

WR Operations 1 Limited

Pembroke House

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 ●

Summary of findings

Overall summary

About the service

Pembroke House is a residential care home providing personal and nursing care to up to 100 people. The service is purpose-built and provides accommodation and facilities over five floors. The third floor provides care and support to people who are living with dementia, this area is called The Lodge. The other areas of the home provide care for people requiring 'assisted living'. Some people lead a mainly independent life and use the home's facilities to support their lifestyle. At the time of our inspection, there were 58 people living at Pembroke House.

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

People felt safe living at Pembroke House and staff were aware of how to identify and report concerns about people's care. Risks to people's safety and well-being were identified and measures implemented to reduce risks. Robust infection prevention and control processes were in place to minimise the risk of cross infection. People received their medicines in line with their prescriptions and medicines were stored safely. The management team were monitoring this process closely to ensure previous concerns were being addressed effectively.

There were sufficient staff deployed to meet people's needs. The high use of agency staff was being addressed and the skills of agency staff were reviewed to ensure those employed were able to meet people's needs. Safe recruitment processes were in place. Staff received training and induction to support them in their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff supported people in a personalised way and respected people's choices and decisions. People told us staff were kind and respected their dignity and privacy. People told us they enjoyed the food and had a range of options to choose from. People had access to health care professionals and staff had guidance regarding specific health conditions to refer to.

Staff knew people's needs and preferences well and were informed of any changes to people's care. Staff understood people's individual communication needs. People were involved in developing the activities programme to ensure activities were relevant to them. People were encouraged to continue using facilities available in the town centre. There were regular trips to places of interest and entertainers performed at Pembroke House frequently. People were able to receive visitors when they wished.

People, relatives and staff told us they felt the home was managed well and there was a positive and welcoming atmosphere. Staff felt supported by the leadership team and requests for changes to systems were listened to. Quality assurance audits were completed regularly and a service improvement plan was used to monitor actions arising from any shortfalls identified. The provider was in the process of rolling out their dementia care strategy to further develop and promote people living well with dementia and being at

the centre of their own care.

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

Rating at last inspection □□

Pembroke House is run by two companies: WR Signature Operations Limited and Signature Senior Lifestyle Operations Ltd. These two companies have a dual registration and are jointly responsible for the services at the home. The last rating for the service under WR Signature Operations Limited was good (published 09 August 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. Following our first day of inspection we received information of concern in relation to people's safe care. A decision was made to return to the service at night to examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

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.

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.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Pembroke House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by four inspectors over the two days of inspection, a specialist advisor with expertise in this type of service 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

Pembroke House 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. Pembroke House 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

Both inspection visits were unannounced.

What we did before inspection

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

During the inspection

We spoke with ten people who lived at Pembroke House and three relatives about their experience of the care provided. We spoke with 26 staff members in total, including the registered manager, clinical lead, dementia and residential care managers, activity lead, chef and regional directors and 18 members the care and nursing team. We spent time observing the care people received. We reviewed a range of records. This included thirteen people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including accidents and incidents, complaints and policies and procedures were reviewed. We looked at training data and quality assurance records

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 Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Pembroke House. They told us staff understood their needs and said they felt able to report any concerns. One person told us, "They know me very well; of course I could speak with them."
- Staff had received safeguarding training and were able to tell us how concerns should be reported. Staff were able to describe the different types of abuse and signs of concerns to be aware of. One staff member told us, "I would inform the nurse and take a picture (if appropriate). I couldn't let it go. I would have to record it."
- Systems were in place to report safeguarding concerns to the local authority in line with guidance. Records showed that additional information was provided where requested. Action was taken to implement recommendations following safeguarding investigations.
- Additional training had been provided to staff in relation to safeguarding and 'calling out' any potential instances where staff interaction with people could be more positive. Staff told us this had been both informative and thought provoking in working through ways to challenge each other constructively.

Assessing risk, safety monitoring and management

- People were involved in reviewing risks to their safety to ensure they were able to maintain their independence. Staff understood people's right to make unwise decisions where they had the capacity to do so. This included areas such as people being at high risk of falls but making the decision to continue mobilising independently. Sensor equipment and pendant alarms were offered to people to support them in minimising risks along with measures such as reviewing medicines and arranging furniture to promote safety.
- Staff knew the support people required to maintain their safety and well-being. They were able to describe how risks were monitored and how people preferred their care. Risk management plans were in place which provided guidance to staff in areas such as mobility, skin integrity, falls management and diet and nutrition.
- Clinical risk meetings were held regularly to ensure health risks were monitored and addressed. Where specific health concerns were identified, care plans and risk assessments were in place and changes in people's well-being acted upon.
- People lived in a safe environment. The dedicated maintenance team ensured equipment was regularly checked for safety and tested in line with guidance. Fire systems were maintained and personal emergency evacuation plans were completed.

