Khider Care Limited

Cambridge House Care Home

Inspection report

141 Gordon Avenue
Camberley
Surrey
GU15 2NR

Tel: 01276601035

Date of inspection visit:
26 May 2022

Date of publication:
01 July 2022

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?	Requires Improvement

Summary of findings

Overall summary

About the service
Cambridge House is a residential care home providing personal care to up to 15 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 15 people using the service.

People's experience of using this service and what we found
Improvements were required to ensure the provider's systems for quality monitoring was working in accordance with government and best practice guidance.

People told us they felt safe and were able to speak with staff or the registered manager if they were worried about anything. Staff received safeguarding training and demonstrated their understanding on the prevention and reporting of abuse. People received their medicines safely by staff who were trained and competent to administer them. Staff practiced good infection control to protect people from the COVID-19 pandemic. Risks to people's health and the environment were assessed and managed safely.

People and their relatives were involved in the planning and reviews of their care. People were asked for their opinion of the service and had choices in support they received. One person told us, "I like to get up by eight at the latest." They confirmed their wishes were respected.

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. When people declined support, staff respected their decisions but provided gentle encouragement. One staff member said, "If someone declines care, we tend to leave them for a while and go back to see if we can help, we explain to them when helping during personal care and encourage people to do as much as they can for themselves."

People and their relatives gave positive feedback about the staff and the services provided. One person told us, "The staff talk to us. You feel you know them." A relative said, "Cambridge House has been brilliant. You couldn't wish for anything better."

People lived in an environment which supported their needs. Dementia friendly signage was in place to support people's orientation of the building. People had access to activities and music suited to their tastes.

People were appropriately referred where health and social care professional advice was needed. The registered manager and staff worked closely with professionals to improve people's care, safety and well-being. One healthcare professional told us, "They are a lovely home and the staff moved in at the beginning of the pandemic, they were on a rota basis, this was pretty amazing for staff to have done this. They seem very caring and put the residents first."

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

Why we inspected
This is the first inspection for this newly registered service.

Enforcement & Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have made a recommendation about quality assurance processes.

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 not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Cambridge House Care Home

Detailed findings

Background to this inspection

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

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

Inspection team
The inspection was carried out by one inspector, an observer 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
Cambridge 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. Cambridge House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 26 May 2022 and ended on 9 June 2022. We visited the location's service on 26 May 2022.

What we did before the inspection
We reviewed information we had received about 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 eight people and two relatives of people who used the service about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, senior care workers, care workers and the cook. We spoke with two healthcare professionals who regularly visit or have contact with the service.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

Good

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

● We were somewhat assured that the provider's infection prevention and control policy was up to date. Staff were aware of infection prevention and control measures; however, the COVID-19 policy was dated March 2020. Staff told us although the policy was not current, they were aware of the current guidance and were kept up to date with changes, minutes of staff meetings confirmed this. The registered manager updated the policy shortly after the inspection; the updated policy was appropriate and reflected current guidance.

● We were assured that the provider was preventing visitors from catching and spreading infections. Staff requested proof of a negative lateral flow device (LFD) test from the inspection team prior to entering the service.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff were seen to be wearing their PPE appropriately throughout our inspection.

● We were assured that the provider was accessing testing for people using the service and staff.

● 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.

● Arrangements were in place to support people to safely see their friends and family. The service facilitated in house visits for people and people went out with their visitors.

We have also signposted the provider to resources to develop their approach.

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

● People were protected from the risk of abuse. People told us they felt safe, one person said, "Of course I feel safe because of the company. They're very kind to you."

● Staff received training and understood their duty in the prevention and reporting of potential abuse. Staff told us they would speak to the registered manager if they had any concerns.

● Staff knew they could contact outside agencies to report safeguarding concerns if required. One staff member said, "I would report this to my manager or the person's social worker. If I needed to go outside the company, I would go to CQC, maybe the police if it was serious. I would also go to safeguarding department at Surrey Council."

