided guidance to staff in how to reduce the risks.
- Staff had been trained in moving and handling and we saw that people were assisted to move safely using specialist equipment.
- Where people experienced episodes of distress, their care plans provided information to staff to safely support the person and to mitigate any risk.
- Staff had received training in fire safety and each person living in the home had a personal evacuation plan in place, which described the support they needed should they need to be evacuated in an emergency.
- A review of maintenance records showed regular checks and servicing was undertaken of the water, electrical and gas supply. Fire safety equipment and specialist moving, and handling equipment was also checked to ensure it was safe to use.

Staffing and recruitment

- People we spoke with told us they felt there were enough staff. One person told us, "There is always someone [staff] If I need any help and if it's urgent I just press my [call] button and they come quickly." Another person said, "I think there is enough staff. They [provider] are recruiting a load of new people, which is great."

- Relatives feedback about the number of staff was mixed. One relative shared that there, "Was usually a member of staff about if they needed them, but it would be nice to see more staff, there seems more staff in the week than the weekend." Another relative commented, "[Family member] is safe, it is a secure [home] with adequate staffing to meet their needs."
- Staff feedback about staffing levels in the home was mixed. Several staff said there was usually enough staff to meet people's needs but that some shifts ran more smoothly depending who was working.
- Agency staff were used to fill gaps in staffing and some permanent staff shared that this was not always ideal as they had to explain or supervise them with certain tasks. One member of staff said, "If everyone on shift is new or agency then it can be a long and tiring shift. I know they [provider] are trying to recruit and it is challenging in the [care sector]. We have had staff sickness as well which doesn't help as you have to rely more on agency."
- Our observations showed there were enough staff deployed to safely meet people's needs and call bells were answered promptly. However, we noted that staff spent considerable time during the day completing daily records which detracted them from interacting and engaging meaningfully with people. The management team advised that they were reviewing the daily records process to reduce the amount of time taken and duplication involved.
- The provider had an ongoing recruitment programme and were actively trying to fill their current vacancies and manage staff sickness. Following staff feedback they were also reviewing their rota and shift arrangements to support nurses in effective deployment and organisation of staff.
- A review of staff recruitment files showed background checks were carried out. This included Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We recommend that the provider continues closely monitoring and reviewing staffing levels using an effective tool and through communication with people living in the home, relatives and staff to ensure people's needs continue to be met in a timely manner.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to ensure staff were aware of how to reduce the risks of abuse and avoidable harm, including policies and procedures and training for staff.
- Staff and the management team understood their responsibilities relating to reporting concerns of abuse to the appropriate authorities.

Using medicines safely; Learning lessons when things go wrong

- Safe management of systems were in place. People told us they got their medicines when they should. One person said, "They [staff] bring me my medication daily, without fail."
- Medicines systems were well organised with people receiving their medicines as prescribed.
- Drug stocks tallied with the records, controlled drugs were stored safely and the medication room was clean and well ordered. Regular temperature checks took place to ensure medicines were stored at the appropriate temperatures.
- Staff confirmed they had received training to administer medicines and their competency to do so checked.
- Staff were observed to explain to people what their medicines were, seek consent and to safely administer the medicines.
- Where incidents and accidents had happened there were systems in place to reduce reoccurrence and to reduce risks to people. Any lessons learned were disseminated to staff.
- Falls analysis records identified potential patterns and trends and actions, such as referring to other professionals and using equipment, including pressure mats.

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 home to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the home.
- 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 supported to have visits from their friends and family safely and in line with government guidance.
- This was confirmed by feedback received from people and relatives.

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. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider failed to ensure that people's consent was sought regarding their care and treatment. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider is no longer in breach of regulation 11.

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.

- People's mental capacity was assessed. We found appropriate MCA assessments and best interest decisions had been completed.
- Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. The provider was complying with the conditions applied to the DoLS authorisations. Authorisations were regularly reviewed to check that they were still appropriate
- Staff were seen seeking consent and offering choice before supporting people or providing care.
- Staff told us they could not force people to do things they did not want to and respected people's choices. This meant people's liberties were not being unlawfully deprived. One member of staff said, "The residents here are just like everyone else; can make good or bad decisions. We have to respect people's choices even when we know them to be unwise. We try to support them to make good choices but ultimately it is up to them."
- Where people received their medicine covertly, appropriate documentation was in place to support this

action.

