

Appcourt Limited

Poplars Care Home

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

Poplars Care Home is a residential care home for 27 older people with a range of needs, including living with dementia.

Rating at last inspection

At the last inspection, the service was rated Good.

Rating at this inspection

At this inspection we found the service remained Good.

Why the service is rated Good.

The Poplars Care Home continues to support people safely and appropriately.

People, relatives and professionals gave us positive feedback on the service and the care that was provided to people using the service.

We also observed caring and professional interactions between staff and people using the service. Staff were attentive and made sure people were comfortable and safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff received training on safeguarding adults and knew what action to take if they suspected a person was at risk of harm.

People were supported in a caring way and their care was tailored to meet their individual needs and interests.

People were supported to maintain relationships with their family and friends. This included seeing them and using technology, with the support from staff, to email family members to keep in regular contact.

Improvements had been made to the environment and rooms were brighter and offered people the chance to reminisce about the past. The environment, including the garden, was welcoming and gave people the chance to spend time in different areas of the service.

Systems were in place to ensure people safely received their medicines when required.

There were sufficient numbers of staff working in the service and this was reviewed on a regular basis.

Recruitment procedures were in place to ensure checks were carried out on new staff before they worked with the people using the service.

Training and support was available for all staff members to help them gain the skills to support people with various needs and they received information on current good practice.

People's needs and presenting risks were assessed and reviewed to ensure staff understood and knew people's current needs and abilities.

People were involved in their care and were asked for their views on a range of subjects, including the meal provision and activities.

People were happy with the meal provision and we saw they were offered plenty of drinks throughout the inspection to ensure they were hydrated.

There were various activities on offer for people each day. This included group and one to one sessions. Trips out in the community were also arranged.

Some people were able to make a complaint if they were unhappy and they also had the support of their family members who could also represent their views.

There were audits and checks in place to monitor the quality of service provision. These checked different aspects of the service to identify any problems and to see what was working well.

There was a registered manager in post and a deputy manager who was in the process of becoming the registered manager. The management team were experienced and were receptive to the inspection. They showed a passion for the support and care people received and the improvements they had made and wanted to make in the future.

The service continued to meet all relevant fundamental standards.

Further information is in the detailed findings below

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 remains Good

There were suitable procedures for protecting people from the risk of abuse and avoidable harm.

The risks to people's wellbeing had been assessed.

People received their medicines as prescribed and in a safe way.

People were supported for by staff who were recruited in a safe way.

There were enough staff to keep people safe and meet their needs.

Is the service effective?

Good ●

The service remains Good

Staff had the training and support they needed to do their jobs.

The service was meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People's nutritional needs were assessed and monitored.
People's dietary needs and preferences were being met.

People were supported to maintain good health and the staff worked closely with other healthcare professionals when needed.

Is the service caring?

Good ●

The service remains Good

Care and support were person centred and focused on the needs and wishes of the people who lived at the service.

The staff were kind, gentle and thoughtful and this made a difference to people's lives.

Staff cared for people in a relaxed way and did not rush people.

Staff understood people's personal preferences and needs.

Is the service responsive?

Good ●

The service remains Good

People's care and support was based around their individual needs.

The staff team listened to people's concerns and complaints. Relatives had no complaints but felt they could raise a complaint if they needed to.

Is the service well-led?

Good ●

The service remains Good

There was a positive culture and people living and working at the service were happy and well supported.

The management team were visible and supportive. There was positive feedback about the management from the staff team and relatives.

There were good systems for monitoring the quality of the service. Different areas of the service and records were regularly reviewed so that any issues could be picked up and acted on.

Poplars Care Home

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 checked 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 was a comprehensive inspection:

This inspection took place on 5 and 6 April 2017 and the first day was unannounced.

The inspection was carried out by one inspector on the first day and two inspectors on the second day.

Before the inspection we reviewed the information we held about the service. This included the last inspection report, statutory notifications about incidents and events affecting people using the service and a Provider Information Return (PIR) the registered manager completed and sent to us. The PIR is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we carried out general observations and spoke with six people using the service and two relatives. We also met with two healthcare professionals to gain their views on the service.

