Shaw Healthcare Limited

Croft Meadow

Inspection report

Steyning Health Centre
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Date of inspection visit:
10 February 2016

Date of publication:
22 March 2016

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection at Croft Meadow on 10th February 2016. Croft Meadow is part of the Shaw Healthcare group and is a purpose-built home situated in the middle of a West Sussex village. The home is registered for a maximum of 60 people. On the day of our inspection there were 59 people living at the home. The home has three floors. The ground floor provides residential care support without nursing care for people, the first floor of the home provides care for people with nursing care needs and the second floor provides support for people living with dementia. Therefore people living at Croft Meadow have a variety of physical and mental health needs that the home provides care and support to meet.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

There were group activities in place and two activity co-ordinators in post. Although we saw an activity co-coordinator providing a stimulating storytelling group with enthusiasm people told us that there were not enough staff to support them with one on activities and we observed on the day of our inspection that there were not enough staff to provided activities across the three floors of the home or to provide regular input to people who stayed in their rooms. This was discussed with the registered manager who agreed that this was an area that needs improvement.

People and their relatives told us people were safe living at Croft Meadow. One relative said "We wanted to know [the person] was safe and we absolutely know [the person] is here". People were safe as they were supported by staff that were trained in safeguarding adults at risk procedures and knew how to recognise signs of abuse. Medicines were managed and administered safely. Accidents and incidents had been recorded and appropriate action had been taken and recorded by the manager.

We observed lunch, people had enough to eat and drink. They were given choices of food from a menu. Drinks were available throughout the day. One person told us "I think the food is very good here". The service monitored people's weights and recorded how much they ate and drank to keep them healthy.

Consent was sought from people with regard to the care that was delivered. Staff understood about people's capacity to consent to care and had a good understanding of the Mental Capacity Act 2005 (MCA) and associated legislation, which they put into practice. Staff had received all essential training and some were working toward an award in health and social Care. They received supervisions from their line managers.

People told us that staff were kind, caring and approachable. One person told us, "They are all really lovely and as helpful as they can be". We observed staff treating people with dignity and respect and involving

them in their care. Another person said of staff, "They are very nice, we get on very well".

People's care plans were up to date and contained information about their individual preferences and needs. The complaints policy was available and complaints were responded to in a detailed and timely way. There were relatives meetings and we were told that information was shared with people and staff by the registered manager. Relatives told us "As relatives we feel we can go and talk to the manager anytime and there have been a few minor things and they got sorted out straight away".

The registered manager and deputy manager promoted a positive culture where person centred practice was promoted. They ensured people, staff and relatives were valued. There was a range of audit tools and processes in place to monitor the care that was delivered. This ensured the management team were assuring the quality of the care and support provided.

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.

There were enough staff on duty to provide care that was safe.

People were supported by staff that recognised the potential signs of abuse and knew what action to take. Staff had received safeguarding adults at risk training. Medicines were managed, stored and administered safely.

People's risks were assessed and managed appropriately. There were comprehensive risk assessments in place and staff knew how to support people. Accidents and incidents were logged and dealt with appropriately

Is the service effective?

Good

The service was effective.

People's consent to their care and treatment was obtained. Staff had followed the legislative requirements of the Mental Capacity Act 2005 (MCA).

People could choose what they wanted to eat and had sufficient to maintain a balanced diet. People had access to, and visits from, a range of healthcare professionals.

Staff received essential training and new staff completed a comprehensive induction programme. Communication between staff and people was good.

Is the service caring?

Good

The service was caring.

Staff knew people well and friendly, caring relationships had been developed.

Staff treated people with dignity and respect. They encouraged people to be as independent as possible. People were asked for their views via questionnaires and meetings.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.
People did not always receive one to one support around meaningful activities.

Care records were completed and contained detail that represented the needs of the person and were individual to that person.

There were activities available for people to participate in and activities for people with dementia were being developed.

The registered manager responded to concerns and complaints and people felt able to express any concerns they had.

Is the service well-led?

Good

The service was well-led.