● Safeguarding concerns had been responded to appropriately. Following an incident, staff attended additional moving and positioning training, the registered manager carried out regular checks to ensure

staff were working in accordance to what had been learned. A staff member told us, "Most of the time during work, [registered manager] does their rounds. For moving and handling they tell us what we need to do and reminds us to use the equipment to make things easier for the residents."
● Wider lessons were learned where possible. For example, where professionals raised concerns about lack of staff knowledge on a particular subject, the registered manager spoke with staff, updated paperwork and requested all staff to read and sign to confirm their understanding.
● Where accidents had occurred; they had been dealt with on an individual basis and action taken to reduce the risk of reoccurrence. Intervention had been appropriate, such as, a referral to the person's GP for a medicines review following a fall.

Using medicines safely
● People received their medicines safely. Staff received medicine training and their competencies were assessed by the registered manager before they were permitted to administer medicines to people.
● People told us they received their medicines on time and were confident staff administered them correctly. People's medicines were reviewed by professionals and staff contacted prescribers if the medicines were ineffective.
● Where people required their medicines covertly administered (without their knowledge but within their best interests), mental capacity assessments had been carried out and clear records of best interest decisions were kept and regularly reviewed. Staff had liaised with family members and appropriate professionals to make sure this was completed in a lawful way.

Assessing risk, safety monitoring and management
● Risks were managed safely. People were involved in their risk assessments and were supported to take positive risks. For example, one person had stated a preference to have a catheter in place. This was discussed with the person and professionals. Care plans guided staff on how to support the person with the catheter, to minimise the risk of complications, and when to contact professionals for advice.
● Where people lived with conditions, such as diabetes, health risks had been assessed. Care plans guided staff on how to respond to high or low blood sugars and people were supported by staff to follow a healthy diet.
● Risks to people's skin integrity had been assessed, staff used the Waterlow tool which is a document to identify where people could be at risk from pressure damage. Where needed, people had appropriate creams and pressure relieving equipment in place to maintain good skin integrity. At the time of our inspection, no person had any pressure damage to their skin.
● Environmental risk assessments were in place and safety checks were carried out. For example, the fire risk assessment and associated checks on firefighting equipment and emergency lighting. People had personal emergency evacuation plans (PEEPs) in place for the event of an emergency.

Staffing and recruitment
● There were enough staff to safely support people. Staffing levels were determined by people's needs. Where people required additional support, for example, one to one care, extra staff were deployed to assist people as needed.
● People told us they felt there were enough staff on duty. A relative told us, "There are always enough staff on when we visit. It's always calm and organised." Staff told us the registered manager frequently offered help when they were busy.
● Staff appeared relaxed and unhurried during the inspection and were available to assist people as requested. People were given drinks and snacks by staff in addition to the scheduled refreshments rounds and call bells were answered promptly.
● Staff were recruited safely. Applications forms were completed appropriately, pre-employment checks

such as references and Disclosure and Barring Service (DBS) checks had been obtained prior to staff starting their employment. DBS check provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated 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
Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed before they moved into the service. Preadmission forms considered people's protected characteristics under the Equality Act 2010 such as, gender, ethnicity and religion.
- Pre-admission assessments were completed by the registered manager either face to face or over the telephone. Where possible and where appropriate, family members were involved with the assessment process to provide a background and give insight to preferences of their loved ones.
- Staff used supporting documents to assess people's oral health needs. The registered manager completed a course on oral hygiene and said they found it useful. They told us, "I asked them to train my staff about dental hygiene." Posters were in people's rooms to guide staff on how to safely assist people with their oral health.
- People were supported to access to health and social care agencies including GPs, community psychiatric nurses (CPNs) and district nurses (DNs). People received support in a timely manner. For example, where a person's skin was becoming sore, staff contacted professionals to arrange creams and pressure relieving equipment for them.
- Staff followed professional advice to support people, advice was documented into people's care plans. One visiting healthcare professional told us, "Staff always have been knowledgeable about the residents there. They want the best for people which is why they ask us to come in if someone needs to see us."
- When people became unwell, staff arranged for GP visits. The registered manager kept a record of when people had chest infections or urinary tract infections (UTIs). This provided an overview and identified patterns where people were prone to infections. Staff intervened to reduce the risk of further infections. For example, staff would encourage extra drinks for people at risk of UTIs.
- Records confirmed people were supported to access healthcare services such as the chiropodist and opticians. Care plans guided staff on how to assist people and when they required follow up appointments.