Also at the inspection we spoke with the registered manager, deputy manager, the director, a team leader, the activities co-ordinator, the cook, four care workers and the cleaner.

We reviewed the care records for three people using the service, including their support plans and risk assessments and one person's medicines management records. We also looked at three staff recruitment files and records related to the running of the service. These included maintenance records, checks and audits carried out to monitor quality in the service and make improvements.

Following on from the inspection we emailed three healthcare professionals seeking their views on the service. We received feedback from one healthcare professional.

Is the service safe?

Our findings

People told us they felt safe in the service. Their comments included, "I feel perfectly safe, thank you," "My family and the doctor thought I'd be safer here. I didn't expect to come here but I'm happy enough now and I know I'm safe," "It wasn't safe for me to stay at home on my own; I was in hospital and then came here. I feel very safe now" and "It's very safe here, the staff are always around if you get stuck or need help."

A relative explained that they felt their family member was safe as "staff were always around."

All staff told us they had completed safeguarding adults training, which the training records confirmed. They were able to describe the types of abuse that could occur in a care home and tell us about what they would do if they suspected abuse. Their comments included, "If I thought someone was being abused I would tell my senior," "I have done safeguarding training and if I had any concerns I would report to the team leader or manager," "If I thought there was any abuse I would tell the directors, the police or CQC," "I would report any abuse to the directors. If they didn't do anything I would use the whistle blowing procedures" and "I did the safeguarding training and if I saw any abuse I would report it straight away."

The registered manager knew when to report any safeguarding concerns to the Care Quality Commission (CQC) and to the local authority. There were no outstanding safeguarding concerns at the service. The service had a safeguarding policy and procedure in place which was available for the staff team.

The risks to people's wellbeing and safety had been assessed and there were plans for staff to help keep people safe. For example, the risks for people when moving safely around the service, those associated with their health, skin integrity and nutritional intake were recorded. We found that some of the information within the risk assessments were general and did not fully relate to the individual person's needs, for example stating what the risks were if a hoist was being used. However, the person used a zimmer frame and not a hoist. We discussed this with the deputy manager and during the inspection we saw that the risk assessments had been updated to be clearer. This review of the documents also enabled staff to read the potential risk and know if it was low, medium or high. Risk assessments were reviewed every month so that people's needs were checked regularly and met safely.

People were protected from the risk of repeated injury and appropriate action was taken when people fell. Accidents and incidents were recorded and the action staff had taken to keep people safe and if they had contacted medical services. This action included reviewing risk assessments, care plans, increasing checks on people who were vulnerable and referring people to external professionals to assess what additional support they needed.

The environment was safely maintained. There were risk assessments in place about different aspects of the environment, practices and equipment. These were regularly reviewed and updated. There were checks on health and safety, including fire safety, gas safety, infection control, checking window restrictors and water temperatures. These were all recorded. There were fire drills held so that staff knew how to respond in the event of a fire. There was an individual emergency evacuation plan for each person explaining how they

should be supported to evacuate the building.

A relative said that when they visited the service there were "plenty of staff" working at any one time. Staff told us there were enough staff on duty to meet people's care and support needs. Their comments included, "There are enough staff and the team work is good," "We can always arrange for an extra person if someone needs more help," "I think there are enough staff, we are very busy but we work as a team" and "Yes, there are usually enough staff and the directors will get more staff if needed." We viewed the two week staff rota over the period of March and April 2017. We saw that staff were not working excessive days in a row and had time off for training. Where additional shifts needed to be filled this was either through the regular permanent staff team, or occasionally using an agency staff member.

People were protected because the provider followed safe recruitment practices. All staff told us they had an interview and the provider carried out checks before they started work in the service. One member of staff said, "I had an interview and the manager asked for references and a police check before I could start work." A second member of staff told us, "They carried out all the checks before I started, health check, police check, references, everything." The staff files we checked showed the required checks were carried out, such as proof of address, criminal record check and references. We found on one staff member's file a small gap in their employment history, which we were informed was clarified and the reason recorded following on from the inspection. We also found that very little information had been provided in a second reference for one staff member. A third reference to try to gain more details about the staff member's previous employment had not been sought. Following on from the inspection the director confirmed that a third reference had now been requested.