There were formal systems in place to monitor the quality of the service, highlight any shortfalls and identify actions necessary for improvement.

The registered manager was fully involved in the day to day running of the home and had created a culture where there was open communication.

People were asked for their views about the service. Relatives were also asked for their feedback.

Croft Meadow

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.

Two inspectors, a nurse specialist and an expert by experience with an understanding of the needs of older people undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We observed care and spoke with people, relatives and staff. 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. We also spent time looking at records including 11 care records, five staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service.

We contacted local health and social care professionals including two social workers and a community matron who have involvement with the service, to ask for their views. On the day of our inspection, we spoke with 13 people using the service and six relatives. We spoke with the registered manager, deputy manager, regional director, a nurse, six care staff, one team leader, an activities co-ordinator and the chef.

The service was last inspected on 15 April 2014 with no concerns identified.

Good

Is the service safe?

Our findings

People we spoke with consistently told us that they felt safe living at Croft Meadow. Relatives we spoke with also told us that they thought their family members were safe. We observed this to be the case and throughout the day, we saw people smiling at staff and looking relaxed and happy in their company. One relative said of their family member's choice to move to Croft meadow "It was one of the major considerations moving [the person] here from the previous place. We wanted to know [the person] was safe and we absolutely know [the person] is here. When I come to visit and I come regularly I've never seen anything I've been worried about".

Staff had received safeguarding training and had a good understanding of their responsibilities in relation to safeguarding people. They were able to recognise the different types of abuse and told us what actions they would take if they believed someone was at risk and how they would report their concerns. Staff told us they would report to the most senior person on duty at the time and if this was not appropriate they would report to the relevant authorities. The registered manager told us that they had been working with the local authority regarding some safeguarding concerns that had been received and that they were in the process of implementing strategies to improve communication with the local GP surgery as a result of these. We saw that the registered manager had made arrangements to meet with representatives from the GP surgery to facilitate this action. A representative from the local authority told us that the registered manager had worked in partnership with them to investigate and resolve the concerns raised. The registered manager had a copy of the local authority's policy and procedure and was fully aware of their responsibilities under this guidance.

People told us their medicines were managed safely. One person said "I take allsorts and the nurse gives me them, yes always when I should have them. I went to the hospital yesterday and wasn't here but they made sure as soon as I got back I had my tablets so I didn't miss out". The MAR charts contained specimen signatures for medicines administration, a picture of the person receiving the medicines, a medicines profile, medicine name, strength and instruction and reason for being prescribed. The file also contained a boxed medicine stock control record. A member of staff was able to explain the provider's medicines policy for reporting medication errors and records showed that staff had received training in how to manage medicines appropriately. Medicines were stored safely in a locked cabinet. There were suitable arrangements for medicines which required chilled storage in order to remain effective and records showed that medicines were stored at the appropriate temperatures. All medicines were accounted for and where needed medicines were signed out by two members of staff. The registered manager conducted monthly audits to check that people had received their medicines as prescribed. A member of staff showed us how they would conduct an audit of one person's medication and was able to demonstrate that the actual quantities held matched the person's records. Therefore the person had received their medicines in line with their care plans.

Appropriate checks were undertaken before staff began work. We looked at staff recruitment files. We noted criminal records checks had been undertaken with the Disclosure and Barring Service (DBS).This meant the provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work

with vulnerable people. There were also copies of other relevant documentation including character references, job descriptions and interview notes in staff files. Where nurses had been recruited a note of their current PIN number was recorded. Nurses are required to register with the NMC (Nursing and Midwifery Council) and obtain a PIN number which confirms they are registered and fit to practice nursing.
Risks to people living at the home were assessed and plans were in pace to minimise these. Waterlow assessments had been completed that established people's level of need in relation to their skin integrity and their consequent need for care around this which could include the use of pressure reliving equipment, application of creams or being turned. For one person we saw that their Waterlow score indicated that they needed to have their skin monitored daily and creams applied. This activity was recorded in the daily notes. Falls risk assessments were in place which indicated people's risk of this happening and then identified if the person needed for example equipment such as a walking frame or supervision by staff. If a person required bed rails to be in place an assessment of risk had been carried out to indicate that these were needed. The person's consent for this was gained or a best interest decision recorded if the person lacked capacity.

