

W Scott

Ascot House - Nottingham

Inspection report

30-40 Percival Road
Sherwood
Nottingham
Nottinghamshire
NG5 2EY

Tel: 01159606506

Date of inspection visit:
31 January 2017

Date of publication:
22 February 2017

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 inspection took place on 31 January 2017 and was unannounced. Ascot House - Nottingham provides accommodation and personal care for up to 20 people with dementia or mental health needs. On the day of our inspection 18 people were using the service.

The service had a registered manager. 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.

Staff understood their responsibility to protect people from the risk of abuse and appropriate action was taken in response to any incidents. Risks to people's health and safety were regularly assessed and action taken to reduce the risks.

There were sufficient numbers of staff employed and people's needs were met in a timely manner because staff were organised and well deployed. People received their medicines when they needed them and medicines were stored and recorded appropriately.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS is part of the MCA, which is in place to protect people who lack capacity to make certain decisions because of illness or disability. DoLS protects the rights of such people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. There were systems in place to ensure people were not deprived of their liberty unlawfully. People were supported to provide consent for the care they received.

Staff felt well supported and were provided with relevant training to effectively meet people's needs. There was a plan in place to ensure any gaps in training provision were rectified. People had access to sufficient quantities of food and drink and told us they enjoyed the food. People had access to a range of healthcare services and staff followed the guidance that was provided.

There were caring and friendly relationships between staff and the people living at Ascot House - Nottingham. People made decisions about how they lived their lives and staff enabled them to do so. People were treated with dignity and respect by staff and their right to privacy was upheld.

People felt that care was person-centred and staff responded well to any changes in people's needs. Care plans provided up to date and relevant information about people's care needs. Activities were provided although people often chose not to participate. People told us they would feel comfortable making a complaint and knew how to do so.

There was an open and transparent culture at the home, people and staff felt comfortable speaking up if they wanted to. The registered manager and deputy manager worked together to provide clear leadership to staff. People were able to provide their opinion on the quality of the service they received and their views were acted upon. Effective quality monitoring systems were used to identify areas of improvement and ensure that action was taken.

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.

People were protected from the risk of abuse and risks to their health and safety were well managed.

There were enough staff to meet people's needs and safe recruitment procedures were followed.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who received appropriate training and supervision.

People were asked for their consent and staff acted in people's best interests where they could not provide consent.

People had access to sufficient food and drink and had access to healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People enjoyed positive and caring relationships with the staff.

People were able to be involved in making decisions about their care and people's choices were respected.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People received person-centred and responsive care and their care plans contained relevant information about their needs.

There was a range of activities provided although people often chose not to take part.

People felt able to complain and knew how to do so. Complaints and concerns were taken seriously and acted upon.

Is the service well-led?

Good ●

The service was well led.

There was an open, transparent and friendly culture in the home.

There was clear leadership provided by the registered manager and deputy manager, who provided a visible presence to people and staff.

People were offered different ways of providing their opinion about the quality of the service. Action was taken to bring about any improvements identified.

Ascot House - Nottingham

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 inspection took place on 31 January 2017 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with seven people who were using the service, three visitors, two healthcare professionals, two members of care staff, the deputy manager and the registered manager. We looked at the care plans for three people and any associated daily records such as repositioning charts and incident reports. We also looked at a range of records relating to the running of the service such as medicines administration records, two staff files and quality audits.

Is the service safe?

Our findings

The people we spoke with told us they felt safe living at Ascot House - Nottingham. One person said, "Yes, I feel safe here most of the time. There are some people who act up sometimes and have to be sorted out, but the staff do it quickly." The visitors we spoke with also felt that people were safe living at the home. One visitor said, "Since [name] has been living here, they have been so much better in themself. [Name] loves the banter with the staff and if anything 'kicks off' with residents, they (staff) are on it straight away. No nonsense."