Arrangements were in place for the safe management of people's medicines. Medicines were stored securely. Senior staff were trained in the administration of medicines and received annual updates. They were also assessed during the year to check on their competence to carry out this task effectively. Two people looked after their own medicines and this had been assessed and their medicines were checked to ensure they were taking them.

Temperatures were taken of the fridge which held certain medicines and these were within a safe range. Medicine Administration Records (MARS) that required two members of staff to sign when these had been administered showed this practice took place. We found no gaps on the MARS we viewed.

There was information on pain relief medicines so that staff would know how people expressed pain and staff told us they knew people's needs well and how they communicated. Staff described how some people's behaviour would alter showing signs that they were in pain. Records documented if people had any allergies, the reason they were prescribed a medicine and possible side effects.

Is the service effective?

Our findings

People using the service told us staff were well trained and knew how to provide the care and support they needed. Their comments included, "(The staff) are very good, they know what they are doing," "I think the staff are well trained, they certainly understand the help I need" and "They are very good, they know what I can do for myself and where I need help."

Staff told us they received the training and support they needed to care for people, which the training records confirmed. Their comments included, "I have supervision in the office with one of the directors," "The supervision and training are good, they help me to do my job," "The training here is very good, there are DVD's and we have practical training for fire safety and moving and handling," "I have done all of the training and I have regular supervision with my team leader. If I want extra training I just have to ask," "I have done all my training and there are regular refresher sessions," "I have regular supervision and it gives me a chance to speak about my ideas about how we could do things better" and "I do all the training that I need for my job every year."

Staff were supported to study for a national qualification in social care and the training record for the staff team showed that many had obtained a qualification which would give them the skills and knowledge to care for people appropriately. Training covered different subjects, including, moving and handling, dementia care and pressure ulcer prevention and refresher training was offered on an ongoing basis.

New staff received an induction to the service and spent time shadowing the experienced staff members. Regular contact was made with new staff during their first few weeks of working in the service to ensure there were no concerns and to ensure they were settling into their new role. The director confirmed that the Care Certificate (which are a set of introductory standards that health and social care workers adhere to in their daily working life to provide compassionate, safe and high quality care and support) was being used for new staff.

The records showed that staff had group and one to one support through meetings with their line manager. They also received an annual appraisal of their work so that they could reflect on their practice and identify where there were any areas for improvement.

Staff had also recently been given a survey to complete which was part of a research project from Kingston University. This was looking at care workers views and experiences on working in a care setting and asked them to reflect on their work and the support they received.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications had been sent to the relevant local authority responsible for authorising a deprivation of a person's liberty in order to keep them safe. This was then documented on people's individual files if they had been assessed and if a DoLS was then authorised.

People were involved in their care and it was documented if people or their representatives, if they had the legal power to do so, had agreed to the contents of the care records. People's ability to make daily decisions was recorded so that staff knew when people might struggle to retain information and when they could easily understand what was asked of them each day.

People told us they enjoyed the food provided in the service. Their comments included, "The food is lovely, first class and there is always a choice," "I like the food, I can choose how much I want and there is always a choice," "The food is good and I can eat my meals in my room if I want some privacy" and "The staff ask us what we want to eat and If I don't like what's on the menu they will make something different for me." A relative told us "the food is excellent" they confirmed they had no concerns about the meal provision.

The service recognised the importance of food, nutrition and a healthy diet for people's wellbeing. There was a menu both in a written and picture format and gave people various choices of meals. The meals were delivered by a food company and then cooked in the kitchen. Feedback was given to the company as to what meals were enjoyed and which people did not like so that menus could be adjusted accordingly. We met the cook and they confirmed they knew people's allergies, their likes and dislikes. We saw people having different meals at lunchtime based on their personal preferences.

We observed lunch and saw if people required support and encouragement to eat staff would sit next to people talking with them and helping them eat. Staff did not rush people and assisted them in a caring way.

