Care Quality Commission

Sovereign Care Limited

Ampersand

Inspection report

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Ratings

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

Overall summary

We carried out this inspection on the 28 September 2015, it was unannounced.

Ampersand is a care home providing accommodation and support for up to 27 older people who may be living with dementia. It is over three floors and there is lift and a stair lift available to access the first floors. At the time of the inspection 24 people lived at the service.

The manager of the service has been in post since February 2015 and is currently applying to become registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Medicines were stored, administered and disposed of safely. Only designated staff administered medication, they had received training and their competency to do this had been checked. Audits of medicines made sure people were getting the medicines they had been prescribed.

Summary of findings

People were given individual support to take part in their preferred hobbies and interests. There had been an increased range of activities for people living with dementia. However there were no planned trips out of the home, we have made a recommendation about this.

The providers needed to enhance the environment for people living with dementia. Doors were all the same colour, and patterned wall papers were seen around the home. However the provider was aware of the guidance and was considering these points when redecorating the home and building on the extension. Toilets and bathrooms were clearly identified to aid and support independence of people living with dementia.

People demonstrated that they were happy at the service by showing open affection to the staff who were supporting them. Staff were available throughout the day, and responded quickly to people's requests for care. Staff communicated well with people, and supported them when they needed it.

There were systems in place to obtain people's views about the service. These included formal and informal meetings with people using the service and their families and annual surveys.

The providers investigated and responded to people's complaints. People or their family knew how to raise any concerns and were confident that the manager would deal with them appropriately. People and relatives told us they had no concerns.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Applications were being completed in relation to DoLS, the providers understood when an application should be made. They were aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

Staff had been trained in how to protect people, and they knew the action to take in the event of any suspicion of abuse towards people. Staff understood the whistle blowing policy. They were confident they could raise any concerns with the manager or outside agencies if this was needed.

People and their relatives were involved in planning their own care, and staff supported them in making arrangements to meet their health needs. The providers and staff contacted other health professionals for support and advice.

People were provided with diet that met their needs and wishes. Menus offered variety and choice. People said they liked the home cooked food. Staff made sure that people had plenty of drinks offered through the day. We observed lunch being served and people were happy with their choice. Staff gave appropriate support to people who needed assistance to eat their meal.

Staff were recruited using procedures designed to protect people from unsuitable staff. Staff were trained to meet people's needs and they discussed their performance during one to one supervision and annual appraisal so they were supported to carry out their roles.

There were risk assessments in place for the environment, and for each person who received care. Assessments identified people's specific needs, and showed how risks could be minimised. There were systems in place to review accidents and incidents and make any relevant changes to reduce further harm.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

There was appropriate medicine procedures being followed to make sure people received their medicines as required and prescribed.

People and /or their families told us that they felt their relatives were safe living in the home, and that staff cared for them well.

Staff were recruited safely. There were enough staff deployed to provide the support people needed.

Staff had received training on how to recognise the signs of abuse and were aware of their roles and responsibilities in regards to this.

Is the service effective?

Good

The service was effective.

People's families said that staff understood their relatives individual needs and staff appeared trained to meet those needs.

The menus offered variety and choice and provided people with a well-balanced diet.

Staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Staff ensured that people's health needs were met. Referrals were made to health professionals when needed.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

Staff were supportive, patient and caring. The atmosphere in the home was welcoming.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people.

People and families were given information on how to make a complaint and the provider took appropriate action to resolve complaints with in the agreed timescales.

People were supported to maintain their own interests and hobbies.

Summary of findings

Is the service well-led?

Good

The service was well-led.

The current manager had applied to become registered with the Care Quality Commission.

Quality assurance processes were in place to make sure people received a service which maintained their health and wellbeing.

People and their families view were sought to monitor and improve the service being offered.

The staff were fully aware and used in practice the home's ethos for caring for people as individuals, and the vision for on-going improvements.

Ampersand

Detailed findings

Background to this inspection

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

This inspection took place on the 28 September 2015, it was unannounced. The inspection team consisted of two inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone whose uses this type of older person care service. On this occasion the expert by experience joined people at a table lunch time and although he did not eat a meal this gave them first-hand experience of what it was like having a meal at the home.

We spoke with ten people, two relatives and one health and social care professional. We looked at personal care records and support plans for eight people. We looked at the medicine records; activity records; and six staff recruitment records. We spoke with the two providers, the manager, five members of care staff, one domestic staff member and observed staff carrying out their duties, such as giving people support at lunchtime.

Not everyone was able to verbally share with us their experiences of life at the service. This was because of their complex needs. We therefore spent time observing people and how care was delivered this helped us understand the experience of people who could not talk with us.