During our visit we observed that the atmosphere in the home was generally calm and relaxed. One situation occurred where a person had become unsettled and approached another person using the service in an aggressive manner. Staff intervened quickly to diffuse the incident before anybody could be harmed and took the appropriate action in the immediate aftermath to ensure everyone's safety. The staff we spoke with had a good understanding of the support they could provide to people should such a situation arise and told us they felt confident managing any such incidents. Staff had access to information and training about how to manage situations where people may be at risk of harm.

The staff we spoke with had a good knowledge of their responsibilities to keep people safe and how they would report any concerns. The provider had developed and trained their staff to understand and use appropriate policies and procedures in relation to safeguarding people. Information had been shared with the local authority about incidents which had occurred in the home. We saw that appropriate action had been taken in response to any investigations carried out by the local authority to ensure people were supported to stay safe. Staff and people who used the service had access to information about who to contact at the local authority if they were concerned about potential abuse. Leaflets were placed in a prominent position in the home and discussions were held with staff during meetings and supervision.

People were supported to manage any risks to their health and safety and staff were vigilant and ensured that people were assisted in a safe manner. During our visit we observed that staff used appropriate techniques to help some people move safely around the home, whilst enabling them to remain as independent as possible. For example, one person had limited sight and mobility, but still liked to walk around the home. Staff held the person's hand to guide them whilst walking and this offered the reassurance that the person needed. Ramps were placed over steps to enable easier access to parts of the home where floors were at a slightly different level. Staff occasionally checked on people who chose to spend most of their time in the bedroom to ensure that they remained safe.

Assessments of various risks were carried out and kept under review, such as the risk of malnutrition or of people falling. Care plans were then put into place and followed by staff in order to reduce any risks. For example, some people had been known to have episodes of paranoia which could lead to them making allegations against staff and other people living at the home. There were clear guidelines in place for staff to support the person should this happen, which staff were aware of and following.

People were cared for in an environment which was well generally well maintained and appropriate safety

checks were carried out. Routine maintenance tasks were reported by staff and dealt with in a timely manner. Regular safety checks of the building were carried out such as testing of the fire alarm and water temperature checks. During our inspection we noted two areas that required attention to make them safe. The registered manager and deputy manager acted immediately to ensure that the tasks were reported to maintenance providers and resolved quickly.

The people we spoke with told us that there were enough staff and that they received assistance in a timely way. One person told us about their bedroom call bells and said, "They (call bells) both work. I don't use it often." When asked how long it usually took for a member of staff to come we were told, "Oh not long at all." Another person said, "Oh yes, there are plenty of staff." When asked about the presence of staff in communal areas of the home, one person noted, "They are always buzzing about, busy, busy."

During our visit we observed that the staffing levels were sufficient and that people's needs were met in a timely manner. Staff were also assigned various tasks, such as record keeping, to complete during their shift and we saw that these were completed at an appropriate time. Staff were also deployed effectively and communicated well with each other during the day. This ensured that the tasks were carried out and that staff could also respond should anybody need assistance. When bedroom call bells were activated these were responded to immediately. We saw that staffing levels were generally at the same level each day. However, there had been occasions where additional staff were put on the rota, for example to support people to attend a healthcare appointment.

The staff we spoke with told us they felt there were sufficient staff to meet people's needs and that they could also take their planned rest days. The registered manager and deputy manager told us they felt there were sufficient staff deployed on each shift. Staff gave examples of times when colleagues had taken unplanned leave from work and that the provider had been able to cover their shifts without difficulty.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People told us and we saw that they received their medicines as prescribed and at the right time. A visitor told us, "They keep me informed of what is happening with [name] and tell me even if their medicines change." During our visit we saw that medicines were given to people at the correct times and safely administered. Some people were supported to manage and administer their own medicines. A risk assessment had been carried out to ensure people understood how to safely administer their medicines.