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

- People were supported by staff to eat and drink enough to meet their needs. One person said, "The food is good and there are choices." Another person told us, "The food is ok. There is always plenty." A relative commented, "[Family member] likes to eat and sometimes asks for seconds."
- We observed the lunchtime service and saw people were supported by staff to make choices about what they wanted to eat. People's meals were served at the correct temperature, in a timely manner and looked appetising. Staff were attentive to people's needs, providing appropriate support to help them eat when this was needed.
- Staff understood people's dietary needs including any specialist needs due to their healthcare conditions and took this into account when planning and preparing meals.
- Staff monitored people were eating and drinking enough. When they had concerns about this, support was sought from the relevant healthcare professionals and staff acted on any recommendations they made.

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

- People were supported by staff to manage their healthcare conditions and needs. Their records contained information for staff on how they should do this.
- Staff understood people's conditions and how to support them. People's healthcare conditions and any changes in needs were discussed daily during shift handover. This helped staff identify any further support people might need to help them stay well.
- People were supported to access healthcare services and healthcare specialists involved in their care. When people became unwell, support was sought for them promptly.
- Feedback from professionals involved with the home was complimentary. One professional commented on the positive changes in the home since the last inspection and its impact on the people living there, "Communication has improved between professionals promoting [people] receiving a holistic treatment plan and ensuring their current and ongoing needs are going to be met. The home have been working on a preventative approach to avoid crisis instances rather than reacting to a crisis."

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

- Overall the design, decoration and layout of the home was meeting people's needs. There was signage around the premises which helped people identify and locate areas such as the lounges, dining room or toilet. People's bedrooms had been individualised and furnished to their choice.
- However, we noted that some of the signage to indicate an individual's bedroom did not reflect their preferred name and stated their birth name. This was addressed during the inspection by the management team who amended the signage to reflect both names where applicable. Following our inspection the management team advised they had also amended people's MAR charts and were working on other care records to ensure consistency and person centred care.
- We noted that some parts of the home were in need of attention. The management team shared the provider's programme of scheduled works which included improving the décor and layout of the home to benefit the people living there.

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

- People's needs were assessed by the management team before admission to the home with family members and significant others where applicable involved in the process. Staff worked with relevant professionals where specific needs had been identified, managing risks in line with recognised best practice.

- Staff provided care to people in line with standards, recommended best practice and law. This included current government guidance for managing the risks associated with COVID-19 and Health Safety Executive guidance on moving and handling.

Staff support: induction, training, skills and experience

- People told us how they felt the staff had the skills and knowledge to meet their needs. One person said, "Staff know what they are doing and they do it well." A relative shared, "The previous home couldn't cope with [family member's] needs, it was so upsetting to see. But Chantry House can, the staff understand mental health needs; it makes all the difference."
- Whilst staff told us the training they had received was relevant and helped them to care for people. Some care staff said they would like further training in mental health needs, notably in supporting people with challenging and unpredictable behaviours.
- New staff received an induction which included training and assessed shadowing with more experienced colleagues. Staff new to care were working towards the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector.
- There was mixed feedback from staff about supervision and the frequency. Several said they had at least one this year but were not sure when their next one would be or how often they would happen. The management team acknowledged there had been some slippage in this area largely due to staff sickness but had taken action to address this. Records seen confirmed this.

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 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 treated people with kindness and respect. One person told us, "The staff are very good, loving and not spooky like where I was before. I am very happy here. I can't imagine another place to be." Another person said, "I like the staff here. They are great."
- Staff knew people well and we observed them talking to people in a kind and engaging manner.
- Staff had received training in equality and diversity and were aware of the importance of treating people fairly and with respect.

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

- People shared some examples of how staff understood them and how it helped them. One person said, "I forget things a lot, they [staff] remind me. They do it without making me feel stupid and treat me as a human being."
- Where appropriate to do so relatives told us they were involved in decision making and contacted if there were any concerns. One relative shared, "[Family member] was recently in hospital. When they arrived back staff called me to advise how [family member] was and that the medication had not changed; they were actively engaging."
- We observed staff to recognise changes in people's body language, to determine they needed support for example with personal care and this was done discreetly.
- Staff understood the importance of using pictures, and items of reference to assist people to make choices, for example in relation to how they spend their time and with food options.
- We saw that staff were skilled at providing reassurance and or using distraction techniques to support people when experiencing distress or confusion.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity and encouraged them to be independent as much as possible in their daily lives.
- Staff maintained people's privacy and dignity. Where required, staff supported people to have personal care tasks provided in the privacy of their bedrooms and bathrooms.
- People were supported to maintain their personal hygiene and appearance to promote dignity and independence. There were no malodours throughout the home, ensuring people's dignity was upheld.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating remained Requires Improvement. This meant people's needs were not always met.