People told us they were able to access the healthcare services they needed. Their comments included, "If I need to see the doctor I tell the staff and he will visit," "I can see the doctor when I need to and the staff remind me when I have appointments" and "I can see the doctor and the dentist whenever I need to."

People's health needs were recorded. People saw a range of professionals and the outcome of any appointment or visit was documented. This enabled staff to monitor and act on any changes to people's needs. We saw during the inspection that a GP was visiting people to check on their wellbeing. A healthcare professional we spoke with confirmed that "anything we ask of staff it is done" and that the staff ensured the "paperwork was up to date." They also said that the staff were "pro-active" in supporting people. A second healthcare professional told us that they had "no problems" with the service and that "staff communicated well" with them. This was also verified via feedback from a third healthcare professional who said, "I am notified of any admissions and changes in residents health."

Improvements had been made to the environment and rooms were brighter and offered people the chance to reminisce about the past. A healthcare professional told us, "The recent refurbishment and decoration works being undertaken included some discussion surrounding dementia friendly environments between myself and the staff." There was wall known as 'memory lane' with old items, such as washing powder, medicines and old sweets that people would be familiar with. Door frames were painted in a different colour to the walls so that people could distinguish bathrooms and their bedrooms. Clearer signage to different areas of the service had been introduced. The garden was spacious and well maintained with areas for people to sit in the sun or shade. The activities co-ordinator and staff encouraged people to help plant herbs and flowers which were at a level they could reach. Throughout the inspection there were times people sat outside in small groups interacting with each other.

The service had been painted internally and externally and there was a maintenance person employed full time to address any issues and to fix any problems quickly. There were plans to continue making changes to the environment so that people could enjoy their surroundings. For example carpets were being replaced with a lino throughout the building to provide a more hygienic floor which would still look homely.

Is the service caring?

Our findings

We saw very positive and caring interactions between staff and people using the service. Staff spoke to people kindly and often spent time sitting and talking with individuals or reading from the newspaper. Staff were very attentive and we did not see people having to wait for support.

We saw that people's privacy was respected as during our conversations with people in their bedrooms, staff regularly knocked on the doors, waited to be invited in, checked that people were well and asked if they needed anything. One person told us, "I do spend a lot of time in my room but they always check I'm alright and bring me drinks and snacks." Other people commented, "(The staff) are very good, they would do anything for me," "The staff are lovely, very caring people" and "(The staff) are all very caring, nothing is too much trouble and they are always looking out for you."

Feedback from relatives was complimentary. Comments included, "It is very good here," "I have observed good practice with staff sitting down next to people and encouraging them to eat" and "staff are professional and caring."

Comments on the service via an online website were also favourable from relatives. Quotes included that "The home is excellent" and "The staff are lovely and quick to act on any queries." We also saw a book kept in the service where any person could record their feedback. Feedback from professionals were positive. For example, "Service users are given lots of choices" the service had a "lovely atmosphere" and "I have always found the staff to be very welcoming."

Staff treated people with dignity. All of the people we saw were well dressed, their hair was styled and clean and they wore appropriate footwear. One member of staff told us, "It is very important for (person's name) that she chooses her clothes and has some make up on every day. We respect that and allow her time to choose."

Several staff members were dignity champions promoting good practice in social care services and recognised that this was an important part of supporting a person in a care service. People were seen as individual's and their needs and preferences were known by the staff team.

The management team explained that within one person's bedroom they had identified which way to face in the room for the person and their relatives to pray in order to meet their religious needs in private. Other people from different faiths also visited the service in order to meet people's religious preferences.

Care records documented if a person had a staff gender preference for when they were supported with their personal care and included how they wanted to be supported with personal care tasks. When people required personal care support we observed staff supported people in a quiet and respectful way and helped them to be more comfortable.

We also observed staff divert people's attention if they were becoming agitated. One staff member

recognised this was happening and made careful suggestions to the person so that they calmed down and ensured the situation did not escalate. They listened to the person and offered them alternatives for where they could sit. This enabled them to feel validated and reassured that there was someone available to help them work out their emotions and feelings.