Medicines were stored securely in a lockable storage facilities which, in turn, were in a locked room. People could be assured that their medicines would be ordered in a timely manner as there was an effective system in place for the ordering of medicines to ensure people received these when required. The staff we spoke with had a good knowledge of safe practice regarding handling and administering people's medicines. Staff received the support they required to manage people's medicines safely and this included regular training and competency assessments. Improvements had been made to the systems for managing medicines following a recent visit from the local clinical commissioning group. The deputy manager told us they had invested a great deal of time in ensuring that medicines management systems were robust.

Is the service effective?

Our findings

People were supported by staff who received the support they needed to carry out their duties effectively. The people we spoke with told us they felt staff were trained and competent in their duties. One person said, "They (staff) know when you need to be cheered up. They notice little things and it makes a difference." During our visit we observed staff putting the training they had received into practice, for example when assisting people to move around the home.

New members of staff received an induction before they began caring for people which involved some basic training and familiarisation with the working practices of Ascot House - Nottingham. New starters also spent some time shadowing more experienced members of staff and getting to know people living at home. All staff had been offered the opportunity to take the Care Certificate to further increase their knowledge and skill base. The Care Certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care.

The staff we spoke with told us they received training which was relevant to their role and felt the quality of the training was good. We saw that the deputy manager had developed a programme of training to be delivered at regular points throughout the year. Whilst training records showed that staff had not received all of the training required to fulfil their duties effectively, there was a plan in place for this training to be delivered. The staff we spoke with told us they were supported by the registered manager and deputy manager and felt able to approach them for support. Staff received regular supervision and told us they were offered support as well as their performance being discussed.

The people we spoke with confirmed that they were asked for their consent before any care was provided to them. During our visit we observed staff asking for people's consent before any care or support was provided. People's care records confirmed that, where they were able, people had signed various forms which confirmed their consent to the care being provided to them. For example, some people enjoyed alcoholic drinks but required support to help them manage their alcohol intake. They had been involved in planning and consented to an arrangement whereby staff stored their alcohol and provided them with a drink at agreed times during the day.

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act (2005) (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Completed capacity assessments had been carried out which confirmed the nature of the decision being made. The staff we spoke with also displayed a clear understanding of the MCA and how it may impact upon the care they provided to people.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Relevant applications had been made to the local authority and, where an outcome had been received, this was recorded in the person's care file.

The people we spoke with were positive about the quality of the food and told us they were given enough to eat and drink. One person told us, "I am a diabetic but I get the same as everyone else." We confirmed with the chef that people with diabetes were offered sugar free versions of the same food that was offered to other people. A visitor commented, "The food here always looks nice, although we try to avoid mealtimes as we have been asked to. [Name] has put on a bit of weight since coming here, but it's nice to see them looking so well."

We saw that the mealtime was a pleasant and relaxed occasion and people enjoyed their food. Staff ensured that people received sufficient food and drinks, offering extra portions if people were still hungry. Where people required support to cut up their food, this was provided to them in a timely manner. People were provided with alternative choices where required and specialised diets were catered for, such as soft diets and low sugar alternatives. One staff member confirmed that people could have alternative meals if they did not like the main dish or had changed their mind. They told us, "Nobody ever goes hungry here." Choices were presented to people in a pictorial format where necessary, to enable them to decide what they wanted to eat. We saw that people were offered snacks throughout the day.

The people we spoke with told us they had plenty to drink and a wide choice of different drinks were available to them. People were offered a variety of drinks at various points throughout the day. In addition, some people enjoyed making their own drinks and were provided with the facilities to do so. Staff made sure that people in their rooms had access to drinks throughout the day. Some people enjoyed an alcoholic drink with their meals and staff facilitated this for them.

People told us that they had access to various healthcare professionals, some of whom visited the home on a regular basis. Several people commented that the optician had recently visited the home to carry out annual eye tests for them. A GP visited the home on a monthly basis to review the health of those people under their care. District nurses also visited the home on a regular basis to provide treatment to some people. A visiting healthcare professional provided positive feedback about the staff at Ascot House – Nottingham and told us that their guidance was always followed in practice. The records we saw confirmed that people had access to various healthcare services when required. Staff took detailed notes and ensured that care plans were updated to reflect any guidance given.

