

Cambridge Nursing Home Ltd

Cambridge Nursing Home

Inspection report

61 Cambridge Park
Wanstead
London
E11 2PR

Tel: 02089891175
Website: www.cnhnursing.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Cambridge Nursing Home is a care home that provides accommodation, personal and nursing care to 47 people. The service specialises in supporting people living with dementia and a physical disability, older people and younger adults.

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

People who used the service were protected from the risk of abuse because the provider had taken steps to identify the possibility of abuse and prevent abuse from happening. Risks to people had been assessed and identified as part of the care planning process. Staff recruitment process was robust. The provider employed sufficient staff so that they did not have to use agency staff. Medicines were given to people as prescribed, however, improvements were needed in ensuring medicines were in date and staff signed when witnessing medicines being administered to people. The provider had a system in place to record and monitor accidents and incidents. People were protected from the risks associated with the spread of infection.

People's needs were assessed, and care and support were planned and delivered in line with their individual care plan. There was an on-going training programme for staff to ensure they were kept up to date and aware of current good practice. People were supported to access medical support from healthcare professionals to ensure their health and wellbeing was maintained. Staff supported people to eat and drink sufficient quantities. 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.

People and their relatives commented staff were kind and compassionate and respected people's privacy and dignity. Records confirmed people's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's wishes. People were encouraged to remain as independent as possible and to do as much as they could for themselves. The importance of confidentiality was understood and respected by staff.

Care plans were personalised and provided staff with sufficient information to provide care to an appropriate level. Regular reviews of people's care took place. People and their relatives were involved in the planning of their care and had access to activities to protect them from social isolation. The provider had a policy and procedure for dealing with any concerns or complaints. People had their end of life wishes discussed and recorded. This helped to ensure they receive the care and support when approaching the end of their lives.

There was an open and inclusive culture in the service, with staff, people, relatives and other external professionals encouraged to help improve the service provided to people. People and their relatives felt the management team was approachable and friendly. The quality of the service was monitored regularly through audit checks and receiving people's feedback. The registered manager worked closely with other

external organisations to ensure people's needs were met.

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

Rating at last inspection:

At the last inspection the service was rated requires improvement (published 24 November 2018).

Previous breaches:

Following the last inspection, we found that the service was in breach of four regulations in relation to dignity and respect, need for consent, safe care and treatment and good governance. We asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider is no longer in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was 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.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Cambridge 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors.

Service and service type:

Cambridge Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced and took place on 16 September 2019.

What we did before inspection:

We reviewed information we had received about the service from the provider since the last inspection, such as information about serious injuries. 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 with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During our inspection:

We spoke with five people who used the service, five relatives, five staff, the registered manager, two of the directors and one visiting professional. 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 speak with us.

We reviewed a range of records. This included five people's care records and multiple medicine records. We looked at staff files in relation to recruitment and staff supervision records. We also looked at records relating to the management of the service and a sample of policies and procedures.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires improvement.

At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection in October 2018, we found not all windows had window restrictors and the ones that were in place could be overridden and people were exposed to a potential risk of falling from height. We also saw wheelchairs, hoists and trolleys were stored in all the communal bathrooms and shower rooms making it difficult for safe access to those facilities. This all put people at risk of avoidable harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 12. We saw windows had been fitted with locked restrictors and the provider continued to have a refurbishment programme at the service. We noted wheelchairs and hoists were stored in dedicated areas away from fire exits. This helped with easy access in case of emergency.

- Risks associated with people's care and support needs were assessed and measures put in place to ensure staff supported people safely. There was guidance in place on how to manage risks, for example, when transferring people who had restricted mobility. Risk assessments were reviewed and updated to reflect any changes in people's needs. Staff were aware of potential risks to people and ensured they were safe. People had a personal emergency evacuation plan (PEEP) that advised staff on the help they needed to evacuate the premises in the event of a fire.

