

Greensleeves Homes Trust

Speirs 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

This unannounced inspection took place on 5 July 2016. At the last inspection on 8 and 9 December 2014 the service was meeting the regulations we checked and the service was rated 'Good' in all key questions and overall

Speirs House provides accommodation, personal care and nursing for up to 35 older people. There were 33 people living at the home on the day we visited.

The home had a registered manager at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe at the home. The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults at risk of harm. Staff knew and explained to us what constituted abuse and the action they would take to protect people if they had a concern. We saw that people were able to speak to the registered manager or deputy at any time.

Staff were familiar with risks people faced and knew how to manage these, but the new systems the provider used to store details of the risks and management plans were not operating very well on the day of the inspection. As a result all the necessary information about the management of risks was not easily retrievable. The registered manager took action to remedy these IT concerns after our inspection and sent confirmation of this.

We saw that regular checks of maintenance and service records were conducted to make sure these were up to date.

There were sufficient numbers of qualified staff to care for and support people and to meet their needs. We saw that the provider's staff recruitment process helped to ensure that staff were suitable to work with people using the service.

People were supported by staff to take their medicines when they needed them and records were kept of medicines taken. Medicines were stored securely and staff received annual medicines training to ensure that medicines administration was managed safely.

Staff had the skills, experiences and a good understanding of how to meet people's needs. Staff spoke about the training they had received and how it had helped them to understand the needs of people they cared for.

The service had taken appropriate action to ensure the requirements of the Mental Capacity Act 2005 (MCA)

and Deprivation of Liberty Safeguards (DoLS) were followed. DoLS were in place to protect people where they did not have capacity to make decisions and where it is deemed necessary to restrict their freedom in some way, to protect themselves or others. We saw and heard staff encouraging people to make their own decisions and giving them the time and support to do so.

Detailed records of the care and support people received were kept. People had access to healthcare professionals when they needed them. People were supported to eat and drink sufficient amounts to meet their needs.

People were supported by caring staff and we observed people were relaxed with staff who knew and cared for them. Personal care was provided in the privacy of people's rooms. People were supported at the end of their lives and had their wishes respected.

People's needs were assessed and information from these assessments had been used to plan the care and support they received. People had the opportunity to do what they wanted to and to choose the activities or events they would like to attend.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People told us they felt happy to speak up when necessary. From our discussions with the registered manager and deputy, it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC.

The home had policies and procedures in place and these were readily available for staff to refer to when necessary. The provider had systems in place to assess and monitor the quality of the service. Weekly, monthly and annual health and safety and quality assurance audits were conducted by the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Staff were knowledgeable in recognising signs of potential abuse and the action they needed to take to report abuse. Risk assessments were undertaken to establish any risks present for people who used the service, which helped to protect them.

There were sufficient numbers of skilled staff to ensure that people had their needs met in a timely way. The recruitment practices were safe and ensured staff were suitable for their roles.

We found the registered provider had systems in place to protect people against risks associated with the management of medicines.

Is the service effective?

Good ●

The service was effective. Staff had the skills and knowledge to meet people's needs and preferences. Staff were suitably trained and supported for their caring role and we saw this training put into practice.

People were supported to eat and drink sufficient amounts of their choice to meet their needs. Staff took appropriate action to ensure people received the care and support they needed from healthcare professionals.

The service had taken the correct actions to ensure that the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.

Is the service caring?

Good ●

The service was caring. We observed staff treated people with dignity, respect and kindness. Staff were very knowledgeable about people's needs, likes, interests and preferences.

People were listened to and there were systems in place to obtain people's views about their care. People were encouraged and supported by staff to be as independent as possible.

People received very good end of life care. □

Is the service responsive?

Good ●

The service was responsive. Assessments were undertaken to identify people's needs and these were used to develop care plans for people.

Changes in people's health and care needs were acted upon to help protect people's wellbeing.

People we spoke with told us they felt able to raise concerns and would complain if they needed to. □

Is the service well-led?