Staffing and recruitment

- People told us staff were attentive and responded to calls for assistance promptly. One person told us staff came promptly when they pressed their pendant alarm. A second person said staff were on hand within 5 to

10 minutes when they asked for assistance which they were happy with.

- We observed there were sufficient staff deployed to keep people safe and meet their needs. People's requests for support were responded to quickly and staff were attentive to people's requests. Regular checks were completed where people were unable to use their call bells. Staff told us there were occasions when staffing levels were lower than the set number of staff for each shift, although numbers did not fall below safe staffing levels. They told us this was usually as a result of staff sickness and efforts were always made to cover the shift.
- Agency staff were being used to cover staff vacancies. Staff told us this could be difficult due to having to give regular guidance as new agency staff did not always know people well. Staff ensured agency staff always worked alongside a permanent staff member who knew people's needs. During our second visit staff confirmed the management team tried to provide the same agency staff for consistency. They said they were able to feedback to the management team on the agency staff skills to support people and this was considered when booking staff. The registered manager described a number of ways they were trying to both recruit and retain staff in order to minimise any disruption to people's care.
- Robust recruitment checks were completed to help ensure staff were suitable for their roles. Checks including references, right to work in the UK and Disclosure and Barring Service (DBS) checks were made. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were administered, stored and disposed of safely in line with their needs. Each person had a medicines care plan in place and medicines administration records were maintained electronically. When changing to the electronic medicines system a number of errors were identified and reported to the local authority safeguarding team. Robust action and on-going monitoring were taken to ensure improvement. This included discussions with the pharmacy and GP, reviewing how medicines administration was managed, additional checking systems and ensuring staff competency and awareness of responsibilities.
- Staff responsible for administering medicines received training and their competency was assessed. Staff took time to explain people's medicines to them and knew how people's preferred to take their medicines.
- Protocols were in place where people were prescribed medicines 'as and when required' (PRN). These guided staff on how and when PRN should be administered. One person who required their medicines to be administered at a specific time told us this was adhered to, "They are very good at that." Records confirmed this was the case. Where people received their medicines covertly (without their knowledge or consent) appropriate authority to do so was obtained in advance.
- Medicines were safely stored and the temperatures were monitored to ensure they were in line with manufacturer's guidance. Systems were in place to ensure any unused medicines were disposed of safely. Bottles and creams were labelled with the date they were opened to monitor how long they had been in use. Charts were available to staff describing how topical creams should be used.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were able to receive visitors as they wished and in line with government guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded and action taken to minimise the risk of them happening again. For example, where people had experienced falls, equipment had been introduced to reduce the risk of injury. Where people had unexplained injuries, such as bruising, the circumstances were investigated, action taken where appropriate and risks monitored.
- The systems used for accident and incident review prompted staff to consider any external agencies who should be notified. This system was also accessible to senior managers, enabling them to monitor responses to people's safety.
- We found incidents were responded to promptly and staff were made aware of any changes to people's care needs to minimise risks. However, the incident logs were not always promptly closed and on occasions lacked detail. The provider had recognised this within their audit process and had taken steps to make the recording more robust going forward.

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 good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them moving into Pembroke House to ensure the staff team had the skills required to support them. There was an on-going system in place for reviewing and monitoring people's needs. Staff told us they were informed during handover, and from information on their hand held electronic devices, should people's needs change.
- Assessment information was comprehensive and covered areas including mobility, safety risks, medicines and health concerns in addition to people's preferences, cultural and spiritual needs. Records for people who had recently moved into the service showed this information had been transferred into risk assessments and care plans to inform staff of their care needs.
- Care plans and records of care demonstrated best practice guidance was followed. Oral health care plans were in place and there were records of staff providing this care. People's nutrition, skin integrity and daily needs were monitored using nationally recognised tools.

Staff support: induction, training, skills and experience

- Staff told us they felt they received the training and support they needed in their job roles. One staff member said, "We do get training and every year we have to update and we have the practical training as well for moving and handling, dementia, first aid and others. The managers help us as well. They can observe things and give us advice on how to do things." Nursing staff received support to maintain and update their skills.
- All staff received training in supporting people living with dementia. Staff told us this included immersive training as part of the providers dementia strategy. This is training designed to give staff experience and understanding of living with dementia. One staff member told us, "I have done the training and I definitely understood more about how residents might feel and how to be with them."
- Staff completed a period of induction when they started work at Pembroke House. This included a period of shadowing more experienced staff to enable them to get to know people and their routines. Staff induction also included information regarding the providers ethos and expectations of staff conduct and how care is provided. Staff confirmed they received on-going support and supervision in their roles.