People's care records also confirmed that staff contacted specialist services for advice as required. For example, staff had been concerned that one person was at risk of losing weight and contacted a dietician for advice. The person had been prescribed high-calorie drinks in order to boost their nutritional intake. We saw that these were given to the person as directed and the person's weight was generally stable. Staff also ensured that people had access to mental health services and had worked to develop 'crisis plans' with mental health professionals to support people during difficult times.

Is the service caring?

Our findings

The people we spoke with told us they were well cared for and that they enjoyed positive, friendly relationships with staff. One person said, "The girls (staff) are very good. They are kind and caring and will do anything for you. I really can't complain." Another person told us, "The girls (staff) stop and chat to me." The visitors we spoke with also commented positively on the caring approach of staff. One visitor said, "I am really happy to visit my friend here – they have been a different person since they moved here from another home. It really is a home from home and all the staff are lovely. Friendly and approachable." Visitors also commented that they were welcomed when they came to the home. One visitor said, "We always get a warm welcome and offered a drink. It's so different here. [Name] couldn't be happier."

During our inspection we observed many positive interactions between staff and the people living at the home. People enjoyed friendly banter with staff and staff used opportunities to share a joke, but also understood when this would not be appropriate. For example, a hairdresser visited the home on the day of our inspection. Staff used their sense of humour to cajole one person into having a hair cut when they had previously been reluctant to do so. Staff also used appropriate body contact to engage with people, for example holding one person's hands whilst they walked so they felt reassured, or gently touching their elbow to guide them in the right direction.

Staff spoke about people in a kind and considerate manner and were able to describe different people's personalities in some detail. Staff also demonstrated empathy when talking about difficulties that some people had experienced with their mental health. It was clear from our discussions that staff did all that they could to provide comfort and reassurance to people when required. The care plans we looked at contained information about the way in which people preferred to be supported which matched what staff told us. People were asked about their religious views when they arrived at the home and could be supported to attend services if they wished to.

People told us that they were involved in making decisions about their care and also how they chose to spend their time. People also told us that they could get up and go to bed when they wanted. One person said, "I can get up when I want, have breakfast when I want, come downstairs when I want, eat what I want." Another person said, "Oh yes, I can please myself really. If I don't appear for breakfast by my usual time, someone soon sticks their head round the door to see if I am ok. They really look after us and they seem to care."

People were involved in making day to day choices such as what they wanted to eat and if they wanted to go out into the local community. Staff encouraged people's decision making, offering choices and respecting the decisions that people made. For example, some people were able to visit local shops without the support of staff and we saw they were able to come and go as they chose. There was effective communication by staff which empowered those who may require additional support to make a decision. For example, staff ensured that they had the attention of people who were visually impaired or hard of hearing before speaking with them. This ensured that people had fully heard and understood what was being said.

People were provided with equipment, such as walking aids and wheelchairs, to enable them to retain independence. The staff we spoke with described how it was important that they supported people to remain independent and we observed this happen. The provider had also invested in a new passenger lift so that people could easily access the upper floor from the lounge area without needing staff support. Information was provided to people about advocacy services and leaflets were displayed in the entrance area of the home. An advocate is an independent person who can support people to speak up about the care service they receive.

The people we spoke with told us they were treated with dignity and respect by staff, including when staff assisted them with personal care. One person said, "Those girls (staff) know their stuff. It (washing) is usually done before you know it and then they help me dress. I have never been embarrassed. It's their job." Another person had recently arrived at the home with a limited amount of personal possessions and staff had helped provide them with some new clothing and footwear.

