

Nazareth Care Charitable Trust

Nazareth House - Hammersmith

Inspection report

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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

Nazareth House is a residential care home providing personal care to up to 95 people. The service provides support to older people with nursing needs and those with dementia. At the time of our inspection there were 90 people using the service.

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

People and their relatives gave positive feedback about the staff and told us they were kind and caring. We observed positive interactions between people and staff throughout the inspection.

People's care plans and risk assessments included clear guidelines for staff in how to mitigate risks to people's safety in areas of known risk. However, we found that where people had conditions that were controlled with medication and had not shown symptoms for many years, relapse indicators were not in place. Furthermore, although we found people were appropriately supported with their pressure ulcer wound care needs, care plans did not detail how often people needed to be turned and turning charts were not completed consistently.

The provider supported people to participate in activities and made attempts to provide activities people enjoyed. However, people complained about not enjoying the activities on offer.

We were assured that this service met good infection prevention and control guidelines. The provider facilitated safe visiting arrangements, had systems in place to ensure the building was clean and had systems in place to prevent the spread of infection. We found mask wearing was not consistently complied with on the first day of our inspection, but this improved significantly on the second and third days.

There were good systems in place for the safe management and administration of medicines. Staff had completed medicines administration training and were clear about their responsibilities.

The provider carried out appropriate pre-employment checks before hiring staff. There was an induction programme for new staff, which prepared them for their role. Staff were provided with enough training and supervisions to help them carry out their duties. There were enough staff employed to meet people's needs.

Staff gave good feedback about the registered manager as well as their colleagues. The management team had a visible presence and staff said they made themselves available when needed.

The provider monitored the quality of people's care, but did not pick up on issues relating to people's turning charts or their specific medical needs.

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.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published November 2019).

At our last inspection we found breaches of the regulations in relation to the provision of person-centred care, ensuring they delivered care in line with people's valid consent, safe care and treatment, the premises and equipment and good governance. The provider completed an action plan after the last inspection to tell us what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was now meeting these regulations.

Why we inspected

We carried out this inspection to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations

We have made recommendations in relation to drafting risk management guidelines, making contemporaneous records, meeting people's needs in relation to activities provision and conducting comprehensive audits. We will check if the provider has acted on any recommendations at our next comprehensive inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was 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 

Nazareth House - Hammersmith

Detailed findings

Background to this inspection

Inspection team

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.

Inspection team

The inspection was carried out by three inspectors, an Expert by Experience and a specialist professional advisor. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The specialist professional advisor worked as a nurse in the care of older people.

Service and service type

Nazareth House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

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.

What we did before the inspection

We used the information the provider sent us in the provider information return. 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 also reviewed the information we held about the service and obtained feedback from a member of the local authority.

We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 29 June 2022 and ended on 12 July 2022. We visited the service location on 29 June, 8 July and 12 July 2022. 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 talk with us.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained required improvement.

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

- The provider did not always assess and mitigate risks to people's safety. Although we saw most risks to people's safety had been assessed and there were clear risk management guidelines in place, we saw there were some risks that had not been fully assessed. For example, we reviewed four records of people with conditions that had been controlled. These indicated that they were taking medication for their condition and as a result, their symptoms had been in remission for many years. However, we noted that a risk of relapse still remained and there were no recorded relapse indicators for staff.
- The provider was caring for people with pressure ulcers and we did not note from care records that their skin was improving. This included a person who had entered the service with a grade four pressure ulcer, which had completely healed as a result of the care they received at the service. However, people's skin integrity care plans did not include a record of how frequently they were required to be repositioned to reduce the risk of further skin damage, although staff were aware of this. Although we saw repositioning charts were in place, they were not always being consistently filled in by day staff.

We recommend the provider seeks advice from a reputable source about drafting comprehensive risk management guidelines and making comprehensive contemporaneous records.

- At our previous inspection there were concerns about the age of some of the equipment and the availability of slings. At this inspection we found there was a system of robust checks in place to ensure slings were in place and in good working order along with other equipment.

Learning lessons when things go wrong

- At our last comprehensive inspection, we found the provider did not keep appropriate records to demonstrate lessons were being learned when things went wrong. Actions taken to mitigate future risks following accidents were not recorded and this information was not used to update people's risk assessments. At this inspection we found the provider did ensure lessons were learned when things went wrong. Accidents and incidents were recorded on people's electronic care records and we saw their risk assessments were updated to reflect further learning that had come from the incident. For example, one person had experienced a fall from their bed, so after discussion with the person's family as well as completion of relevant risk assessments, the person had bed rails installed for their safety.
- Accidents and incidents were reviewed on a monthly basis to ensure appropriate actions were taken in respect of the individuals concerned and also to determine whether there were any wider trends that

needed to be addressed. We saw questions were asked in the completion of this task, such as the timing and location of incidents and the staffing level at the time of the incident.