Good ●

The service was well-led. An experienced registered manager and deputy were in place who promoted the highest standards of care and support for people to ensure people's quality of life.

Staff told us they felt well supported by the registered manager and deputy who were approachable and listened to their views.

Staff understood the management structure in the home and were aware of their roles and responsibilities. We found there was a friendly welcoming atmosphere to the home and this was confirmed by people we spoke with. □

Speirs House

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 5 July 2016. It was carried out by one inspector, a specialist advisor who was a Registered Nurse with expertise in, wound care and older people 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.

We reviewed the information we had about the service prior to our visit and we looked at notifications that the provider is legally required to send us about certain events such as serious injuries and deaths.

Prior to the inspection we spoke with a representative of the Impact Nursing team who support nursing and care homes in the borough and a commissioner of services for Kingston local authority to gather their views of Speirs House.

During the inspection we gathered information by speaking with 11 people living at Speirs House, three relatives, the registered manager, the deputy manager, the activities co-ordinator, the homes administrator and six staff. We also spoke with the visiting GP and the physiotherapist.

We observed care and support in communal areas in an informal manner. We looked at four care records and six staff records and reviewed records related to the management of the service.

Is the service safe?

Our findings

Comments people gave us when we asked if they felt safe at Speirs House were "Yes definitely safe," "yes I have access to a call bell," "I am both happy and safe" and "yes I am happy here and have call bells both day and night." One relative said "My relative is happy here, the home has a lovely atmosphere," and another relative said "our relative is happy to be here, they like it." During our visit we saw that staff and people got on well together in a friendly and relaxed atmosphere.

The provider helped to protect people from abuse. Staff we spoke with were aware of and could explain to us what constituted abuse and they knew the actions they should take to report it. They said they would speak up in the event of an incident, even if it involved a colleague with whom they worked. Records confirmed staff had received training in safeguarding adults.

When we spoke with the registered manager they were aware of procedures in relation to making referrals to the local authority that had the statutory responsibility to investigate any safeguarding alerts. The service had policies and procedures in place to respond appropriately to any concerns regarding protecting people from possible abuse and these were readily available for all staff to read.

Risks to people were managed well and the registered manager and their staff demonstrated a good awareness of risks people faced and how to manage these. However, there was a problem to access the records held on the electronic systems they used to store details of the risks and management plans, although the registered manager and staff confirmed that these had been completed in full. The provider Greensleeves Homes Trust had recently installed a new specialist data base system. This was intended to hold all the records, care plans and risk assessment about a person using the service. But when we looked at the on line versions of the risk assessments, information was not readily available. Risks were identified but the actions taken to mitigate those risks were not clearly available.

We spoke with the nurse and the registered manager, who both agreed the information, was not visible on the data base system. In response to the IT problems that we saw the registered manager had already pre booked for the day after our inspection a visit from the IT engineer to rectify the errors that had occurred with the new data base system. The registered manager sent us the IT engineers report on their findings and the actions taken to remedy these errors. This stated that the errors we saw had been rectified. The configuration of the system was changed and can now print reports properly and entirely. Turning charts, food intake notes and nutrition reports can now be retrieved. Summaries, reports and daily notes are now organised and printable. The provider had installed additional computers in the home and staff also had access to hand held tablets for recording their reports about a person. We were satisfied that the provider had taken reasonable steps to remedy the problems with the data base system to ensure information about risks was easily retrievable and people were being cared for appropriately.

.During the inspection we saw that each person had an individual call bell on their person as well as separate call bells in all the bedrooms, communal areas and bathrooms to call for help if they needed to. The registered manager told us when a person pressed their bell the monitor would indicate the type of bell

that had been pressed so help could be given to that person efficiently.