People had individualised personal evacuation plans in place that assessed the risk for that person if they should need to leave the building in an emergency. These detailed people's individual needs for support should this be needed. The registered manager showed us how Accidents and incidents were recorded and demonstrated that she had oversight of these and monitored these on a monthly basis to identify any increase in risk so the appropriate actions could be taken.

People told us there were enough staff to keep them safe and we observed this on the day of the inspection. The home does not use a formal dependency tool to assess staffing need in relation to the needs of people living at the home. If they observe that a person's needs have increased they carried out a 48 hour monitoring chart and if this indicated the need for more staff this is presented to the local authority for the consideration of additional funding. The registered manager showed us the staffing plan for managing people's care and support at night and kept this under regular review. We looked at rotas and saw that staff members remained consistent. The registered manager told us that they were nearly had a full complement of permanent staff and rarely used agency staff. Staff told us there were enough of them to maintain people's safety but that they could do with more staff at busier times such as lunchtime when medicines are administered and they would also like more staff in order to spend more one to one time with people. One staff member said "If I could change anything it would be a bit more staff so that we could spend a bit more quality time with the residents".

Good

Is the service effective?

Our findings

People gave us consistent positive feedback regarding their confidence in staffs' abilities and skills. One person said "As far as I'm concerned they do their job well even though it's difficult for them at times and they all speak English well which makes a big difference. When they had agency staff before it was very different".

We found staff received an induction when they first started work at the home and staff confirmed they received supervision and yearly appraisals. One member of staff who had been employed for three months said "I got a full induction and training before I started on the floor". All staff we spoke with said they had received relevant training and read the policies and procedures to ensure they fully understood what was expected of them. Documents we looked at confirmed staff had completed relevant mandatory training. There was an opportunity for staff to gain further qualifications relevant to their role. This included specialist training in areas such as, dementia, falls and end of life care. One staff member said "you get plenty of training here, as well as the mandatory training you can also do extra training in areas like dementia". The registered manager and certain staff told us they were undertaking specialist training in supporting people living with dementia. One staff member was undertaking a five month course called "Dementia care matters" and another staff member was undertaking a year's course called "Embracing the journey". Staff demonstrated a commitment to learning about how to support people living with dementia.

Staff told us they felt supported to carry out their roles. One staff member told us they were encouraged to speak up and voice their views and any concerns. A staff member said, "We have regular staff meetings and handovers of care." Staff told us they had regular supervision, and annual appraisal records we looked at confirmed that this had taken place. The registered manager told us that she considered it a priority to create a cohesive staff team. They told us "I work very hard in engaging my team, the passion I feel I want to spread to my team". I want my staff to feel valued". The registered manager provided supervision for the nursing staff. The registered manager does not have a nursing background but had appointed a clinical lead that nursing staff gained support from around clinical nursing issues. The registered manager had other registered managers with nursing backgrounds within the organisation who they could source support from around clinical practice if needed.

People told us that they liked the food provided at Croft Meadow. One person said "I think the food is very good here". People told us that they were offered choices of food. One person told us they were a vegetarian and said "The food is very good. I'm a vegetarian; they have to do something different for me. They ask me what I would like." We observed the mealtime experience across the home. The dining areas were attractively presented, tablecloths, cutlery, placemats, condiments, flowers, glasses and menus. Whilst there was one long table for most people there was also a side table where three people sat who preferred to be at this smaller table. Other people had chosen to have their meal either in the lounge at a table or in their rooms. On the floor for people living with dementia we observed people being offered choices and encouraged to eat where needed. Some people had roast pork and others had sausage and chips. Where one person didn't feel like eating their roast dinner they were offered toast and marmalade as this was something they enjoyed and like to eat. Staff knew people's preferences and we observed them supporting

people to make a choice and offering them seconds. Pudding was stewed apple and custard, for one person who didn't want the apple the staff member said "I know you like custard, would you like lots?" the person responded with a smile "Yes please". The chef was aware of who had a special diet and where meals were needed to be fortified this was carried out.