We asked providers to send us a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we examined notifications sent to us by the manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

At the previous inspection on 15 October 2013, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the service. People who were able to comment told us "I have bad nights, but the staff attend to my needs and give me a drink, I am safe here". Another person said "The staff are quick and I feel safe".

There were suitable numbers of staff to care for people safely and meet their needs. We saw the staff duty rotas which showed how staff were allocated to each shift. The rotas demonstrated there were enough staff on shift at all times during the 24 hour period. The provider said "If a person telephones in sick, the person in charge would ring around the other carers to find cover". We saw evidence on the rota where this had occurred. This showed that arrangements were in place to ensure enough staff were made available at short notice. The provider told us staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly. We observed that it was not difficult to find staff to assist people and people in the lounge were not left alone for more than a few minutes.

Staff who administered medicines had received training and their competency had been checked. Staff we spoke with had a good understanding of the medicines systems in place. A policy was in place to guide staff through ordering, administering, storing and disposal of any unwanted medicines. The medication policy and procedures had been reviewed on the 23 June 2015. Medicines were booked into the home by staff and this was done consistently with the homes policies. Medicine records seen had been completed with the correct and required information. Therefore people whose medicines were administered by staff received their medicines as prescribed.

The provider operated safe recruitment procedures. Staff recruitment records clearly showed that all the necessary checks had been carried out. Staff told us they did not start work until the required checks had been returned and were satisfactory. These checks included proof of identity, satisfactory written references and a Disclosure and Barring Service (DBS) criminal record check. These processes made sure recruitment was safe and prevented unsuitable candidates from working with people living at the home

Staff were aware of how to protect people from abuse and the action to take if they had any suspicion of abuse. Staff were able to tell us about the signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team. Staff had received training in protecting people from abuse, so their knowledge of how to keep people safe was up to date. The providers were aware of their role and responsibilities in safeguarding people from abuse and the processes to follow if any abuse was suspected. The provider and staff had access to the local authority safeguarding policy and protocols and this included how to contact the safeguarding team. Staff understood the whistle blowing policy. They were confident they could raise any concerns with the manager or outside agencies if this was needed. People could be confident that staff had the knowledge to recognise and report any abuse.

Risk assessments were completed for each person to make sure staff knew how to protect them from harm. We found that risk assessments were being reviewed. These included risks associated to mobility, falls, challenging behaviour and skin integrity.

Accidents and incidents were clearly recorded and monitored by the provider to see if improvements could be made to try to prevent future incidents. For example, purchase of a pressure mat, to alert staff when a person gets out of bed.

Equipment checks and servicing were regularly carried out to ensure the equipment was safe. Risk assessments for the building were carried out and for each separate room to check the home was safe. Internal checks of fire safety systems were made regularly and recorded. Fire detection and alarm systems were regularly maintained. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills.

Risk assessments of the environment were reviewed and plans were in place for emergency situations. The staff knew how to respond in the event of an emergency, who to contact and how to protect people.

Good

Is the service effective?

Our findings

People who could respond felt that their health needs were well met at the home. People told us that if they did not feel well the staff looked after them. One person told us "They get the doctor in if I need him, and I have seen nurses visiting here too". We saw records of health and social care professional visits to the home in people's individual care plan files. We saw how plans were changed to reflect any instructions given. For example, where a person needed to have their feet elevated to reduce their ankles swelling.

People spoken with were positive about the food served from the homes kitchen. A visitor who sometimes sits with his wife at lunch time said "the food is very nice and is home cooked, could not ask for better". The cook told us they sourced food such as meat and vegetables locally where possible People commented "I change my mind sometimes and they always accept it and give me something else". Another person said "The meals are always nice, I really enjoy my meals, and you'd never go hungry". We observed drinks being offered throughout the day, and saw staff support people who found it difficult to eat or drink unsupported. Staff also encouraged people to eat and drink and knew peoples preferences and if they were on special diets. Care staff weighed people monthly and recorded the weights in their care plans. They informed the manager of any significant weight gains or losses, so that they could refer them to the doctor for any treatment required. Staff recorded what and the amount of food that people ate; in this way they monitored people to make sure they were eating a sufficient and well balanced diet.

Staff told us that they had received induction training, which provided them with the knowledge to provide peoples care safely. The manager explained that new staff would shadow experienced staff, and not work on their own until they have been assessed as competent to do so. The home would also support staff to complete the new care certificate recommended by skills for care. This course once completed satisfactorily will provide evidence toward their next vocational award. Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. This helped staff to deliver care effectively to people at the expected standard. Staff received refresher training in a variety of topics such as moving and handling and health and safety. Staff were trained to meet people's specialist needs such as dementia care awareness. This training helped staff to know how to empathise with people who had old age confusion as well as anyone living with dementia.

