The Royal Masonic Benevolent Institution Care Company

Shannon Court

Inspection report

Shannon Court Road
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 1 March 2017 and was unannounced.

Shannon Court is a care home providing accommodation and personal care for up to 53 older people, some of whom are living with dementia. At the time of our inspection there were 49 people living at the service.

There was not 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 manager had started their employment in December 2016 and was undergoing the registration process.

At our last inspection we found the provider was breaching five Regulations of the Health and Social Care Act 2008. Risks to people were not well managed and the provider had not always gained people's consent to their care. There were not always enough staff available to meet people's needs. Staff had not been supported through individual supervision. Care plans were not always in place to meet people's needs. The provider had not established effective systems to ensure good governance of the service.

At this inspection we found the provider had taken action to address these breaches. Risk assessments identified any risks involved in people's care and the actions needed to reduce these. There were enough staff on each shift to meet people's needs and staff received regular supervision. The provider had implemented a system of regular quality checks. Some care plans still required review but this had been identified by the manager, who had plans in place to address this.

Temperatures of medicine cabinets in peoples' rooms were monitored weekly. However, there were two weeks in February where records were not kept. This meant that staff could not be assured that medicines had always been stored at manufacturers' recommended temperatures and that they were safe to use. We have made a recommendation about this.

Staff had a good understanding of how to protect people from abuse. All staff had received safeguarding training and had access to the homes safeguarding policy. Safeguarding notifications had been submitted to the local authority safeguarding team and CQC in a timely manner. The provider followed safe recruitment practices.

People told us they felt safe. Accidents and incidents were documented with actions taken to prevent a recurrence. People's medicines were managed and administered safely. People had Personal Emergency Evacuation Plans (PEEPs).

Staff worked in accordance with the Mental Capacity Act 2005 (MCA). Mental capacity assessments had been completed and best interest decisions made. Relatives as well as staff and professionals were involved

in best interest decisions. Applications for DoLS authorisations had been made where required.

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff had received induction training and regular refresher training.

The staff met people's dietary needs and preferences. Information on food preferences and dietary requirements were in people's care plans.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.

People and their relatives told us that staff were caring. Relatives and friends were able to visit at any time.

Staff treated people with dignity and respect and knew people well. People were encouraged to be independent. Care records contained information on how staff could communicate with people.

People were involved in the planning of their care. People had a range of activities they could be involved in and their spiritual needs were met.

People and their relatives knew how to complain. Complaints were responded to and outcomes recorded.

Regular residents' meetings were held and people felt they were listened to. Regular relatives' meetings were also held.

Audits were frequent and thorough. The manager had completed a full care plan audit. The manager had an improvement plan in place for the service. The provider had completed an audit of the service in October 2016.

Electronic care plans were accessible 24 hours a day in each unit. We observed that recording on these was up to date.

People thought the home was well managed and staff spoke positively about the management of the home. Staff were valued by the manager and were involved in the running of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were cared for by enough staff that were trained and supported.

The staff had all the correct checks to make sure they were safe to work with people before they began to work at the service.

Risks to people had been assessed and staff knew what action to take to try to prevent accidents and incidents.

Staff knew and had been trained to recognise and report abuse appropriately and try to prevent abuse.

People's medicines were managed and administered safely.

People felt safe living at the service with the staff who cared for them.

Is the service effective?

Good

The service was effective.

Peoples rights were protected because staff asked for their consent and, where needed, their mental capacity had been assessed.

Staff were trained and supervised to deliver care that effectively met people's needs.

People enjoyed the food especially since a new chef started. There was a choice of food and drink and people's dietary needs were met.

People's health care needs were monitored effectively and they had access to health care professionals as soon as required.

Is the service caring?

Good

The service was caring.

People told us that staff were caring and staff treated people with dignity and respect.

Staff knew people well and they encouraged them to remain as independent as possible.

Staff knew how to communicate with people.

Is the service responsive?

Good

The service was responsive

Some care plans required further detail but staff knew people well enough to deliver personalised care. There was a plan in place to improve the care plans.

People had been involved in planning and reviewing their own care. There was a wide range of activities on offer which people could choose to take part in.

People's spiritual needs were met through attending church services or having local religious leaders visit them.

People knew how to complain and complaints were taken seriously and used to make improvements. People could contribute their views by attending meetings or just talking to staff.

Is the service well-led?

Good

The service was well led.

Audits were frequent and thorough which had led to an improved service for people.

People thought the home was well managed and staff spoke positively about the management of the home.

Staff were involved in the running of the home and they could contribute their ideas.

Records were accurate and up to date and where there remained improvements to make the manager had a plan to ensure these were completed.

Shannon Court

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 1 March 2017 and was unannounced. The inspection team consisted of two inspectors, an expert by experience in care for older people (an expert by experience is a person who has personal experience of using or caring for someone who uses this type of service) and a specialist pharmacy inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

Before the inspection, we did not ask the provider to complete a Provider Information Return (PIR). This was because we inspected the service sooner than we had planned to because of concerns about medicines management. The PIR 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.