Risk assessments were completed in relation to nutritional intake. The provider used a Malnutrition Universal Screening Tool (MUST) to monitor people's nourishment and weight. MUST is a five-step screening tool that identifies adults who are malnourished or at risk of malnutrition. The tool includes guidelines which can be used to develop people's care plans. People's weights were monitored to check that they were maintaining their weight or losing or gaining weight as needed. We saw that these were completed and that food and fluid charts were completed where needed.

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 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. Assessments of mental capacity were in place in people's care records. Staff had a basic understanding of the five principles of Mental Capacity Act (MCA) 2005 and had knowledge of how this was applied to ensure decisions made for people without capacity were only made where this was in their best interests. Staff we spoke with had undertaken training in this area. We observed staff gaining consent for people before carrying out tasks such as supporting them to walk, eat or carry out an activity. The registered manager had shared a hand action that she had learnt at a training course to support staff to remember the five guiding principles of the MCA. Staff we spoke with showed that they used this to remember the information.

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). The registered manager had made referrals to the local authority for people living at the home that may need a Deprivation of liberty safeguard to be in place and people were awaiting assessments from the local authority.

The service worked closely with other health care professionals such as GPs and community nurses. One person told us "I went to hospital yesterday and it was all organised from here, a carer came and stayed with me". A relative told us "They noticed that [the family member] had something wrong and everything was reviewed medically on their advice here, it was all instigated by the home". Visits were recorded in the care notes and actions needed. People told us they had access to opticians, chiropody and hearing tests. One person said "I go to the opticians up where the shops are and anything else is provided by the health centre next door. It's all very handy".

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said "They are all really lovely and as helpful as they can be". Another person said of staff "Nothing's too much trouble". A relative said 'The staff are absolutely wonderful – all just lovely." The registered manager told us "I want people to be as happy as they can be". A relative recalled what the registered manager had said to them "When we first came to visit I remember the manager saying qualifications and learning the job can be taught but caring has to come from the heart. My husband has very high standards and was very impressed by that and it is the case here".

We observed staff to have a cheerful and approachable disposition. Staff reassured and spoke to people in a kind, calm manner using good eye contact and getting down to people's level. There was often an arm placed around someone's shoulders as they spoke to someone who we could see people were happy and comfortable with. There was genuine warmth and affection in the approach of the staff. We observed humour and fun to be part of the day to day interactions. We heard conversations that were of shared humour and not related to care tasks, for example, marriages, divorces, newspaper topics, music preferences.

We heard staff checking with people before they undertook care tasks. Staff knocked on doors, closed doors for privacy and used peoples preferred names. Staff spoke about the importance of ensuring privacy and dignity were respected, and the need to respect individuals personal space. We observed someone in a communal area who needed to use the toilet being supported in a gentle and discreet way. On our tour around the building the registered manager had a conversation about a couple who lived at the home and them sharing a valentine's date together. The registered manager asked the person if it was okay to tell us about it. They were happy to tell us about this special event that the home had helped to organise.

We observed that people were involved in decisions about their care and support. This included decisions about what food to eat, what activities to participate in, whether people wanted to go for a walk. Whilst someone was being hoisted (which was done effectively and safely) staff reassured the person, explaining and checking out how they were throughout the process. A relative told us that their family member was asked whether they had a preference for male or female staff when receiving personal care. The person had stated that they did not want to receive support from male staff members and this has been adhered to. People were involved in residents and relatives meetings that were held approximately every three months where people's opinions were asked regarding menu choices and activities. We saw there was communication regarding the recent recruitment drive and the Christmas fete and the use of wireless access to the internet.

People were dressed in their individual styles and where they had chosen some women were wearing make-up and jewellery and carrying their handbags. The hairdresser was visiting on the day of the inspection and some people had had their hair done which had made them smile.