People had individual personal emergency evacuation plans (PEEP), relating to their mobility, communication skills and other relevant information that could be needed in an emergency. Staff were aware of the fire emergency plans and these were kept up to date. The fire alarm was tested weekly and fire drills were conducted monthly. The provider had arrangements in place to deal with emergency situations to help ensure continuity of service. Contact details for staff and people were kept securely and arrangements had been made with other local care homes, neighbours and the local churches to help accommodate people should the premises become unusable.

We saw that the service had contracts in place for the maintenance of equipment used in the home, including the fire extinguishers and emergency lighting. A food standards agency inspection in 2015 gave the kitchen a rating of five, where one is the poorest score and five the highest score.

Throughout the inspection we saw staff were available, visible and engaging with people. Staff we spoke with felt there were enough numbers of staff to meet the needs of people. We saw that additional staffing assistants were employed to serve meals, snacks and drinks so that permanent staff were free to assist people when required. People told us "Staff know what they're doing, they respect my wishes," "Oh yes I'm safe and happy. The night staff are not as quick on the uptake as there are less of them on shift" and "I'm very safe and happy, the night staff do take care of me" and "I'm safe and happy within the home, night staff are not known to me as I sleep very well."

We looked at five staff's personal files and saw the necessary steps had been carried out before staff were employed. This included completed application forms, references and criminal record checks. The administrator told us and records showed that staff signed a yearly declaration to say there had been no changes to their criminal record status. These checks helped to ensure that people were cared for by staff suitable for the role.

Medicines were administered safely. We observed that medicines were being administered correctly to people by staff trained in medicines administration. The majority of medicines were administered using a monitored dosage system or blister pack, supplied by a local pharmacy. Medicines were stored in locked cabinets in people's rooms. Each person had an individualised medicine administration record (MAR) which contained their photograph and personal information including any allergies the person had. The MAR sheets were up to date, accurate and no gaps in the administration of medicines were evident. People we spoke with said "I take my medication without help by choice," "I take my own medication but staff put it on my table" and "I'm reasonably happy here, staff help with my medication." We observed that staff waited for a person to swallow their medicines before signing the MAR chart. When a person refused their medicines the staff member recorded this correctly and said if they refused again they would contact the GP for advice.

Medicines that needed to be kept cool were stored appropriately in a refrigerator and we saw records that the temperature in the refrigerator was checked and recorded on a daily basis. There were safe systems for storing, administering and monitoring of controlled drugs and arrangements were in place for their use.

The home has a medicines policy that was available for all staff to read. Records showed that staff received regular training and competency assessments for medicines administration. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

Is the service effective?

Our findings

People were cared for by staff who received appropriate training and support. People's comments about staff included: "Staff seem to be good, always have water in my room near me and the food is good," "I do feel staff are good and well trained, my wishes are absolutely respected," "I think staff are good and trained, I think my needs are respected" and "In general staff are good and well trained."

Staff had the skills, experiences and a good understanding of how to meet people's needs. Records showed staff had attended recent training including dementia awareness, safeguarding adults, manual handling, infection control, health and safety and fire safety. The deputy manager explained that most staff had an NVQ level 2 or 3 qualification. They also told us about the three month induction programme new staff received which included on the first day all the safety procedures to take in the home to ensure people stayed safe. All new staff were expected to complete the Care certificate. The Care certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Staff also completed refresher training courses, including first aid; moving and handling and food hygiene.

Staff spoke about the training they had received and how it had helped them to understand the needs of people they cared for. Some staff told us "There is plenty of training and opportunities to train further" and "there's lots of training and I'm now doing an NVQ2." The training helped staff to provide safe and effective support for the people using the service.

Staff told us they were fully supported by the registered manager. Staff received one to one supervision every two months plus an appraisal. Records we looked at confirmed this. Staff meetings were held monthly and we looked at the minutes of the last two staff meetings held. The staff survey of 2015 showed 65% of staff felt their work was recognised by management in terms of pay and rewards and 82% felt they worked well as a team and supported one another.

The provider had taken appropriate action to ensure the requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. DoLS protects people when they are being cared for or treated in ways that deprive them of their liberty. People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards.