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

At our last inspection the provider failed to ensure that people's care and treatment were always planned and managed in a way that promoted their health, safety and wellbeing. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff knew people well and were able to tell us about people's individual needs, preferred routines and what was important to them.
- People's care plans focused on their assessed medical needs and were not always person centred.
- The system in place for reviewing care plans did not always demonstrate how people were involved and consulted in their ongoing care arrangements.
- People's preferred daily routines reflecting what was important to them, supporting them to have choice and control in their day to day lives was not always visible in their care records.
- The records did not provide sufficient detail on people's mood and wellbeing and what they had been supported to do throughout the day, instead they reflected detailed task-led engagement, such as whether they had eaten, had personal care.
- The management team were implementing changes to people's care plans including the daily records to make them more person centred. At the time of the inspection this was a work in progress and had not been fully implemented. We were encouraged by the new style templates but were unable to assess their effectiveness.

We recommend the provider considers current guidance and best practice to ensure care records are detailed, accurate and tailored to the individual.

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

- There was a varied activities programme which promoted the social, physical and cognitive wellbeing of people.
- People were supported to participate in their chosen social and leisure interests on a regular basis. There were photos of people involved in various activities. People's achievements were celebrated.

End of life care and support

- People were supported when at the end of life stage. People and their relatives contributed towards end of life advanced care planning.
- We observed staff attending to people in a dignified and caring way. One member of staff shared, "It is so important we keep [person] comfortable and settled. Do right by them in their final days; it is a privilege to be involved."
- Relatives told us they felt supported by staff and were kept well informed of their family member's changing needs. Comments included, "The communication has been really good, very thoughtful and considerate." And, "Staff always check I am ok too. They understand how hard it is to say goodbye. They do a wonderful job. Carers don't get the recognition they deserve. It is a hard job and they do it without complaint. I can't thank them enough. We can visit whenever we want; any time."
- Where required, people were kept comfortable with appropriate equipment, such as, air flow mattresses. Staff engaged with professionals to ensure the right medicines were in place for people to remain relaxed and pain free.

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 records included information about how they communicated and guidance for staff in how to communicate effectively with them.
- The management team told us documents could be made available, where required, for people in accessible formats, such as larger print.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise a concern or make a formal complaint and were confident it would be addressed. One person said, "If I wanted to complain, I'd just tell the staff. So far there has been nothing to complain about." A relative shared, "I have not felt the need to complain, communication has been good; it's about having regular conversations so we are all on the same page."
- The provider's complaints policy was on display in the home and included information about how to make a complaint and what people could expect if they raised a concern. Records showed complaints received had been responded to in line with the provider's procedure, with outcomes used to improve the quality of the home.

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 Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider failed to ensure that there was effective oversight and governance in the home. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; 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

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

- Although we found improvements required, the provider was aware and taking action to address the shortfalls.
- Quality assurance processes were in place. This gave the provider and management team an overview of the home, helping ensure people received safe, quality care and support. This included audits of various aspects of the home, such as medicines, health and safety and care records. Any issues identified were listed on the home's action plan, for the provider to monitor that they had been addressed.
- Staff understood their roles, responsibilities and duties. Staff had team meetings and discussed various topics such as any changes in people's needs or care, best practice and other important information related to the home.
- Staff performance was monitored through one to one supervision and competency checks.
- The management team had notified CQC of significant events and incidents, in line with their legal requirements and responsibilities as a regulated service provider.
- Overall feedback about the home from people and their families was positive. They said they were satisfied with the care provided, the home was clean, safe and staff treated people with kindness and respect.
- The majority of staff said they felt valued and supported at work and could see the provider was actively recruiting which would improve staffing arrangements. One member of staff said, "The reliance on agency staff doesn't help a shift go smoothly, it is much better to have permanent staff, they know the residents better and understand their needs. We have had staff sickness which doesn't help, can be hard to cover at short notice and then it becomes stressful as there is a lot to cover. The addition of [clinical lead] is helping.

Communication is better and they help out with medicines or in other ways which is supportive."

- The provider and management team were passionate about the care and support people received and promoted open communication and transparency. Actions were taken when errors or improvements were identified with lessons learnt from these events.
- The provider and management team were aware of the duty of candour and their responsibilities to be open and honest with people and their relatives in the event of something going wrong or a near miss.

Working in partnership with others

- Feedback from professionals cited collaborative working arrangements. One professional told us, "I feel that due to the stable management the staff feel supported and this is reflected in their care delivery and confidence especially with the more complex patients. I have spent time there recently and was very impressed with how the staff manage and the general positive feel of the environment. Another positive is the level staff go to include relatives in every stage of care planning and encourage and support interactions with their loved ones."