Staffing and recruitment

- At our previous comprehensive inspection, we found the provider did not always ensure enough staff were appropriately deployed to meet people's needs. At this inspection we found the provider did ensure enough suitably qualified staff were in place to support people and were deployed effectively. People told us there was continuity of care which meant they did not have to keep repeating their preferences to new staff. Comments included "We have the same staff all the time, hardly any agency staff" and "It`s the same staff all the time".
- Although we did receive complaints from two members of staff about understaffing, the majority of staff and people we spoke with, told us there were enough staff. One person told us, "They answer the bell within a couple of minutes usually." From our observations, there appeared to be enough staff working during our inspection. This included a dining assistant who specifically assisted people during mealtimes. We also reviewed staff rotas and dependency data and this confirmed there were enough staff deployed to support people.
- The provider conducted appropriate pre- employment checks before hiring staff. We reviewed seven staff files and saw evidence of work histories, two references as well as checks of people's right to work in the UK. The provider was also conducting Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk from abuse

- The provider had clear systems in place to safeguard people from the risk of abuse. People confirmed they felt safe with staff. One person told us "I trust the staff- they take care of me."
- Care workers had a good understanding about what constituted abuse and they confirmed they knew what to do if they suspected someone was being abused. One care worker told us "We report everything- unusual behaviour or bruising because it needs to be investigated." Care workers had received annual training in safeguarding adults from abuse.
- There were systems in place to investigate and report safeguarding concerns to the local authority as well as the CQC.

Using medicines safely

- The provider had safe medicines practices within the home for the administration, storage and safe disposal of people's medicines. We observed staff patiently administering people's medication in accordance with their specific requirements (for example with food). Medicine Administration Records (MAR) charts contained sufficient information such as photographs and allergies of each person to ensure safe administration of their medicines. MAR sheets were completed accurately and we saw stocks of medicines tallied with the balances recorded. Staff followed guidance on managing 'when required' medicines for each person and documented the reasons why they had administered the medicines.
- People confirmed they received their medicines on time. Their comments included "They give them to me at regular times, not on top of each other", "I never have to remind them" and "They are good at making sure you take your medicines." There were checks of medicines and audits to identify any concerns and address any shortfalls. Staff received the relevant training and annual assessments of their competency.
- Medicines were kept safely in line with requirements. This included secure storage in locked trolleys and controlled drugs were stored in line with requirements.

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
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- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely. On the first day of our inspection we found some staff were not consistently wearing their masks properly. However, this was raised by the registered manager at the next handover meeting and on the second day of our inspection, we found staff were consistently compliant in this area. We have also signposted the provider to resources to develop their approach.
- 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.
- We were assured that the provider's infection prevention and control policy was up to date.
- We saw the provider was facilitating visits for people living in the home in accordance with the current guidance.

The provider safely facilitated visiting to people using the service. People were required to conduct a lateral flow test prior to entry as well as temperature checks and mask wearing. The provider had lateral flow tests and masks available for visitors and had included this in their internal policy and communicated to relatives.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question 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 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.

- At our previous comprehensive inspection we found the provider was not always working within the principles of the MCA because within our sampling, we identified two examples of mental capacity assessments not being in place when needed. At this inspection we saw decision-specific mental capacity assessments were completed to ensure decisions were made in people's best interest. Where people required DoLS authorisations for their own safety, these were in place and in date. The provider monitored the dates of DoLS authorisations to ensure these had not expired.
- Care staff had a good understanding about the importance of providing care in line with people's consent. One care worker told us "We don't force them to do anything they don't want to. If they want lunch in their room, that is fine, or in the lounge, we will bring it to them."

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

- At our previous comprehensive inspection we identified concerns relating to the design and décor of the building. The building was not suitable for people with dementia to orient themselves. At this inspection we found the situation remained the same.
- We spoke with the registered manager about the lack of progress that had been made in relation to the

design and décor of the building and she confirmed extensive plans were in place to redecorate, refurbish and adapt the building. She explained that due to the difficulties imposed by the pandemic, they had been delayed in their progress. However, consultations had begun to ensure all work was conducted in line with people's wishes and plans were in place to conduct this in a phased way, thereby minimising the disruption to people using the service.

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

- The provider assessed people's needs and choices when they first joined the service. Assessments focussed on how to ensure care was delivered safely in line with people's personal requirements.
- Care was delivered in line with standards, guidance and the law. For example, we saw evidence of risks to people's care being measured using nationally recognised tools such as the Malnutritional Universal Screening Tool ('MUST') and Waterlow. MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. The Waterlow score (or Waterlow scale) gives an estimated risk for the development of a pressure sore in a given patient. Staff were given annual training in numerous subjects to ensure they were up to date with the latest guidance.