We saw that staff encouraged people to make their own decisions and gave them the encouragement, time and support to do so. Where people were not able to make decisions best interests decisions were made for them with the involvement of their relatives and the relevant healthcare professionals, where necessary. The

registered manager explained that they had also recognised some areas where restrictions of people's liberty could have amounted to a deprivation of liberty and had made appropriate applications to deprive people of their liberty under DoLS. As part of the application process, people's capacity was assessed. The outcomes of the assessments and the applications under DoLS were recorded on each person's file and were available to inform staff.

Many of the people at Speirs House were independent with some aspects of their care and mobility, and we saw that the provider ensured that any restrictions on people's liberty were kept to a minimum. For example people were not restricted in their movements or where they wanted to go within the home. Doors to the garden and patio areas were open and easily accessible and safeguards were in place to ensure people's safety.

People were supported to eat and drink sufficient amounts to meet their needs and staff monitored people's weight, as a way of checking a person's nutritional health. People said "I enjoy the food and drink, water is always available in my room," "The food is generally good but I do not like the meat at lunch time," "I always have fluids in my room and the food is of a good quality." We saw that alternative meals were available for people at each meal.

Staff explained that people could choose what they ate at breakfast time and the menu for lunch and dinner was shown to people a few hours before it was served. The chef explained by doing this people remembered what they had chosen and what they wanted. The registered manager told us they found there was less waste of food than previously when people chose their meals the day before. Meals were cooked freshly for each meal. We saw that in small glass fronted fridges in the main communal areas sandwiches, fruit and chocolates snacks were available for people to help themselves to. Water and hot drinks were also available. After supper in the evening, a snack menu consisting of sandwiches, soup or cheese and biscuits could be ordered by people. The chef explained they spoke with people and the menu was discussed at residents meetings to ensure people were getting the choice in terms of the food they wanted.

The dining room was welcoming and each table was set with cutlery, condiments and a table cloth. People could also choose to eat in their room, in one of the lounges or outside. There were sufficient staff to help people with their meals if required. We saw that staff knew people well and understood people's different eating patterns and gave them the opportunity to eat their meal in their own time.

Care plans contained information on people's food preferences their likes, dislikes, the food consistency and type of drinks they preferred so staff had the necessary information to support them appropriately with their nutrition. This information helped to ensure people were supported appropriately with their nutrition.

Staff told us for the Queen's 90th birthday celebration, they brought in recipes from their home countries and the chef with the help of a specialist Asian chef prepared the food. Staff also dressed in their national costume. Staff and people told us this was a fun way to celebrate the Queen's birthday because although the majority of people who lived at Speirs House were British many had lived in the countries the staff came from and this was a wonderful way to bring back memories.

People were supported to maintain good health and have appropriate access to healthcare services. We spoke with the visiting GP, who had been visiting the home for three years and they told us about the recent improvement at the home for example increased training, policy development, completion of 'Do not attempt resuscitation' (DNAR) forms, the improvements to the quality of nursing staff on each shift and the improvements in nursing competencies. They said this had led to improved diligence of people's health and less GP call outs. The GP and the home had become more proactive in their care of people, for example this

month they were starting a trial of batch prescribing medicines. This was a three month prescribing system replacing the current monthly system. This would help to save time and errors occurring when re-prescribing medicines. The GP also had a tracking system to look at the rates of prescribing medicines, to ensure people were not over prescribed medicines.

A physiotherapist visited the home twice a week and held a falls prevention exercise class, to help strengthen limbs and give good balance awareness to people. These are recognised strategies to prevent falls. They also visited people individually to help them with their mobility and general fitness. The registered manager commented "Our big push was to get everyone moving through physio classes, Zumba (exercise to music), chair aerobics and Oomph (an initiative to enhance people's mental, physical and emotional wellbeing through activities). These programmes have increased a sense of well-being in people and dramatically reduced the falls at Speirs – I am so proud of this."

Is the service caring?