- The provider had a system to ensure all equipment was maintained and serviced. Fire safety checks were undertaken on a regular basis. During the visit, we noted three fire doors did not close fully against their frames and these had already been identified by the provider. We discussed the issue with the registered manager and they told us of the actions they were taking to ensure the situation was rectified. The service had a maintenance person on site and this helped to ensure any maintenance issues were dealt with promptly.

Staffing and recruitment

At our last inspection in October 2018, we received mixed feedback from people and their relatives about the staffing level in the service. Some people told us there were enough staff whilst others felt there could be more staff. We recommended that the provider sought guidance and advice from a reputable source, in relation to safe staff deployment.

At this inspection we found sufficient improvement had been made and the provider ensured that the number of staff working on each shift depended on the needs of the people who used the service.

- One person told us, "There are always staff around." One member of staff said, "We have a good system for staffing. We have enough for each floor. Someone is always on the top floor. It works, and we don't need agency staff." A relative said, "I think there is enough staff about." People's needs were met in a consistent way as the provider had not used any agency staff to cover sickness or annual leave. Those were covered by staff working for the service.

- People were protected by appropriate recruitment processes. We looked at staff recruitment files and found that all the pre-employment checks required had been carried out. We saw the files contained an application form, references, identity checks, health checks and evidence of a criminal record check. This helped to ensure people were not exposed to staff who were not suitable to work with people using care services. One of the directors told us they planned to refresh criminal record checks for staff to ensure they were up to date. We saw records to confirm this would take place.

Preventing and controlling infection

At our last inspection in October 2018, we noticed not all communal bathrooms, shower rooms and toilets had paper towels, hand wash or hand sanitiser. This meant people and staff were at risk of cross infection as they did not have access to appropriate hand washing facilities. We recommended that the provider sought guidance and advice from a reputable source, in relation to safe infection control procedures.

At this inspection, we saw the provider had taken steps and put systems in place to prevent the spread of infection and ensure people as well as staff were safe. Handwashing liquid and paper towels were in place in the required areas.

- Staff were provided with personal protective equipment such as aprons and gloves. They had received training in infection control and were aware of their responsibilities in this area. This helped to minimise the risk of infection. People and their relatives commented the service was always cleaned.

Learning lessons when things go wrong

At our last inspection we noted there was a process in place to report and record accidents and incidents, actions taken, and lessons learnt. However, the lessons learnt, and outcomes were not always recorded on the incident forms and within the incidents file. This meant it was not always possible to ascertain the learning outcomes.

At this inspection, we saw the provider had taken steps to ensure lessons learnt were shared with staff. We saw records of accidents and incidents were reviewed included an analysis of what had happened and improvements that could be made to prevent or minimise the risk of them reoccurring. For example, we saw staff monitored people more closely following incidents of falls.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People told us they felt safe at the service and were happy with the care and support provided by staff. One person said, "I feel safe." One relative told us, "[Family member] is safe. I think it is a safe home. They settled in well after coming five months ago."

- The management team and staff were clear about their responsibilities to report concerns and were able to describe the different types of abuse. Staff had received safeguarding training and knew how they could escalate any concerns that they might have. One member of staff told us, "We report safeguarding concerns straight away."

Using medicines safely

- During our inspection, we noted that people had received their medicines as prescribed. However, we found one missing signature where a member of staff did not sign as a witness that a controlled drug was administered for one person. The member of staff was called away for a personal emergency before having the opportunity to sign to confirm that they had witnessed the administration. The nurse who administered the medicine did sign for it. We also noted four items of medicines were expired and two items of medicines without any labels on them. However, the medicines were not in use and they were disposed of on the day of our visit. These issues were discussed with the management team and they told us they would address them.

- Following our inspection, the management team sent us a comprehensive action plan on how they had addressed the above concerns. All stock of medicines had been checked and they had put a daily check to ensure people receive their medicines safely.

- People told us staff helped them with their medicines and they received them on time. One person told us, "The staff give me my medicines. I can ask for pain killers if I need them, they will give them to me." We saw that medicine administration records (MARs) included photos of the person who used the service, their date of birth, their room numbers, their GP contact details and any allergies they might have. Any medicines prescribed to be given 'as necessary' were monitored and protocols were in place to explain when these medicines should be given.