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

- People told us they enjoyed their meals and there were a range of different menu options to choose from. One person told us they were reassured that staff understood their dietary needs well, "They make special things I can eat safely." A second person told us, "The food is good and there's is a fridge full of snacks if you want."
- People chose where they preferred to eat and at what time. We observed hospitality staff were attentive to

people's needs and were able to answer questions people had about the menu options. Adjustments were made to suit people's individual requests.

- Staff supporting people in The Lodge showed people the menu options available to help them make their choice. Staff knew people's dietary needs and the adjustments those requiring their food to be of a modified consistency needed to keep them safe. There were enough staff available to support people who needed help with eating and drinking.
- People's weight was monitored and action taken where any significant changes were noted. This included supporting people with high calorie foods, additional snacks throughout the day and monitoring people's weight weekly.

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

- Pembroke House is a modern, purpose built home designed to meet the needs of people living there. Corridors and doorways were wide to accommodate people using mobility aids. There were lifts to all floors and good signage to help orientate people. In addition to en-suite shower rooms, adapted spa baths were available should people prefer this.
- Accommodation in the assisted living area of the home was in self-contained suites which people were able to decorate and furnish with their own items should they wish. Living areas in The Lodge were cosy and personalised. People were able to be involved in day to day living tasks due to the open plan design.
- There were large social spaces throughout the home where people were able to spend time with others or receive visitors. These included a cinema room, restaurant, bistro area, private dining room, lounges and an activities room. Garden areas had been created on large balconies which people helped to design and maintain.

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

- People confirmed they had access to healthcare professionals and records confirmed this was the case. Regular GP visits took place in addition to other professionals including speech and language therapy, dieticians, physiotherapy, opticians and chiropody. One visiting health care professional told us appointments were organised well.
- Care plans were in place for people's specific healthcare needs such as diabetes, Parkinson's disease, catheter care and skin care. Nursing staff monitored people's needs in these areas and made referrals for specialist input where required.
- The activities team promoted taking regular exercise as part of people's daily routine. Activities including exercise such as yoga, fitness groups and dancing. Where required advice had also been provided to people on weight loss and stopping smoking.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal

authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff demonstrated an understanding of the need to gain consent when providing people's care and respecting their choices. We observed staff offering people different options regarding the activities available, where they spent their time and when they wanted their care. When people refused support, staff respected this and where appropriate returned at a later time check with the person again.
- Capacity assessments and best interest decisions had been completed as required. These were decision specific and covered areas including the use of sensor monitoring equipment, bed rails, key padded doors to certain areas and the use of other equipment. Best interest decisions involved those who knew people best and, where appropriate, health professionals.
- DoLS applications had been submitted and contained sufficient detail for these to be prioritised by the local authority. DoLS which had been granted were regularly reviewed and resubmissions sent in line with conditions.

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

- People and their relatives told us staff treated them with kindness. One person told us staff were respectful and gentle, a second person told us, "I think the staff are lovely." One relative said, "They're looking after (person) very well."
- We observed people appeared relaxed in the company of staff who provided people with reassurance when needed. People were observed chatting and laughing with staff and described them as being friendly and polite. When one person showed signs of being upset a staff member comforted them and sat beside them. Another person was confused during the night as to where they were and what the time was. Staff gently guided them back to their bed, reassuring them they were safe and explaining it was still night-time.
- People's religious and cultural needs were recorded in their assessment and care planning records. Religious services were available to people and staff told us of two people who received holy communion weekly from local clergy who visited them. Staff told us they were aware not to disturb the people during this time.

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

- People and their relatives told us they were involved in making decisions about their care. One person told us, "I am able to ask for what I want and they will do their utmost to oblige. One relative told us, "The care staff are good at communicating and will ask for our opinion. We're kept informed."
- People's care records contained information regarding how they liked their care to be provided, likes, dislikes and interests. Staff worked flexibly to meet people's preferences. One person told us they enjoyed using the 'special' bath and were able to ask for support with this at any time.
- Staff were aware of people's preferred routines. We observed one person liked to have a cup of tea in bed early in the morning and staff ensured the person received this without needing to ask. One person was asked if they would like 'their usual' hot drink in a familiar and friendly way. The person appeared pleased and told us, "This (service) is normal. They get to know what you like."

Respecting and promoting people's privacy, dignity and independence

- We saw staff were careful to protect people's privacy and dignity. Staff knocked on people's doors before entering and introduced themselves to people. Staff were discreet when providing people's personal care, ensuring doors were closed. One staff member told us, "We use a lot of towels to cover them up and close the doors and curtains. Talking about what you are doing as you go along is important."
- People were encouraged to maintain their independence. Staff were able to describe the care people required and the things they preferred to do independently. A number of people continued to manage their

own medicines, requesting the oversight of staff for some elements, such as ordering and stock checking. Many people took advantage of the location in the centre of town to go out shopping or to meet friends.