We observed that the staff were supportive when caring for people. They did not rush people to make decisions and were led by what the person wanted to do and how they spent their time. People appeared at ease with the staff, looking comfortable and approaching them when they needed assistance.

The provider told us they had recently started to use a tablet computer application to prompt people to reminisce about their lives, experiences and interests. We saw they had supported people to produce a timeline with photos and images that reflected their life experiences. This information could help staff hold conversations with people about their previous lives, their employment and hobbies. It also helped people recall their memories and what is important to them. The computer was also used to email their relatives so that they could keep in touch with them and we saw an email from a relative to a person using the service where they could now keep in touch through this method of communication.

People's bedrooms had been personalised with their photograph on the door and it was made to look like a front door with a letterbox and knocker. This enabled people who struggled to recognise their own bedrooms to now know which room was theirs. People were encouraged to spend time with the other people using the service, but their choice to be alone and stay in their bedrooms if they wanted to was acknowledged and respected.

Where necessary, people and their relatives were supported to consider end of life care options. The director informed us that people's end of life preferences were recorded and a regular review of their care was recorded as their needs change. Healthcare professionals would also be involved and if additional staff were needed this was put in place. We saw a leaflet which was given to people and their relatives so that they could discuss what they wanted and knew what care and support they could expect to receive.

Where people had a Do Not Attempt to Resuscitate (DNAR) agreement we saw the original document signed by the GP and this was reviewed on a yearly basis or sooner if needed. One relative confirmed that the person using the service had been involved in agreeing to have the DNAR in place. People's care plans clearly recorded if this was in place so that all staff knew people's wishes and what to inform medical services.

Is the service responsive?

Our findings

People were unsure whether or not they had a care plan but all said they got the support they needed. One person said, "I know they have talked to my [family members] about the help I need and they always ask me if there's anything else I need."

A relative confirmed they had been a part of the development of the care plan and was aware that their family member's needs were all recorded.

People's needs were assessed prior to admission into the service. Relatives confirmed they visited the service before the admission.

The care records for each person were personalised. Information was clearly recorded and was easy to read. The care plans and associated records were detailed. They referenced information about the person's needs, such as, their communication needs and capacity to make different decisions. We also saw details individual to the person, such as wanting to be washed before having breakfast. There was also information on the person having soft drinks in a wine glass as this encouraged them to drink plenty of fluids, which we saw during the inspection.

People's weight was being checked and for those people where staff had concerns referrals were made to the relevant professionals to look at the identified issues. During the inspection the deputy manager made minor amendments to two people's care plans to ensure there was clear information for staff to know how to care for people appropriately.

Staff confirmed they helped people be as independent as they could be and a healthcare professional told us, "The staff are very supportive to the residents and encourage them to be as independent as possible and are always conscious of health and safety and ensure patients with mobility issues are supervised and encouraged to mobilise."

People told us they enjoyed taking part in activities in the home and the local community. Their comments included, "I don't do all the activities, some aren't for me, but I enjoy the tea dances," "We go out for walks or sit in the garden when it's warm enough. There are other activities and there's always someone to talk to" and "I can spend time in my room reading or watching TV or I can go to the lounge if I want to see other people." Relatives spoke highly about the activities. They said "They (staff) try to keep them interested in different things."

We talked with the activities co-ordinator and reviewed records of activities they arranged for people using the service. They told us they organised a regular meeting for people to pass on information about planned activities and to ask how many people wanted to take part. They said this was important, especially for activities outside the service, so that they could arrange staff support and transport. They also confirmed that whenever people took part in an activity outside the service, they completed a risk assessment to make sure people could participate safely.

Each person had an individual activity care plan and we saw the activities co-ordinator had updated these in January 2017. They had used an assessment system to gauge people's functional abilities and used this to produce a list of activities they might enjoy. This included sensory activities, such as hand massages and food tasting for people living with the experience of dementia and more active activities and outings for people who were physically more able. We also saw the activities co-ordinator met with people when they first moved into the service and produced a life map that included details of their family members, education and employment history, hobbies and interests. This was then used to suggest activities the person may enjoy.