We observed a person chatting with a member of staff and working with them to unload the dishwasher in the communal dining/kitchen area. They had been a little anxious and they clearly enjoyed being involved in

this task and the staff member chatted to them and encouraged them saying "You're doing really well, concentrate on the good stuff".

The home was able to support people who may need end of life care. This could either be on the nursing floor with support from nurses employed by the provider or if this type of care was need on the residential floors this would be supported by community nurses. There was no one receiving end of life care on the day of our inspection.

Requires Improvement

Is the service responsive?

Our findings

People told us that they received care that was personalised and responded to their individual needs. People told us their choices and preferences were respected. One person said "I like my radio on all night because of my tinnitus and they make sure it's on for me". Another person said about their preference of a bath over a shower "I prefer a nice bath and I could have one every day if I wanted". Another person told us "I prefer to stay in my room so I'm close to my toilet but I know I can go into the lounge and I go into the dining room at lunchtime".

The home had a number of people who were looked after in bed, the activity organisers allowed some time for one to one activity but time spent was and when we looked at records some of the plans were not reflective of the interests of the people as identified in the life map in the care plan. For example, in one care record a person had stated their likes as music and a dislike of television. During the full length of our inspection this person had a television on in the room.
On the day of our visit we observed that having one activity co-ordinator on duty over the three floors of the home and with staff carrying out other duties it was difficult to ascertain the amount of time other staff had to spend with people in a one to one capacity. People told us that sometimes there weren't enough staff to support them with one to one activities. One person said "You can go in the garden if you want but you have to find someone with the time to take you out in the wheelchair so I don't bother". Another person said "I do tend to stay in my room and listen to my radio, I find lots of people a bit difficult and I prefer speaking one to one but don't get a lot". A third person said "I wouldn't go outside at all if (relative) didn't take me". We also saw on the people and relatives feedback questionnaires that some people had identified that they would like more activities and outings. The registered manager, deputy manager and regional director told us the provider was working on developing more individualised care plans around people's activities and providing additional training for the activities co-ordinators in assessing and planning activities for people. They acknowledged that this was an area that needs improvement.

The people we spoke with said they were happy with their rooms that their beds were comfortable and they got the rest they needed. People said they had everything they needed in their rooms and we observed rooms to have names on doors and contain personal memorabilia and photos. One person had a very bare room but clearly told us that was their choice.

Staff we spoke with described people they cared for and how they responded to their individual needs. One staff member we spoke with told us, "I would not be here if I felt people were not well looked after." Another staff member told us, "People are looked after well here. My [relative] was looked after here and I had full confidence about the level of care".

Staff knew people well. For example they knew which person was fan of Daniel O Donnell, who had been an opera singer or a projectionist at the cinema. At the observations at lunch time we observed that staff knew people's preferences around their meals and the individual ways people liked to eat their meals. People had received individual support around some activities. For a couple living at the home the activity co-ordinator had sourced additional funding to arrange a valentines' day meal out. For one person who had recently

celebrated a momentous birthday there had been a celebration that they had really enjoyed. There were photos that they showed us that marked the occasion.

The home employed two activity co-ordinators who organised a weekly programme of different activities on a two week rota. One activity co-ordinator worked five days whilst the other worked three days. People could go to different areas of the home to listen to music or have a sing along. The activity co-ordinator spoke with residents on a daily basis to gain an understanding of people's mood and to ask people what they would like to do. We saw people participated in a group activity during our visit which was storytelling on the ground floor residential unit. People were involved in the activity and were contributing. The atmosphere was lively and fun. The activity co-ordinator knew people well and has a good understanding of their needs and their enthusiasm had a positive effect on the people around them. However, we found that the emphasis on activities was focused on group activities.

People's care was assessed, planned and recorded. There was an effective care planning system in place that addressed all the areas of people's care needs. Care plans were completed with relevant information about the person and people had a life map in place that described their interests, their previous jobs, family and friends. These records would also record details such as whether a person held a key for their bedroom. People had care plans in place around areas such as their mental health and we could see plans in place to describe the support required. For example where someone may be likely to become confused it was documented that 'Staff to ensure they repeat any information required and allow the person plenty of time to respond'. Where it was identified for example that someone was at risk of losing weight the need for fortified drinks was recorded and we saw that these were given. We saw for another person who was risk of social isolation it was recorded for staff to encourage the person to attend group activities. Daily records detailed the day to day care tasks that had been carried out.