Staff support, training, skills and experience

- The provider ensured all new staff received an induction that followed the principles of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. All permanent and bank staff were required to complete an induction before working with people. Care workers told us they thought their induction was comprehensive. Their comments included "The training was good in the induction and they explained everything, it was very helpful" and "In my induction, it was a mixture of online and face to face training, which was good. I feel the training is very helpful and I have been able to learn a lot from it."
- The provider implemented an annual system of training for staff. We reviewed data relating to completion of training and saw staff were up to date with this. The provider allowed staff to have paid, protected time outside their usual working hours for the completion of online training. Care workers told us they found this helpful.
- People gave good feedback about the skills of the staff. One person told us "They know what they're doing".

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

- The provider supported people to eat and drink enough to maintain a balanced diet. People's care records included nutritional care plans that specified whether they had any particular dietary needs as well as their dietary preferences. We saw details recorded in relation to people on soft diets, requiring supplements or diabetic diets among other details.
- Kitchen staff were aware of people's needs and accommodated these. Alternative options were provided if people did not want any of the meal options on offer. We observed people being given their food at lunchtime and saw they were provided with prompt assistance where needed. Most people commented positively on the food although there were some complaints. Comments included "The food is very nice and tasty. I've put on weight since I've been here" and "They try to make it sound more glamorous than it is."
- People were weighed on a monthly basis and had were assessed using a Malnutritional Universal Screening Tool ('MUST'). MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. People's MUST scores were recalculated to ensure they were not at risk. Where people had either lost or gained weight, we saw an action plan was devised for staff to follow.

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

- The provider worked with other agencies to provide consistent, timely care. People's records included the contact details of professionals who were involved in their care.
- We saw evidence of joint working with SALT teams as well as the GP among others. Where further advice had been put in place, we saw this was implemented.
- People's care records included details of their health conditions and further information for staff in how they were required to support people with these. For example, there were details recorded about how people's dementia affected them.

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 requires improvement. At this inspection we have rated this key question 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 previous inspection people and their relatives made some positive comments about individual care workers, but also stated they did not have enough time to meet more than people's basic care needs. At this inspection people and their relatives gave very good feedback about the care provided. People's relatives made comments such as "I find the staff to be most understanding and compassionate", "we are very grateful indeed to the staff of Nazareth House, and the for the quality of care – and the careful attention – that they provide: day in, day out" and "Nazareth House have been fantastic. They take good care of the residents. I try to visit as often as possible, and the staff always work hard to make sure everyone is well cared for...I can't praise them enough for everything they have done for my family."
- People also told us care workers were kind and treated them with respect. Comments included "They`re very good" and "They`re all very kind, we have no worries here". We observed familiar and light- hearted interactions between people and staff. This included staff joking with people and making them laugh as well as examples of staff showing concern for people's comfort and wellbeing. For example, on the first day of our inspection we saw one person appeared uncomfortable and a care worker approached them asking if they wanted a cup of tea and their cardigan, to which the person agreed.
- People's equality and diversity was respected. People's support plans included details about their cultural needs and their cultural food preferences were also met. We noted one person's first language was not English, so the provider had ensured staff were in place who spoke their native language.

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

- People confirmed they were provided with care they wanted. One person told us "They do what I want and help me".
- We observed care workers asking people for their preferences when offering food or snacks and asking them what they would like to do.
- People's care records included examples of their personalised needs. For example, we saw one person's record included examples of subjects they liked to talk about and another person's record included examples of their preferred routine.

Respecting and promoting people's privacy, dignity and independence

- Care workers understood the importance of preserving people's dignity and maintaining their privacy. They gave us examples of how they did this. For example, one care worker told us "I always make sure I shut

the door and close the curtains when I'm providing people with personal care."

- We observed staff knocking on people's doors before entering their rooms and doors were closed when they were providing people with care.
- Care workers gave us examples of how they supported people to maintain their independence where possible. One care worker told us "I take a step back and see where people need help. I don't make that decision for them. I let them tell me what they need."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good.

This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- At our previous inspection we found the provider did not always ensure activities were available that met people's needs. At this inspection we found people continued to make complaints about activities provision which the provider was trying to address. The provider had a timetable of activities in place. The service employed an activities coordinator who devised the timetable and monitored people's participation and feedback in activities. The timetable consisted of two activities per day with activities such as indoor games, bible groups and live music. People told us there were not enough activities on offer. Their comments included "There are no activities, we just sit here all day" and "The use of the garden is very limited."
- People had activities care plans in place which said which activities they enjoyed doing as well as what their interests were. For example, because of the religious context of the service, many people enjoyed going to mass or the bible reading club. People's participation in activities was recorded on their daily records and monitored by the activities coordinator to ensure they were not at risk of social isolation.
- The provider sought people's feedback in relation to activities and we noted they gave negative feedback at the latest feedback survey in this area. The provider raised this subject at the subsequent residents meeting, asked which activities they would prefer more of and implemented their feedback about the activities they preferred to have in place by making changes to the activities timetable. However, people we spoke with still complained about not enjoying the activities on offer.