The staff team were creative in looking at ways to engage people and a new project had started for people to be assisted to personalise their zimmer frames. Known as the "My beautiful frame" project. We saw people had decorated their frame so that they would recognise it was theirs. We were told using this project could reduce the number of falls, possibly as people could recognise their frame more easily when mobilising.

People and their relatives were supported to give feedback on the service through meetings, social events within the service and satisfaction surveys. This gave them the chance to make suggestions and hear news about the service.

People told us they knew how to make a complaint and they believed the provider would take their concerns seriously. One person told us, "There's nothing to complain about but I would speak to [the provider] and I know they would listen. [The provider] is always asking if everything is OK." Another person said, "I've never needed to make a complaint. I could talk to my [family member] or [the provider] and I know they would sort things out."

Relatives also confirmed that if they had a complaint they would have no hesitation in speaking with someone in the management team. They told us, "I haven't made a complaint, but would feel able to complaint and that it would be listened to and acted on" and "I would feel able to make a complaint, but I haven't had to make any."

The complaints policy and procedure was in the communal entrance hall and people using the service were regularly reminded on how to make a complaint if they were unhappy about anything in the service.

Is the service well-led?

Our findings

Relatives spoke highly of how the service was run. They said staff were "professional" and that the service was "1st class." Relatives said they would talk with anyone in the management team if they had a query or concern.

A healthcare professional spoke highly of the management and staff team. They commented, "The management are always available and have been keen to support respite situations and to accommodate some challenging situations in a caring and empathic manner." They also told us, "The provision and caring commitment of the staff and management at Poplars I would have been happy to have placed my own relatives in this establishment."

Feedback from the staff we met on the running of the service was good. There was some confusion regarding who was the registered manager, (as the director was also part of the management team) but they were all aware of the forthcoming changes with the deputy manager applying to be the new registered manager.

There were regular meetings held for staff so that they could hear information about the service and to share their ideas to the management team. Staff were asked to give their views via a satisfaction survey. The director confirmed the results would be looked through once more had been returned.

The management team also analysed any checks or feedback on the service from the regular daily contact staff had with people using the service and their relatives. We saw that the results from surveys completed by relatives had been reviewed and an action plan was in place so that any contributions were readily acknowledged and addressed. Surveys were carried out annually for relatives; however, the relatives we spoke with said they felt able to talk with the management about anything at anytime.

There was a registered manager in post. 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.

The registered manager, director and deputy manager had a sound knowledge of their roles and responsibilities in regard to managing the regulated activity the service provided. They worked alongside the staff team to support them and to see how the service operated. They had a good understanding of how to manage the service and keep up to date with current good practice. They received updates from the Care Quality Commission and met with other managers working for the provider in order to share experiences. They also met with managers working across different local authorities to seek advice and support.

Furthermore, the management team were keen to enrol on to current schemes which promoted person centred care for older people. They had signed up to the Social Care Commitment which had different stages and tasks to work towards to ensure the staff team agreed to and were committed to providing

quality care.

There was an open ethos in the service where staff and management worked together looking towards continuously improving the service. We saw all staff worked well as a team and resulted in people receiving care and support which met their preferences and care needs.

Each year a report was produced which recorded what areas of the service had worked well and future aims for the following year. This focused staff in recognising what was working well and what required further work to improve the service.

The management team continued to involve people and their relatives to gain feedback on the service. For example, tasting sessions, run by the company providing the meals, had been held to check with them what they liked and what they wanted to eat.

There were many checks and audits in place carried out by a range of staff so that different perspectives were taken into account when checking how the service was running. We saw detailed checks on the medicines. Whereby there was a daily count and monthly where all medicines were counted and records checked to minimise errors occurring. People's care records were checked to make sure the contents were accurate and person centred. There were frequent health and safety checks to ensure people lived and worked in a safe environment.

Record keeping was good, with documents highlighting important information such as, if a person had a Lasting Power of Attorney, (a legally named person/s who could make decision about a person's finances and/or health and welfare), also we saw a record of details of each person's allergies, religion and dietary needs so that staff would know for each person what was relevant to them.