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 the last inspection this key question was rated as Requires improvement. At this inspection this key question has improved 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

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 Act 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection in October 2018, we found the provider had not followed suitable procedures to ensure two people's consent was sought in relation to their accommodation changes. The service had not recorded and explored the people's consent for sharing a bedroom. People's choices were not always respected and promoted. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 11. Staff recognised that people's capacity to make decisions fluctuated and they offered support accordingly. They had received training in the area and had access to information to help them understand the legislation. People and/or relatives signed consent to care, including for the use of bedrails.

- People told us that staff asked for their consent before providing them with care and support. One member of staff said, "We[staff] ask people's consent before personal care and knock on doors." Staff told us the actions they would take if they felt a person lacked capacity to make certain decisions about their care and support. They were familiar with the processes and principles of the MCA and DoLS. We saw DoLS applications were renewed when they were due.

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

- Before people started using the service, the management team carried out an initial assessment of their needs. This covered a number of areas such as people's care and support needs, wishes, preferences, routines and medical and past histories. This helped to ensure if staff would be able to meet people's needs. The provider also contacted other health and social care professionals involved in people's care and support, to make sure they had the most up to date information on the person. All this helped to ensure people's needs were assessed in a comprehensive way.

Staff support: induction, training, skills and experience

- New members of staff received induction training and shadowed existing members of staff before they started work as a full member of the team. The induction included new staff attending training courses, reading the policies and procedures of the service and getting to know the people who used the service. A member of staff told us, "I have received an induction and training which was good."
- People were cared for by staff who were supported to deliver care and support safely and to an appropriate standard. They were happy with the care and support they received from staff. Staff received appropriate training and professional development. We looked at the training records and saw staff had completed training in areas, such as safeguarding adults, medicine management, infection control, moving and handling and health and safety.
- Staff confirmed they had undertaken regular training, and this helped them in their roles. One member of staff said, "I did training in safeguarding, MCA, infection control and manual handling." A relative told us, "Staff are well trained and are doing their best." There was a system in place to monitor which training staff had attended and when they were due for refresher training.
- Staff attended regular one to one meetings with their line managers to discuss their role and development needs. This gave staff an opportunity to discuss any work-related issues, such as any training needs as well as needs of people in the service. We sampled a number supervision records and noted that a range of issues were discussed, including staff training needs. This indicated that the management team regularly assessed and monitored the staff's ability to meet people's needs. A member of staff told us, "Supervisions are useful. We discuss our work and any personal issues."

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

- People were supported to eat and drink sufficient amounts to meet their needs. We received mixed feedback about the food being served in the service. Some people commented positively about the food whilst others said it could be better. One person told us, "The food is good." Another said, "I don't like the food." A relative told us, "They[staff] make sure [family member] gets enough food and fluids." The registered manager told us that the menu was discussed at resident meetings. Records confirmed this.
- People were able to make choices about their food and drink. Staff were aware of people's likes and dislikes and if they had any special dietary requirements. For example, if a person needed a sugar free diet due to their medical condition.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and to access health care services and professionals when they needed them. The management team worked closely with other health professionals to help ensure people had access to the services they required to maintain their health. One visiting professional told us, "We work well together, it is like a big family."
- Information about the involvement of healthcare professionals in people's care was available in their care plans so that staff had the necessary information to support people to meet their healthcare needs. The service had GPs who visited regularly.

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

- The service had different aids available to staff and people to ensure their needs were being met fully. We saw assisted baths and walk-in showers were in place for people who had difficulty getting in and out of bath. People also had special beds, and these helped staff to care for them appropriately.. We saw some new beds were delivered on the day of our visit.
- Since our last visit, the provider had made the environment friendly for people who had dementia. Each floor had been repainted in different colours in accordance with recommendations from the Alzheimer's Society. There was a memory box outside each room and people were encouraged to fill the boxes with their own memorabilia.