Staff were being supported through individual one to one supervision meetings and yearly appraisals. The provider undertook the supervision of the manager supporting them to access necessary training and courses to further their skills and knowledge. The manager set up meetings for the senior staff and they in turn had started supervising care staff. All staff had an annual appraisal planned. Staff had an annual appraisal planned. This was to provide opportunities for staff to discuss their performance, development and training needs, which the manager was monitoring. Staff told us that they had handovers between shifts, and this provided the opportunity for daily updates with people's care needs. Staff were aware that the provider and manager were available for staff to speak to at any time. Staff were positive about this and felt able to discuss areas of concern and make suggestions. Staff we talked to told us it was important to them to work as a team. This was evident in the way the staff related to each other and to people they were caring for.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager was following the process for making DoLS applications, in light of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. Any application or consideration of DoLS starts with the assessment of their ability to make decisions. It is not until they are considered not to be able to make the decision that a DoLS is considered. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS) and had been trained to understand how to use this in practice. People's consent to all aspects of their care and treatment was discussed with them or with their legal representative as appropriate.

Before people received any care or treatment they were asked for their consent. People smiled when staff spoke to them. Staff asked people before assisting them for example

Good

Is the service effective?

they asked where they wanted to go, what they wanted to do and before assisting them with personal care such as helping them with their meals, or taking them to the bathroom.

The manager had procedures in place to monitor people's health. Referrals were made for people to access health professionals including doctors and dentists as needed. Where necessary people were referred to other professionals such as the tissue viability nurse, speech and language therapist (SALT) and dieticians. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded. Future appointments had been scheduled and there was evidence of regular health checks. Relatives told us that their family member's health and well-being had been discussed with them, that they had been kept informed of any changes in their relatives' condition.

Some of the people living in the service could occasionally be verbally abusive or physically aggressive, but staff knew how to calm these situations and how to distract people. Staff told us that knowing the persons background and family names was useful if a person became anxious.. Staff could use this information to change the subject and calm the person. In the care plans of some people living at the home there were instructions for staff on what to do if the individual became angry or very anxious. These instructions were reviewed regularly and updated as necessary as more effective ways were found to calm that person.

The premises had been not been fully adapted to meet the needs of people living with dementia. However although we found that doors were all the same colour, and toilets and bathrooms were not always clearly identified using colour, people were aware of where they were. Although there were patterned wallpapers which can be difficult for people living with dementia as they can sometime see things within the patterns for example. The provider was changing these as they redecorated. The provider also had plans to extend the home and increase the communal space in the home as well as bedrooms. They were doing this in association with recognised guidance on the use of colour to increase people's independence with dementia. We saw on-going maintenance of the premises was being undertaken by the maintenance person and this included redecoration. There was a record of the day to day maintenance and weekly checks that needed attention. These included replacing light bulbs, checking call and fire alarm systems are working correctly. The grounds were also maintained on a regular basis to make the area pleasant and safe for people to use.

Good

Is the service caring?

Our findings

People who were able to comment told us that the staff were very kind and they felt well cared for.

Relatives said that there had been an improvement over the previous months and they told us that the staff were kind and patient with their relative and others. One said, “Staff are so kind to mum, they don’t rush her and they listen to her”. Another said “Staff seem to know all the people living here so well, they are patient, kind and when someone is anxious or upset they know what to say to make them feel better. The smiles told us so much about the interactions between people and staff. We could see people were comfortable around the staff and staff were at ease and happy in their work. Staff knew people’s names, nicknames and preferred names. Staff recognised and understood people's non-verbal ways of communicating with them, for example people's body language and gestures.

People and their relatives had been involved in planning how they wanted their care to be delivered. Relatives felt involved and had been consulted with about their family member’s likes and dislikes, and personal routines. Staff encouraged people to make choices throughout the day. Such as, what they wanted to eat, what time they got up, whether they wanted to stay in their rooms. We saw people had personalised their bedrooms according to their individual choice. For example family photo and their own furniture. Changes in care and treatment were discussed with people or their representative before they were put in place. People and/or families were included in the regular assessments and reviews of their individual needs. People felt they could ask any staff for help if they needed it. People were supported as required but encouraged to be as independent as possible. In this way people were receiving the care that met their needs and preferences.