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

- Consideration to the design of the service had been given to support the needs of people living with dementia. There was pictorial signage for communal spaces, such as the dining room, bathrooms and toilets, people were observed to find their way easily when walking around the service.
- People were complementary of the cleanliness of the building. Comments included, "I think it's clean, very much so." And, "It's completely clean here now."
- People's names and photographs were displayed on their bedroom doors to help them identify their spaces and avoid going into other people bedrooms. People were supported to personalise their bedrooms.

Some people had brought furniture into the service to help them individualise their space. Personal photographs were displayed on bedrooms walls and shelves were installed for ornaments and fresh flowers.

Staff support: induction, training, skills and experience

● Staff had the knowledge, skills and experience to support people effectively. Staff told us they received training relevant to the people they supported, for example, training in dementia care. When speaking about dementia care training, one staff member said, "I learned about different types and the different affects for people. I have learned about different approaches and communication methods, knowing people's background, their likes and dislikes to approach them nicely and respectfully."

● A high number of staff held a national vocational qualification to level two and three. New staff completed induction training which included the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff who were new to the service spent time with the registered manager and senior staff to get to know people and become orientated to the layout of the service and paperwork.

● Staff received frequent and relevant supervisions with their line manager. Staff told us the supervisions were supportive and gave them opportunities to discuss the service and professional development; records observed confirmed this.

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

● People were supported to maintain a good nutritional and hydration intake. Staff recorded people's food and fluid intake to ensure they had enough to eat and drink. One staff member told us, "We always make sure residents needs are met, their nutrition and hydration. We give extra fluids in the hot weather." The provider had purchased high water content fruit to help people's hydration levels. People's weights were monitored, we noted everyone's weight was stable. The registered manager told us, "If people lose weight, they are referred to dietician. Since the menu has changed the residents have put on weight."

● Residents meetings were held to discuss meal choices and people were given the opportunity to tell staff what they wished to eat. The provider told us they had a particular interest in nutrition and had reviewed the menu to promote people's interest in choosing their food. When asked about meals, people commented, "Yes, good. No problems at all." And, "The food is very good."

● Where people had dietary requirements, they were catered for. Diabetic diets were prepared for people where needed; kitchen staff prepared lower sugar options for them.

● We observed mealtimes to be relaxed, people appeared to enjoy their meals. Where a person needed some assistance to eat their meal, a member of staff sat with them and supported where needed, allowing the person to remain as independent as possible.

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.

● Mental capacity assessments had been carried out for people where needed, these were in relation to people's care and support. The registered manager had completed various MCA assessments where people lacked capacity decisions were made in people's best interests, this was with the involvement of people's family and professionals.
● The registered manager understood their obligation to submit DoLS applications where people lacked capacity about their living arrangements. DoLS authorisations had been granted and had no conditions attached. People were able to use the garden and were enabled to go outside with friends and family. People received support in the least restrictive way.
● Staff had received MCA training and ensured people were involved in making decisions. A staff member told us, "We always check with residents if they are happy for us to help them. We don't do anything without permission and try to explain in different ways to help them understand what we are asking."
● We observed staff requesting consent and giving options before assisting people throughout the inspection. We saw a range of documentation requesting consent from people. Where people lacked capacity, legal representatives provided consent on their behalf. The registered manager held a list of people's representatives to ensure they had the authorisation to do so.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated 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 were treated well, and their equality and diversity was respected. Where people had specific religious needs, they were upheld. For example, a person visited their local church on a weekly basis which was important to them.
- Staff knew people's preferences and respected their abilities on an individual basis. Staff told us people required varying support and their abilities varied on a daily basis, staff adapted their approach accordingly. One staff member told us, "[Person], doesn't always want to eat by themselves (independently), they can do it, so I remind them what to do, I give verbal reminders on what to do."
- People were given opportunities to express their preferences. For example, people were asked whether they would prefer a female or male staff member to support them. People had either opted for female support or did not have a preference. The provider told us they had recruited a new male member of staff as the staffing team were all female, this was in case people stated a preference for male assistance in the future.
- Staff had received equality and diversity training and had read and signed to confirm they had understood the appropriate policies.