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 Requires improvement. At this inspection this key question has improved to 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

At our last inspection in October 2018, some people told us staff did not always treat them with respect and staff did not always have time to interact with them. This was in a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 10.

● People told us the staff were kind and caring and treated them well. One person said, "They have caring staff here." Another told us, "They are nice people who look after me."

Relatives also mentioned that staff were kind and caring. A relative told us, ""The staff respect [family member] and treat them well."

● Throughout our visit we saw staff interacted with people who used the service in a kind and courteous way. People were relaxed and comfortable in their presence. Staff were aware of the needs and preferences of people and had built up good relationships with them. They were able to give us a clear account of the person's likes and dislikes and their life history. For example, a member of staff told us, "[Person] likes to go out."

● The provider promoted the equality and diversity of people regardless of their individual circumstances. People were not treated differently or less favourably, on the basis of their specific protected characteristic, including areas of race, gender, disability, religion or belief, sexual orientation and age. A member of staff told us, "I respect human rights, whether person is lesbian or gay. I cannot put my personal beliefs onto others and have to respect people's lives and wishes."

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

● Staff encouraged people to exercise their choice in areas such as how they wanted to be supported, or what activities they wanted to take part in. They told us they gave people choices, for example, in what they wanted to eat or whether they would like a wash or bath.

● Relatives told us they were always kept informed of changes in the well-being of their loved ones. One relative said, "They[staff] always keep me up to date about my [family member]." Records showed that people had been involved in planning the care and support they received.

● We found information about people was treated in confidence. Staff were aware information provided in

confidence should not be used or disclosed except to another authorised person and they had to seek the person's consent first. One member of staff told us, "I should not discuss about one resident to another one." People's records were kept securely in order to protect people's confidentiality. Staff were aware to whom they could share confidential information with. Each member of staff had their own username and password to log in the electronic care plans. This helped to ensure people's information was kept confidential.

Respecting and promoting people's privacy, dignity and independence

- People told us staff ensured their privacy and dignity was maintained at all times. One person told us, "Staff always knock on my door before they come in." One staff member said, "I always cover the residents when I am supporting them with personal care."

- Staff encouraged people to maintain their independence as much as possible, in all aspects of their life. People's independence levels were recorded in their care plans. One person told us, "I can do most things myself." One staff member said, "I always encourage the residents to wash themselves if they are able to do so."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection in October 2018, we recommended the provider sought guidance and advice from a reputable source, in relation to stimulating activities for people who used the service.

During this inspection we saw there was a wide range of activities in the service. We observed activities taking place including arts and crafts and games. People seemed to enjoy them and engaged with other people and staff.

- An activities calendar was displayed each month covering that particular month's forthcoming events. These included quizzes, barbeques, discussions about the 60s, foot tapping tunes, mindfulness, reminiscence, World War I and World War 2 remembrance days, board games, puzzles and films.
- The provider was involving the service and people who lived in it in the local community. They had arranged a playgroup for mothers in the community to bring in their children/babies called 'Heart beeps'. There was a room they could use every Friday for two hours. People were invited to come and meet them. ● People were also supported to attend family gatherings. We noted one person recently attended a family wedding with the help of a member of staff who accompanied them. Records showed they thoroughly enjoyed being there.
- People were encouraged to keep in touch with their family and friends. Relatives mentioned to us that they could visit their family members at any time. One person said, "I go out and meet with my [family member]. They live just around the corner from here." A relative told us, "I feel welcomed and staff know me. I can visit every day." This helped to ensure people were not socially isolated.

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

- People were happy with the way staff supported them. One person said, "The staff are very good." Relatives also spoke positively about the care provided by staff. One relative told us, "The staff are amazing, they look after [family member] well."
- People's care needs were documented so staff could provide personalised care and support. Care plans stated what people could do for themselves and what they needed help with and contained information on people's life histories, preferences, likes and dislikes. For example, one person's care plan said, "Person likes to spend time in garden with another [person] or on their own. Person likes to interact with family and spend time with them."