Staff supported people in a patient manner and treated people with respect. People said they were always treated with respect and their dignity was protected. Staff gave people time to answer questions and respected their decisions. They spoke to people clearly and politely, and made sure people had what they needed. A transfer from wheelchair to chair was observed in the lounge: the two carers managed it well and were clearly competent in the use of the equipment. Dignity was maintained for the person, and it was achieved smoothly. Staff chatted to the person during the transfer and checked that they were okay, until they were safely seated in the armchair. Staff then checked that they had everything they wanted nearby.

A volunteer was observed in the lounge painting peoples nails and talking to them. This lady also offered people massages of the hands and arms. People who we spoke with said that the massages she does has helped them, one person said, “It has really helped I can move my fingers better now and I do exercise them between visits”. Another person said, “I look forward to the visits, my arm can be painful at times and what she does helps with that, just wish she was hear more often”.

Good

Is the service responsive?

Our findings

People who were able to told us they received care or treatment when they needed it. They said they had no complaints about the service and staff respected their choices. They said, "I can get up when I want to, I like being up early, but some days I like to stay in my room and that is fine to" and "You get to choose what you want to eat and you can have it in your room if you want". Another person told us "When I press my bell at night when I am not feeling too well, the staff come quickly". Relatives were happy with the service and one said, "Staff call the doctor or ambulance when it's needed, and they then contact us and keep us informed", and another person said, "The staff keep us informed of any changes in Mums condition and we phone them as well if we can't get in to visit". Staff responded to changes in people's health and care needs to ensure people's health and wellbeing.

The manager carried out pre-admission assessments to make sure that they could meet the person's needs before they moved in. People and their relatives or representatives had been involved in these discussions. This was an important part of encouraging people to maintain their independence. People's needs were risk assessed by the manager and care and treatment was planned and recorded in people's individual care plan. The plan was then reviewed during the trial period and necessary changes made to make sure the person received all the care and support that was needed.

New person centred care plans had been introduced for staff to follow to meet peoples individual care needs and preferences. People's needs were recognised and addressed by staff and the levels of support were adjusted to suit individual requirements. Staff encouraged people to make their own decisions and respected their choices. Changes in care and treatment were discussed with people before they were put in place. People were included in the regular assessments and reviews of their individual needs. The staff recorded the care and support given to each person. Each person and/or families were involved in regular reviews of their care plan, which included updating their assessments as needed. Staff were able to describe the differing levels of support and care provided to people and also when they should be encouraging and enabling people to do things for themselves. Support was individual for each person. We saw that people could ask any staff for help if they needed it. Staff understood the needs and preferences of the people they cared for.

There was an activity co-ordinator who was responsible for planning activities through the week. These included a variety of different activities including quizzes, bingo, craft and gentle exercise to music. We saw that people and families were asked about the hobbies and interests that people liked on admission to the home. The information was used to make sure that where possible that people were still able to follow interests and hobbies. There was also a large amount of one to one time as people with dementia could not always join in with things as part of a group. The home also had entertainers booked to come into the home; these involved singing which people enjoyed joining in with. The minister from the local church visited each month and children form the local school also visited on special days a few times during the year. There were however no outings being planned, so people did not have the opportunity to be involved in the local community and only went out if their families took them. This was something that was being looked into by the manager. They planned to start with short trips out to start with so people can get used to going out again. We were told that the activity co-ordinator is planning with help of care staff to take people out for a coffee or to visit a local garden centre in small groups. The places will be visited by staff first to make sure they have suitable facilities. It is hope that people in this way will be able to take part in community events in the future.

People and their families were given information on how to make a complaint. People and their family were given the opportunity to raise any concerns they may have at reviews or when visiting the home. All visitors spoken with said they would be confident about raising any concerns. One person's family member said, "I know I can complain, but I have nothing to complain about". The manger told us that they had been regularly speaking to families and updating them on the changes that have been made, together with asking their opinions on further planned changes. The manager said that any concerns or complaints were regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. Families told us they knew how to raise any concerns and were confident that the providers would deal with

Good

Is the service responsive?

them appropriately within a set timescale. In the complaints file we saw where a complaint had been recorded. This had then been investigated and followed up in writing with in the time scales.

There were no restrictions on visiting. Relatives commented, “I always feel welcome, staff always know where I can find mum”, “Things were a bit stressed for a while but staff are always very welcoming” and “I like visiting here staff are always so kind”.

Good

Is the service well-led?