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

- People were involved in decisions about their care as much as possible. Staff collated information about people's histories, past occupations and hobbies, they told us this helped them understand people and how they may wish to be supported.
- People and their relatives told us staff were kind and they could express their views and wishes. Comments included, "We're very well looked after. The care workers are all very nice." And, "It's a bit like a partnership. The staff are like an extended family. We've got to know the staff really well."
- People were given choices to reflect their abilities. For example, one person had a stand-aid for times when they may struggle to rise from their chair; they did not always need to use the equipment. We observed staff assisting the person to stand safely without the stand-aid. One staff member said, "If they are trying to get up, I would explain the best way to stand so they can do so independently."
- Staff carried out observations to ensure people were supported in their chosen way and at their preferred time. For example, a person was sleeping during lunchtime. They declined to go to the dining room for their meal. Staff respected their choice, the person continued to rest, once they woke staff offered their meal which had been kept warm for them.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. People told us staff were considerate and empathetic to

their needs. One person told us, "Staff are very good. We're very lucky here." We observed kind interactions between people and staff, for example, a person became upset, a staff member provided reassurance and the person was quickly comforted by this.

● People's independence was respected. Staff described how people's autonomy was upheld. One staff member told us, "I promote independence during personal care, I would prepare a flannel with soap and water and explain to wash face and behind their ears." One person told us, "They wash my hair. Of course, they give me time to do bits I can myself."

● We observed positive interactions between people and staff; the atmosphere in the service was relaxed and jovial. Staff were observed to knock and wait for a reply before entering a person's bedroom. Staff told us the importance of upholding people's dignity. One staff member said, "I always knock on the door before I enter, if I provide any care, I always close the door."

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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.

- The service met people's communication needs; however, care plans did not always contain people's preferred way of communication. The registered manager and staff told us they knew people well and knew the best way to communicate with them. We saw a person who had limited speech communicate with staff effectively. Staff were able to clearly explain the best method to communicate with the person. The registered manager updated the care plan to reflect the person's needs during our inspection.
- One person had problems with their eyesight, their communication care plan was vague. There was no written guidance to staff on how to support them with their vision. We observed staff supporting the person appropriately, staff said they knew the person well and how they wished to be assisted, this included reading documents aloud for them if needed.
- People had a 'This is me' document which contained their communication preferences which would go with them should they need to go to hospital. The document would guide professionals on how to best communicate with the person. The registered manager updated people's care plans to include their communication needs as reflected in the 'This is me' document.
- The provider told us any documentation could be made available for people in large print or Braille if required. Staff held pictorial cards to assist with people's communication when needed.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support
- People had care plans in place which contained their choices and preferences. People told us they felt in control of their lives and support received. One person told us, "I like it here, the staff are very quick to do things for you when you ask." A relative said, "[Person] is very settled. They're great with [person]. They know that any change in routine throws them out."
- People's care plans detailed their preferences. Staff told us they found care plans to be informative and relevant. Where any changes with a person was noticed, they would inform the registered manager who would update the care plans accordingly.
- People and their relatives were involved in the care planning process. The provider told us, "We sit with the family and the resident. One staff and [registered manager] reads the care plan through and check if they agree. Any changes they say, and it is changed. Such as, changes to activities or food choices."

● During the inspection the service was not supporting anyone at the end of their lives. People had detailed and person-centred end of life care plans in place which they and their relatives had contributed to. The care plans contained people's wishes such as, religious or spiritual wishes and practical arrangements.

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 were encouraged to maintain relationships with their loved ones. One person said, "My brother comes to see me once a week." A relative described how they are made welcome when they visit and told us, "It's a bit like a partnership. The staff are like an extended family. We've got to know the staff really well."

● A programme of activities was available for people to join. During the inspection there was a karaoke session taking place, for those who did not wish to join in, people were able to choose between puzzles and crafting. People told us they enjoyed the activities, comments included, "I don't get bored." "They suggest things to you, and you think: 'That's a good idea!' and join in." And, "There's an activity like today's, most days and we've got TV."