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 good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- Staff demonstrated they knew people well through their approach and conversations. Staff spent time with people and spoke about people with affection. They were able to speak confidently about what was important to people, such as their family members and their life histories.
- The needs of people living at Pembroke House varied greatly. Staff worked in a personalised way to ensure people's individual needs were met whilst creating a community feel with the home. Where people's needs changed, staff responded promptly by assessing the person and where appropriate, involving other health and social care professionals.

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 care plans included information in relation to their communication needs. This included reference to both sight and hearing loss and the support people required to overcome this. Large print information was available to people where this was useful to them.
- We saw staff communicated with people well and were sensitive to their needs. Staff sat or knelt beside people when speaking with them and walked alongside people when they appeared disorientated. Staff took time to ensure people had understood them and to wait for a response.
- People were supported to use technology to maintain communication with family and friends. This included the use of video calls so people were able to see their loved ones.

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

- People and their relatives told us they enjoyed the activities on offer. One person told us, "There's always something going on here. There's a schedule. I like cinema club when you watch a film and have a glass of sherry." One relative said, "There is lots going on. It creates a good buzz and has helped (family member) make friends."
- There was a wide variety of activities available to people including music events, dancing, crafts, exercise groups, gardening, a book club, beauty afternoons and celebrations of events throughout the year. People were involved in the development of the activities programme and were able to comment on which

activities worked well and the ones they didn't enjoy.

- The activities we observed were well attended and approached with enthusiasm by everyone involved. There was lots of laughter and people were clearly enjoying the exercises and dancing. Where people were unable or preferred not to join in group activities staff spent time getting to know them and provided things to do on a one to one basis.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which was accessible to people. The policy set out how people were able to raise a concern, how this would be dealt with and timescales for a response.
- Complaints were responded to in line with the providers' policy. All complaints were centrally logged and investigated. Responses had been provided in full, with an apology given along with assurances of the action to be taken.
- Complaints were reviewed as part of the auditing process to ensure any lessons learnt were embedded to minimise the risk of the concern happening again.

End of life care and support

- People's care plans contained basic information regarding the care they wished to have at the end of their life. The registered manager and senior staff told us they wished to further develop their approach regarding supporting people and relatives with creating their end of life care plans. Additional training had been sourced to support this process.
- Staff had received training and worked alongside the local hospice and GP to help maintain people's comfort and manage any pain. Nursing staff spoke knowledgeably about the care and support they were able to offer people.

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us they felt Pembroke House was managed well and the registered manager was approachable. One person told us, "I'm very happy here. I have all that I need." A second person told us, "The managers are always walking around and saying hello."
- There was a positive and welcoming atmosphere at Pembroke House. People and staff appeared relaxed in each other's company and we observed friendly conversations and laughter during both our visits. People had formed friendships and visitors told us they made to feel welcome.
- The registered manager was open and transparent in their approach. They were able to describe areas where they wished to make continued developments and the ethos they promoted. Staff we spoke with confirmed they felt supported by the management team and told us action was taken when they asked for support or raised queries.
- The provider continued to develop processes and training for staff to enhance and personalise the care and support people received. The provider had recently introduced the next stage of their dementia strategy, My Life, with the continued to focus on people living well with dementia.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The majority of care records viewed contained detailed information regarding people's care needs and preferences. However, some records were in need of updating and continual review. Audits had identified this and resulted in a full audit and action plan of updates required. We found no evidence of this impacting on people's care and staff were able to confirm any changes to people's needs had been shared with them.
- Quality assurance process were in place to monitor the service people received. These covered all areas of people's care and included audits, surveys, observations and night care checks. Processes were completed by various members of the management and quality team. Action plans were developed and responded to in relation to any areas found to need improvement.
- The provider had a duty of candour policy in place and the registered manager understood the need to be open and honest when things went wrong. There was evidence of good communication with people and their relatives in relation to incidents and action taken to minimise risks going forward.
- The provider had notified CQC of significant events that had happened in the service in line with requirements. Notifications were completed in detail and additional information provided when requested.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were involved in the running of their home. Regular forums were held in relation to food, activities and residents' meetings. People were able to voice their opinions regarding things they enjoyed and any concerns. Records showed that people's views were listened to and changes made as a result such as menu choices and activities.

- Staff told us they felt valued and listened to by the registered manager. One staff member told us, "Things have improved here. (Registered manager) takes steps and responds quickly." A second staff member told us, "We are like a family here, there can be tensions sometimes but we work together as a team." One staff member gave the example of staffing levels at night being increased following discussions with the registered manager.

- The service worked with a range of professionals and visitors including health and social care professionals, religious leaders and those providing activities. Information was displayed to provide information in relation to local events, resources and helplines.