- Staff were aware of people's current needs. They felt care plans gave them sufficient information to deliver the care and support to people who used the service. Care plans were reviewed monthly. People and relatives were involved in decisions about their care. We noted care plans were stored electronically and linked to smartphone devices. Staff logged care tasks which updated the system, and each person's care plan using these devices.
- Some care plans had not been fully migrated to the electronic system yet. However, we saw paper records of care plans. The director had identified this and there was work in progress to ensure all care plans were fully transferred to the electronic records system.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff used signs, signals and body language to help people communicate with them. We observed staff being patient and respectful when communicating with people. Easy read leaflets were available for people. People had call buzzers at bed side and we saw staff responded to them promptly.

Improving care quality in response to complaints or concerns

- People and their relatives felt comfortable raising concerns with staff or the management team. One person told us, "If I am not happy I will talk to the staff." A relative said, "If we have an issue, [Registered manager] would resolve it very quickly. I think there have been a lot of improvements in the home." There was a comments and feedback box for people, relatives and visitors to use. Visitors were also able to make suggestions after each visit on an electronic device situated at the entrance of the service. This helped the management team to deal promptly with any issues that had been raised.
- We saw complaints were logged and responded to by the registered manager in a timely manner. We also noted the service had received compliments from relatives and professionals. Staff were told about compliments to encourage them to continue providing good service. For example, one relative wrote, "Thank you so much for all the care and attention to [family member]. You have all been amazing, caring, professional and supportive."

End of life care and support

- People's end of life care wishes were explored including their religious and spiritual beliefs or requirements in the event of their death. These helped to ensure they received the care and support they wanted when approaching the end of their lives.
- The service was supported by specialist end of life care professionals such as Macmillan nurses so people received appropriate end of life care. People had Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) records in place that were up to date and which staff could access when needed so people receive appropriate care.

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 this key question was rated as Requires improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care.

At our last inspection in October 2018, the provider had not adequately assessed, monitored and improved the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 17. There was evidence of improvement after our last inspection in October 2018. The directors had taken action against each of the breaches we found. There was a comprehensive action plan posted on the notice board in the entrance of the service for people and their relatives to view.

- There were systems in place to ensure that a quality service was provided and to drive forward improvements. We saw that audits had been carried out of care records, people's support plans, infection control and staff training. This enabled a cycle of continuous improvement. Where things could be improved the management team had planned to work on these areas with their staff team. The provider had already identified some of the issues we found at this inspection. Satisfaction surveys were analysed and compiled into a report.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff, people and relatives told us there was a positive culture and the managers listened to them and were responsive. They told us the management team was approachable and ensured people needs were met. One person told us, "I know the managers well." Another told us, "The manager is good. I can talk to them." A relative said, "I know the managers and they are very nice." Another told us, "If I have an issue, [Registered manager] would sort it out. They are very approachable and nice."

- There was an open and transparent culture within the service. Staff told us that the registered manager was very supportive as well as the other directors. One member of staff told us, "The manager is always very supportive and helpful."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager demonstrated they were aware of when the Care Quality Commission (CQC) should be made aware of events and the responsibilities of being a registered manager. They had notified us

about certain events, so that we could see what actions they had taken or if we needed to follow up on any information they had sent us.

- Staff were clear about their roles and responsibilities and who they were accountable to. They had access to a range of policies and procedures which gave them guidance about caring for people in a safe manner.

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

- People and relatives were invited to attend meetings on a monthly basis about the service. Meeting records indicated that people discussed things that were important to them such as food and activities.

- There were regular staff meetings held during which staff were able to communicate with each other and keep informed about all aspects of their work as well as contributed in the running of the service. Staff were encouraged to discuss any issues they might have during those meeting.

Working in partnership with others.

- The management team had good links and worked closely with other health and social care professionals to ensure people received the care and support they needed. We saw that the provider had regular contact with multi-disciplinary teams to discuss people's on-going needs or any concerns they might have.

- The provider was working with an external professional to implement a structured programme to give comfort to people with advanced dementia through sensory stimulation and this would help with their quality of life.