We observed that staff took steps to protect people's dignity during our visit, for example, by discreetly pointing out that a person had spilt some food. They offered the person a napkin so that they could clean the spillage themselves. A visitor told us that staff also dealt with sensitive discussions in a considerate manner. The person they visited had received some upsetting news and staff had helped them to come to terms with it.

Staff were mindful of the importance of protecting people's dignity and right to privacy. The staff we spoke with were clear that, where possible, they encouraged people to carry out their own personal care. Where people needed some support, staff described clearly how they would ensure the person's dignity was protected throughout. People had access to different lounge areas or their own bedroom should they require some private time. We saw both areas being used by people during our inspection. Visitors were welcome at any time and several people visited during our inspection. Staff also ensured that people received their private mail unopened should they have chosen to manage their own correspondence.

Is the service responsive?

Our findings

People told us they received the care they needed and felt that staff did all they could to provide person-centred care. One person said, "I like living here. It's near the shops and you can see people coming and going." Another person told us, "You don't have to wait long for help here and they sometimes see you need help before you realise it yourself." A third person commented, "I know the girls (staff) get busy, but they always have time for you. If they can't do it right then, they soon come back." The visitors we spoke with also felt that staff provided responsive care. One visitor said, "The staff are really good, they just get on with their job and deal with all sorts. Sometimes before you even realise that there was something going on."

During our visit we saw that staff provided responsive and person-centred care as well as ensuring that time specific tasks were carried out. For example, medicines were administered at set times throughout the day. One person had been expecting a visitor and became unsettled when they had not arrived as expected. Staff responded to this by offering the person reassurance and attempted to distract them. Once staff had confirmed that the visitor would no longer be coming, they altered their plans and supported the person to visit nearby shops to obtain some items that they had wanted.

People were offered the opportunity to be involved in the planning and reviewing of their care, where possible. Some people had signed their care plans and also signed to confirm their involvement in a monthly review of the care plan. Staff recorded when people had declined to be involved in this process. People's care plans provided detailed information about their needs and were updated when their needs changed. The deputy manager was in the process of transferring the care plans on to the computer so that they could be updated electronically in future. Whilst doing this, they told us that they would be streamlining the care plans by removing any information and paperwork that was no longer relevant. The staff we spoke with told us they found the care plans useful and were able to take the time to read them. Any important updates and messages were passed to staff during the shift handover meeting.

Staff and the management team ensured that adjustments were made for people with any physical and sensory disabilities so that they were not disadvantaged. For example, staff approached and communicated effectively with people who were partially sighted or hard of hearing. Staff treated people equally regardless of any disability or mental health difficulties they may be experiencing. Staff demonstrated that they understood how a disability could affect how the person lived their life and they endeavoured to provide any support necessary so that people could remain as independent as possible.

The people we spoke with provided mixed feedback about the provision of activities at the home, although several people acknowledged that they did not always want to take part in activities. One person said, "I go out to get my paper each day on my own. I haven't been out today though as it's not very nice out there at the moment." Another person commented, "We don't really go out on trips very often, unless the family take us. We did go out for a meal at Christmas, that was lovely. I would like to go out more... yes I would." We were also told, "We do have barbecues in the garden if the weather is nice in the summer. I enjoy that."

The provider employed an activities coordinator who worked three days a week, although they were not

present during our visit. Staff endeavoured to provide activities for people although it was acknowledged that sometimes people did not wish to take part. An activities timetable was displayed in a communal area of the home, although sometimes the allocated activity was watching TV. Some people were able to go out independently, however other people required staff support to do so. Staff were not always able to take people out as often as they would have liked, although the registered manager sometimes accompanied people to local shops. The deputy manager told us they would look at ways they could assist people to get out and about more often.

The people we spoke with felt they could raise concerns or make a complaint and told us they were happy to speak to the registered manager or any member of staff. Two people gave examples of a concern they had discussed with staff and told us their concerns had been responded to.