Our findings

People were supported by caring staff. Four people commented by saying "Staff always talk to me while helping me," "I have good chats with all the staff," "staff respond when I ring my bell" and "staff communicate with me definitely, particularly the day staff, the night staff are busier and don't have as much time." Relatives commented, "My relative likes to be here, they know the staff well" and "staff are kind, they read our letters to our relative."

We saw that staff showed people care, patience and respect when engaging with them. One person said, "I'm treated nicely, no complaints" and another person commented, "this is a very happy and friendly environment, all the staff are lovely and caring, I'm very happy here. Staff always help, whatever I ask for – so far. As a resident I love the range of nationalities of staff and they work wonderfully together as a team – nice to see and experience." We heard staff calling people by their preferred name. This knowledge of people gave staff the opportunity to care for people in the most effective way.

We observed staff engaging with people throughout the day in the communal areas. We saw staff treating people in a respectful and dignified manner. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them. There were daily newspapers, books, jigsaws and items of memorabilia available and people could choose where they would like to sit and what they would like to do.

People were supported with their spiritual needs. The activities co-ordinator explained the representatives from local churches visited the home and a Holy Communion service was held monthly for people of any denomination or none, all were welcome to attend.

A main notice board on the ground floor gave people a variety of information that they may need, such as events and activities taking place each day. Residents meetings were held four times a year and separate relatives meetings were also held four times a year. During one of the recent relatives meetings a 'Virtual Dementia Tour' was presented. Relatives commented on the tour saying "Very informative session," and "thank you for opening my eyes and mind to what people with dementia go through."

We saw that people had the privacy they needed and they were treated with dignity and respect at all times. When asked if they felt their privacy and dignity was respected, people said "I'm treated with dignity on the whole and staff communicate with me" and "Staff respect my dignity, very much so." We saw that staff knocked on people's bedroom doors before they went in and spoke quietly to people. This helped to ensure the person's dignity was maintained.

People were supported by staff to make decisions about their end of life care. The registered manager told us people had been asked if they would like to make an advanced care plan and people had been helped to do so. The GP commented that they found staff had clearly explained to people and their relatives about their end of life care options. They explained about the home's partnership with the local hospice that could help to support people with more complex end of life care needs, if required. The registered manager told us

this year for the first time they had held two wakes at the home because families had acknowledged that Speirs House was their relative's home. They also had a book of remembrance, which people, families and staff could sign and read. The actions the provider had taken helped to ensure people had the end of life experience that they wanted, in the place they wanted it to be.

Is the service responsive?

Our findings

People's needs were assessed before they moved into the home and care was planned and delivered in response to their needs. Assessments detailed the care requirements of a person for daily living, including general health, medicines, hearing and vision, dietary needs, communication, sleep, continence and mental health. People's records included information on the person's background which enabled staff to understand them as an individual and to support them appropriately.

People's care plans were organised and securely stored on a data base system that was password protected. Care plans contained information and guidance to help staff know about how people's care and support needs should be met. The information included how a person would like to be addressed, their likes and dislikes, details about their health history, career and past life. The registered manager told us that people's care plans were developed using the information gathered at the person's initial assessment.

Reviews of a person's care were conducted monthly and any changes noted. An annual review was also conducted with the person, their family, GP and district nurses where appropriate. We asked people if they were involved in their review of care and if they had seen their care plan. Comments included "Staff ask my views about my care, should think the care plan is in the office," "my care plans and dietary requirements have been discussed with me" and "yes I have a care plan."

There was an extensive programme of activities, including chair aerobics, Zumba (exercises to music), bowls, IT classes, quizzes and board games. Musical entertainment and discussion groups were also held. The administrator told us about the last discussion group he organised. 16 people who used the service attended a discussion about the European election, the Somme, history and if times had changed for the better. The discussions normally lasted two hours but the length of time was determined by the people attending. There was also a knitting group and a baking club. The chef had held an 'unusual fruit' tasting session that was liked by everyone who attended.