We recommend the provider seeks advice from an appropriate source about meeting people's needs in relation to activities provision.

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.

- At our previous comprehensive inspection we found the provider did not ensure people were given information in a format they understood as information was not provided to people in other formats such as easy read. At this inspection we found the provider understood and met their responsibilities under the Accessible Information Standard. The Registered Manager confirmed the complaints policy was available in both easy read and large print for people who needed this and she confirmed she could provide other

documents in other formats on request.

- People's communication needs were taken into account in the provision of care. For example, people had clear communication care plans in place that specified how they communicated and gave staff advice in how to communicate with people. For example, one person could not verbalise their needs, so staff were advised to monitor their mood as well as their gestures to understand their needs.

Improving care quality in response to complaints or concerns

- At our previous comprehensive inspection people's relatives told us whilst their complaints were responded to appropriately, the provider did not take appropriate action to address their concerns. At this inspection we found the provider had a clear procedure in place for monitoring and acting on people's complaints which was followed. The provider had a complaints policy that specified the process and timeframes for responding to complaints.
- We reviewed complaints that had been received and saw these had been responded to appropriately and within a timely manner.
- People and their relatives confirmed they did not have any complaints, but told us they would report their concerns if they had any.

Planning personalised care

- The provider planned people's care in accordance with their needs and preferences. People's care plans were written in consultation with people and their families. We saw some examples of personalised information included relating to the way people wanted to be supported. This included their personal care preferences as well as details about their preferred food choices and activities.
- Care staff had a good understanding about people's personalised needs and demonstrated they knew people well. For example, one care worker told us about one person's usual routine, their family as well as when they enjoyed having their cup of tea.

End of life care and support

- People were supported at the end of their life in accordance with their wishes.
- Care plans were in place that specified their religious and cultural needs at the end of their life and joint working with external professionals was also implemented. People's care records included details about whether or not they required resuscitation as well as their specific spiritual needs when they reached this stage of their lives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question 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 previous comprehensive inspection we found systems of audit were in place but had not always identified the issues we found. At this inspection we found the provider conducted a range of high-level audits to identify issues, but these did not incorporate daily records which included people's turning charts as these were supposed to be reviewed at a unit level. We saw monthly audits of people's weight, care records and accidents and incidents were completed among others. The results of these were collated and questions were asked in the analysis of data in order to identify trends. For example, questions such as the timing and location of incidents were asked as well as staffing numbers to determine whether these factors caused a rise in incidents.
- However, auditing of care records did not include an analysis of daily records such as turning charts and as a result, the issues we found were not picked up. In addition, the care record audits asked specific questions that did not pick up on the specific issue about people's mental health care plans.

We recommend the provider seeks advice from a reputable source about conducting comprehensive audits.

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

- At our previous comprehensive inspection, we found notifications of significant events were not always sent to the CQC as required in line with the provider's responsibilities. At this inspection we found the provider had a good understanding of their responsibilities to report notifiable incidents to the CQC where required. Notifications were sent to the CQC in a timely manner as required.

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

- The provider promoted a positive culture that achieved good outcomes for people. Care staff spoke positively about their colleagues and the registered manager. Staff comments included "It's a friendly home with good teamwork and we all help each other out", "They do listen to us if we raise any concerns and we can discuss it with our unit manager" and "We get really regular updates through the daily meetings. If anything is not clear, they will always explain and clarify."
- The registered manager told us her door was always open to staff and we observed her speaking to both staff and people using the service. We observed staff approaching her and seeking her opinion on a variety

of matters throughout the inspection.

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

- The registered manager and other staff were clear about their roles and responsibilities. We questioned staff about their understanding of their roles and responsibilities and found there was a clear understanding in these areas which was reflected in staff job descriptions.
- Nursing staff understood their responsibilities in managing risks and the registered manager had a good understanding of her role in relation to regulatory requirements.

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

- The provider engaged people in the running of the service. Separate resident's and relatives meetings were held and minutes were kept of these. We read minutes of meetings and saw relevant issues were discussed such as activities provision.
- The provider conducted annual surveys to get people's feedback on a range of matters including the food, staffing and other matters as required. Where issues were identified, these were discussed further with people.

Working in partnership with others

- The provider worked in partnership with other multi- disciplinary professionals. People's care records included evidence of joint working with other professionals including Speech and Language Therapy teams, social workers and people's GP. Where advice was given by the professional, we saw this was recorded and the details were followed. For example, we saw nutritional recommendations were followed.