The registered manager and deputy manager told us that they welcomed any comments or concerns that people wished to raise with them. During our visit we observed that people were confident in speaking with any of the management team. The provider's complaints procedure was displayed prominently in the home in a place that people and visitors had access to. We looked at the records relating to complaints received in the 12 months prior to our inspection. One complaint had been received and this was investigated and dealt with in a timely manner. Action was taken to address the matter and to reduce the risk of a similar issue occurring again in the future.

Is the service well-led?

Our findings

All of the people we spoke with told us that the culture of the home was relaxed and open and they felt comfortable in the presence of staff and the management team. One person said, "They are a good bunch (of staff) here. They will help you with anything and not just because it's their job." Another person told us, "It's a happy place, even with some of the people (residents) that act up." We were also told, "The staff are on top of it all. I rarely see them sat down. They just get on with it."

The visitors we spoke with also commented about a positive and friendly atmosphere. One visitor told us, "The owner is often milling around the place too. They are well liked." Another visitor affirmed this view when commenting, "I don't think we have ever felt uncomfortable here. Always welcome, always a smile and asking how I am. I think you would go a long way to beat them – even if the place is older than some other homes."

During our visit we observed that there was a friendly and relaxed atmosphere across the home. Staff told us that they enjoyed working at Ascot House - Nottingham and we saw they worked together well as a team. The staff we spoke with commented positively on the support they received from the registered manager and owner of the home. One staff member said, "I can honestly say I've never worked anywhere like this before. The owner is so supportive." Staff felt there was an open culture in the home and they felt comfortable raising concerns or saying if they had made a mistake. One staff member said, "I would just own up straight away. I'd have no concerns about that." There were regular staff meetings which were used to put across clear messages to staff about what was expected of them as well as dealing with any issues.

The service had a registered manager and they understood their responsibilities. The registered manager delegated many of their responsibilities to the deputy manager and we saw that this system was working effectively at the time of our inspection. During our visit we observed that the management team spent long periods of time in the communal areas of the home speaking with people and staff. It was clear that this was a regular occurrence and people responded warmly to their presence. One person asked the registered manager to run an errand for them and this was done without question or delay.

The staff we spoke with felt that the registered manager and deputy manager provided good leadership. There was a clear management structure in place and certain key tasks were delegated to staff, such as ordering medicines. During our visit we observed that the management team trusted staff to undertake their duties but also kept a discreet eye on what was happening, making themselves available to assist when necessary.

The provider ensured that sufficient resources were made available to people living at the home and for staff. We saw that essential items such as personal protective equipment for staff were supplied. In addition, the provider was in the process of refurbishing some areas of the building, such as the installation of new windows. Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

People were provided with different opportunities to give their opinion of the quality of the service. Whilst

the people we spoke with could not recall having recently completed a satisfaction survey, we saw that this had been carried out in recent months. People had been asked for their opinion of the quality of the food and how staff treated them. The deputy manager had collated the responses and taken action to further improve the service based on people's feedback. In addition, people were provided with a quarterly newsletter which gave information about past and future events in the home. Attached to this was a form that people could use to provide feedback about the service they received.

The deputy manager told us, and records confirmed, that regular meetings were held for people living at the home. These were well attended and we saw that people were freely able to speak and raise any issues or suggestions they had. The deputy manager recorded any actions that were required and ensured that these were carried out. For example, some suggestions had been made about the food that was provided and these had been taken on board. People could also post comments into a suggestion box if they wished to suggest something anonymously.

A regular schedule of audits was completed by the deputy manager which we saw were thorough and effective in identifying issues and bringing about improvements. For example, regular medicines audits and stock checks were carried out. A recent audit had noted a gap in a medicines administration record and the deputy manager had offered support to the member of staff concerned. Other audits were carried out such as a nutrition and hydration audit and infection control audit. The deputy manager also analysed all incident and accident records to try and identify any patterns that may be emerging. This also ensured that appropriate action was taken in the immediate aftermath of each incident so that people were protected from any risks.