The registered manager held an informal group for 'chilling out' at the end of the day with people who needed reassurance and time to think quietly. The registered manager told us normally about three people just sit and relax in the manager's lounge, it was a place to be calm and relaxed. The registered manager told us this met people's specific needs.

On the day of our visit we saw that people were engaged in two exercise classes with music and three people were having a take away lunch of their choice, the hairdresser was styling people's hair and six people were scheduled for a manicure. It was noted in people's daily records if they had attended an activity and what activity they had attended. When the activities co-ordinator was away the staff took over her role and ensured activities continued throughout the holidays and weekends periods.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People and relatives told us they knew who to make a complaint to and said they felt happy to speak up when necessary. They had confidence that the registered manager would deal with any concerns promptly.

Of the 11 people we spoke with about how to make a complaint one person was unsure who to complain to. The manager said they would ensure that everyone knew how to make a complaint. One person said "If I needed to make a complaint I would know the policy and procedures, and have been encouraged not to suffer in silence." Records showed the registered manager had dealt with complaints promptly and to the satisfaction of the people using the service.

Is the service well-led?

Our findings

People who lived at Speirs House knew who the registered manager, deputy and staff were by name and could freely chat with them at any time. Two people said "I can always see the manager if I want too, and have never been stopped" and "I know the managers and they mix with us, they are very good in my estimation." All the people we spoke with were positive about the staff and managers.

The service was led by a registered manager, who was supported by a deputy manager. From our discussions with them it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes.

People told us and we saw the registered manager and deputy were available in the home during the day and this helped to ensure that the management team were fully aware of what was happening within the service and were available for people when needed.

The registered manager told us "There is a real sense of unity between staff members, and between staff, residents and relatives. The staff team thrive on challenges and say yes rather than no by default." We heard how staff Skype people living in the home to keep in touch with them (Skype provides free video chat and voice call services over the internet). They do this when they are on holiday and they also take pictures of the Speirs Bear, which we saw, whenever they are on holiday and this helps people feel included in a fun way.

Four staff commented on working at Speirs House "I've been here a long time, this is like my second home, the people and their relatives are our friends. Love my job, good colleagues and management," "marvellous, everything you could wish for," "I like this home, only care home I've ever worked in and would like for my mother" and "nice place everyone works together and people seem happy." Another staff member said "I love this place; we are a good team, very stable. It's a happy place, it has a family atmosphere." A visiting professional commented, "This is my favourite home, the staff all gel together, there is never any friction. Staff are very friendly."

Through the Greensleeves Care Awards 2016 Speirs House had won two awards in 2016 including 'Carer of the Year' and 'Home of the Year.' This is an internal initiative to recognise the work of staff working for Greensleeves Care. Speirs House is also an Eden Alternative accredited home. Eden accreditation is a specific way to offer person-directed principles and practices that are dedicated to creating a quality of life for older people and their care partners

The home had policies and procedures in place and these were readily available for staff to refer to when necessary. Staff said they had access to the policies and any changes were discussed at team meetings so they were aware of these.

Systems were in place to monitor and improve the quality of the service. This included surveys to gain feedback from people and relatives about the quality of the service that was being delivered and to identify

areas for improvement. An independent survey of people using the service in 2015 showed that 100% of people who replied to the survey were happy living at Speirs House. 100% of people thought staff were capable of providing care, that staff treated them with kindness, dignity and respect and staff understood them as an individual person.

Speirs House is part of a large organisation and the Trustees conducted annual audits of the home and these were discussed at management meetings. Additional weekly and monthly audits were conducted by the home's own staff and action plans developed where necessary.

We saw the records of two recent medicines audits that had been undertaken by staff and an audit by the supplying pharmacy in February 2016. We saw there were few omissions in staff signatures or of people not being administered their medicines appropriately. Where mistakes were found they were dealt with promptly so that staff were aware of the mistakes and this helped to ensure people received their medicines safely.