Our findings

The home had a new manager who had been in post since February 2015. People, families and staff spoken with said that there have been noticeable changes in that time. People and relatives spoke highly of the staff. We heard positive comments about how the service was run by the manager. People told us the manager was very approachable. People said, "The staff and management worked well together". They promoted an open culture by making themselves accessible to people, visitors, and staff, and listening to their views. We were told by visitors that the morale in the home had increased and the staff now worked well together as a team. Families said that the staff were more available, When we asked if people and their families thought the home was well run, they told yes. One relative said "I believe so, my wife is very well looked after, as are all the people here, there is always staff around and the manager is easy to talk to, she comes around to make sure everyone is ok".

People were asked for their views about the home in a variety of ways. These included formal and informal meetings; events where family and friends were invited; and annual surveys. People and their families told us that there was good communication with the manager and providers. This meant that people were being asked about their experiences of the service to improve or monitor quality. The provider explained that the meetings were important as they were going through a period of change regarding the management of the home. They found people's families had been concerned, for example care staff never seemed to be around when they visited and people sitting in lounges were being left alone for long periods. The provider explained that they had apologised and changes were made straight away. They changed the way the staff were managed to make sure staff were always on hand to provide for people's needs and keep people safe.

The manager, providers, and the staff were well known by people in the service. We observed them being greeted with smiles and they knew the names of people or their relatives when they spoke to them.

There were systems in place to review the quality of all aspects of the service. The systems had been reviewed and changed where necessary to ensure they captured all the information needed. Monthly and weekly audits were carried out to monitor areas such as infection control, health and safety, care planning and accident and incidents. Appropriate and timely action had been taken to protect people and ensure that they received any necessary support or treatment. We saw for example that care and support plans previously had not been reviewed effectively and new assessment undertaken when people's needs had changed dramatically. Now all people's needs had now been reassessed with their families and regular reviews were being undertaken to make sure that the plans remained up to date.

The providers also audited the systems and the premises to identify any shortfalls or areas for improvement each month. There findings were discussed with the manager and where necessary action plans were put in place for improvement action was being taken to make improvements whenever possible. For example we identified that one individual member of staff was not writing sufficient detail about people's care provision in their daily records, we saw this had been recognised and this was being dealt with through staff supervision.

There were effective systems in place to manage risks to people's safety and welfare in the environment. The provider contracted with specialists companies to check the safety of equipment and installations such as gas electrical systems, hoists and the stair lift to make sure people were protected from harm. We saw that following an inspection by the Food Standards Agency they received a 5 star award for food hygiene.

Staff understood the management structure of the home, their roles and responsibilities in providing care for people and who they were accountable to. Communication within the service was facilitated through regular meetings. Minutes of staff meetings showed that staff were able to voice opinions and these were listened to and acted upon. Staff told us for example there was now good communication between staff and the management team. The Manager had taken account of the staffs' input in order to improve the care people were receiving.

There were a range of policies and procedures governing how the service needed to be run. These were being reviewed, and were available to staff.

The management team demonstrated their commitment to implementing these values, by putting people at the centre when planning, delivering, maintaining and aiming

Good

Is the service well-led?

to improve the service they provided. From our observations and what people told us, staff understood the values and were putting these into practice. It was clear that they were committed to caring for people and responding to their individual needs. For example, making sure that staff were available to attend to people's needs, knowing what each person's individual needs were, decoration of bedrooms to meet individual needs either prior to admission to the service, or as part of on-going re-decoration.

The manager was aware of when notifications had to be sent to the Commission. These notifications would tell us about any important events that had happened in the home. Notifications had been sent to tell us about incidents and accidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the manager understood their legal obligations.

Residents and families meetings notes were seen and these meetings were to be arranged on a regular basis. The last meeting was on the 21 May 2015. They discussed the changes that had occurred, and the new manager introduced herself. They discussed the need to find a dentist who would agree to come to the home if people could not or did not want to go to their old dentist. The same arrangement was being looked for the optician. They discussed what events they would like at the home, a BBQ and cream tea in the garden was suggested. The manager said that they would provide a suggestion box for people to use. One person suggested having set days, for example a snack day. The menus were discussed and suggestions given for a summer menu.

The staff meeting notes since the manger started were detailed and available to staff. We saw that issues raised were about improving things for staff and the people living in the home. One of the things discussed was about how staff communicated to the people living in the home and their families. The staff were reminded that they needed to be professional and to work as a team. The staff rota was looked at in future only the manager could write in the rota and make changes. The manager explained that staff supervisions would be starting and would be every three months, staff would be observed working with people and this would form part of the supervision process. Staff were also told that they would have an appraisal annually. The staff were told about the CQC inspections and what was needed of them, what will be inspected and how staff should assist the process. Copy of the meeting minutes were made available to all staff.