People and relatives knew who to speak to if they had a concern and were happy to raise these with staff and the management team. We saw that the complaints policy was available for people and relatives. Complaints had been responded to in a timely way. The registered manager followed the procedure for addressing complaints raised with them. We looked at recent concerns raised and noted that people's concerns had been addressed in a timely way and the registered manager had ensured that the person concerned was happy with the response.

Good

Is the service well-led?

Our findings

People told us the organisation was well led and that they were happy living at Croft Meadow. One person told us "I'm very happy here, it's very nice". Another person said of the management team and staff "Nothing's too much trouble". Another person said of the registered manager "She's very nice, we get on very well". Visiting professionals we spoke with told us that the registered manager and staff worked in partnership with them and contacted them in a timely manner that ensured the welfare of people living at the home. A community matron we spoke with said of the management team and staff "They do follow instructions well and welcome input".

Staff told us they felt supported by the management team. Staff were positive about the leadership in the home and told us they would be confident to speak with the management team if they had any concerns. One staff member told us, "It's really good in here; I work with a great staff team." They told us they knew the manager well and they were responsive to any requests. Another staff member said, "You want anything you ask [the registered manager] and she will try and get it for you." A third staff member said "[the registered manager] is a great manager, I had some personal health issues and needed some flexibility with my rota and it happened without any problem, it made me feel really valued".

Relatives told us there was an open transparent culture at the home and that the management team communicated well with them and kept them informed about their family members care and support. Relatives said "Yes I'm always made welcome I'm part of the furniture now and I can come in or ring at any time." Another relative said "They're very good at ringing us or letting us know what's happening with [family member]". A third relative said "It is a happy atmosphere and everyone seems 100% happy in their work from the Manager to the handy man, to serving the tea, everyone is so nice".

The registered manager and deputy manager talked about their passion for providing good quality care. The registered manager told us "I want people to be as happy as they can be, to have as close a feeling of home, that's what the aim is; they are loved and cared about". She said of people "They are individuals and we know them as people". The registered manager and staff told us there was an open and inclusive atmosphere at the home and this was done by being able to speak freely and listen to ideas. Staff felt they were involved in the running of the home and the registered manager listened and was approachable. We noted that the registered manager was supporting people during the inspection with various needs and directing staff where needed if a task needed completing. The registered manager told us that she felt supported by her managers including the area manager and regional director. She told us that there were monthly meetings for registered managers where they discussed the organisation's priorities, learnt about current practice and shared ideas and experiences.

The registered manager had systems in place to support with managing the quality of the service provided at Croft Meadow. There were regular resident and relative meetings that were attended. Minutes from these showed us that topics such as recruitment of staff, redecoration, the cleaning of wheelchairs and the relatives support group. Residents and relatives questionnaires were sent out and feedback from these was analysed. For example where someone had identified the need to go out and about the management team

were arranging some outings in a mini bus.

There was a system of auditing in place that included audits of medicines management and analysis of accidents and incidents and adverse events. The provider has a quality assurance team and one of its members visited the home quarterly to carry an audit. This covered different areas of practice including the completion of care records, practice in MCA, management of the environment and infection control. We saw that there was a dynamic action plan in place called a Quality of Life Action Plan that detailed actions to be taken following the audit. These included areas such as completing medicine competencies and installing foot operated waste bins, staff attending MCA training. The plan identified which actions had been completed, which were on-going and which remained outstanding. We could see that as a result of the audit a dignity champion had been appointed and this was displayed within the home so people knew who they were.

The registered manager had developed links with the local community and we saw that a local school had been involved in painting murals on the walls on the walls. The Steyning Art Society worked with the home to provide a fete every year and a local college was offering volunteers and funding to provide people with bespoke activities.