● People's individual interests were respected. People used voice activated technology to play songs of their choice, one person told us how much they enjoyed this. One person used to be a nurse and could not recall they had retired, the provider bought them an old-fashioned blood pressure monitoring cuff which they enjoyed. Another person had a strong interest in films, the provider bought them a projector so they could use it to watch their preferred movies.

● The service had strong links with a local church and primary school, but due to the COVID-19 pandemic, the groups were unable to visit the service. The primary school children had made bunting for people which was displayed in the hallway. The registered manager told us they hoped to be able to recommence the visits soon.

Improving care quality in response to complaints or concerns

● People were able to feedback on their experience of the service to include complaints. People and their relatives were given copies of the complaint's procedure, so they were able to direct any concerns to the registered manager or provider.

● Resident's meetings included reminders for people of how to complain if they had any concerns. People were given the opportunity to voice their complaints at the resident's meetings.

● At the time of our inspection the service had not received any complaints. The provider described how patterns and trends in complaints would be established and gave examples of how the analyses would be used for ongoing learning.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance systems were not always effective. The registered manager told us they had audited care plans although had not documented their findings. The auditing did not identify shortfalls in care plans. For example, communication care plans were not always in place and some photocopied assessments tools were no longer legible, although, staff knew the assessment tools well and completed them properly.
- There were no internal quality assurance processes for the management of medicines. The registered manager told us there had been no medicine errors at the service but was unable to evidence how this had been concluded. The service relied on annual pharmacy visits to advise them if improvements were needed, however, there had not been a visit since 2019.
- There had been missed opportunities for staff to understand the purpose of the provider's role and visits to the service. For example, the provider had made some improvements to the meals offered and had instigated home cooking. Staff were not always complimentary of the support offered by the provider. One staff member told us, "I don't feel I can go to [registered manager] as their hands are tied."
- The registered manager and provider did not fully understand their responsibilities under the duty of candour. However, they applied the principles of being open and honest. The registered manager told us they apologised when things went wrong and tried to mitigate reoccurrences. The registered manager told us they would study the duty of candour and apply it where needed in the future.

We recommend the provider seek advice and guidance from a reputable source, about the management of quality assurance processes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service promoted an inclusive culture for people. People were given opportunities to express their views through meetings and discussions. People had given feedback at resident's meetings and were able to contribute to the running of the service.
- We received positive feedback about the registered manager. People and staff told us they were approachable and listened to them. Comments included, "[Registered manager] is alright, if I have any problems, they give support, especially for work related problems." And, "[Registered manager] is the best,

they listen to us, they help us even when they're busy. We work together as well on the floor. If we see anything wrong, we tell [registered manager] and they listen to us."

● Regular staff meetings were held; various topics were discussed, they agenda included COVID-19 and safeguarding. We saw staff were invited to participate in discussions which were resolved at the meetings. One staff member told us, "If I have any problem, our manager is really approachable and open minded. They make sure the staff do their best for the residents. We have a monthly meeting, but we don't have to wait to speak to them, they are here every day."

● Relatives told us they were involved in their loved one's care. They confirmed they were kept up to date with any changes. One relative told us, "Communications between me and Cambridge House are brilliant. I visit once a week."

● People and their relatives were given an opportunity to provide feedback on the service through surveys. The results of the surveys were positive; no action plan was needed to address any negative reviews.

Working in partnership with others

● The service worked well in partnership with health and social care agencies. People received external professional involvement including, GPs, the falls team, chiropodists and opticians. Advice had been sought, documented and followed by care staff. For example, a person who experienced falls was seen by the falls team, advice was to encourage the person to use a walking aid, this had worked well for the person.

● Professionals gave positive feedback about the service. Comments included, "They definitely contact me in a timely manner, [registered manager] is super responsive. They do as they're asked." And, "When the new owner took over, they were interested in what to do to make it dementia friendly and was open to ideas."

● The provider told us they were keen to link with outside agencies. They told us, "We have skills for care, and we go to the local meetings with the Surrey teams."