As part of our inspection we spoke with 11 people, three relatives, four staff, a volunteer and the manager. We reviewed a variety of documents which included care plans for five people, three staff files, training records and medicines records. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

Good

Is the service safe?

Our findings

At the last inspection there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure sufficient numbers of skilled staff were deployed. At this inspection we found there were sufficient staff deployed to meet people's needs. People told us staff were available when they needed them. One person said, "There's enough carers here and I've no complaints of waiting for anyone to come to me." A staff member said, "For dementia care the numbers work. We know the residents well and we get to spend time with them." A second staff member said, "There are enough staff. We have staff for food, cleaning and activities." We observed staff responding to people quickly. Staff had time to go around and sit with people to chat with them and do one to one activities. The manager told us they had recruited a lot of staff and that agency usage had substantially decreased.

At the last inspection there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to implement effective risk management systems to protect people. At this inspection we found the provider had taken action to address this concern. Care records contained up to date risk assessments to keep people safe whilst encouraging independence. There were risk assessments relating to mobility, falls, moving and handling, skin integrity, nutrition, hearing and vision, seizures and other risks to people. People underwent assessments before being admitted and these identified risks. One person who was able to transfer independently but was unsteady and had a history of falls was supported by staff. The person used a wheelchair for longer distances and going outdoors. We observed staff supporting this person to transfer and they did so carefully and patiently, providing calm encouragement.

At the last inspection we found staff were not reporting potential abuse to the manager or the local safeguarding authority. We found this had changed at this inspection. Staff had a good understanding of how to protect people from abuse. One staff member said, "If I suspected or saw abuse I'd record and report it, speak to my manager. If they ignored me I'd go to CQC or the local authority safeguarding team." All staff had received safeguarding training and had access to the provider's safeguarding policy. Safeguarding notifications had been submitted to the local authority safeguarding team and CQC in a timely manner.

People told us they felt safe. One person said, "I've only been here for two weeks but the staff know what they are doing and yes, I feel very safe." A second person said, "We are all very safe here. I feel very comfortable. If I pressed my bell someone would come fairly quickly. I've not had to wait very long on the occasions I have used it," and a third person said, "This is a good, safe place to be." A relative said, "I'm confident that mum is safe." A second relative said, "This is a lovely safe environment where mum is encouraged to be independent."

Accidents and incidents were documented with actions taken to prevent a recurrence. One person had recently fallen whilst in their room and was supported by staff. Staff carried out regular observations following the fall to ensure there was no injury. They provided the person with a mat in their room to reduce the risk. Staff carried out increased checks on the person. Another person was observed smoking in their room by staff. Staff reminded them to go outside and supported them to do this. The person's smoking risk

assessment had been updated.

The provider followed safe recruitment practices. Staff files included application forms, records of interviews and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Records seen confirmed that staff members were entitled to work in the UK. Volunteers also had checks undertaken and these were documented.

People's medicines were managed and administered safely. A number of medicines errors had occurred in the previous six months and an action plan was in place to improve medicines safety. Staff had received medicines training and had their competency assessed. A new medicines policy was in place. Medicines errors were investigated and we saw evidence that learning from these was discussed at team meetings. Staff carried out a weekly audit of medicines administration and received ongoing support from the home's pharmacist to further improve processes. Staff told us they had referred people to their GP to have their medicines reviewed.

A community pharmacy dispensed people's medicines in monitored dosage systems and care staff recorded the quantities of medicines received into the home. Staff told us they had found discrepancies in quantities of medicines and what was recorded on people's medicine administration records (MARs). Although staff had introduced a new chart of running balances and checks by a second member of staff, we found that quantities and records did not always match. However, peoples' medicines were available when they needed them.

Medicines were stored securely and were within their expiry dates. Staff monitored and recorded medicine fridge temperatures daily. Temperatures of medicine cabinets in people's rooms were monitored weekly. However, there were two weeks in February where records were not kept. This meant that staff could not be assured that medicines had always been stored at manufacturers' recommended temperatures and that they were safe to use.

Controlled drugs were managed in line with legal requirements. Unwanted medicines were separated from other stock and were recorded in a returns book and collected by the community pharmacy for disposal. Medicine safety alerts (national alerts regarding faulty products) were received by the manager and action was taken if required.

Some people were administering their own medicines and we saw assessments for people to ensure they were safe to do so. There were suitable arrangements in place for people to take medicines when going out of the home.

The home kept a stock of homely remedies and these were managed appropriately. Homely remedies are medicines that can be bought over the counter for the treatment of minor ailments, such as a headache. A list of what was kept had been sent to the GP practice where people were registered and the home was waiting for the GP to approve the list.

We observed a medicines administration round and found that staff administered medicines safely and in a caring manner. Staff were aware that certain medicines needed to be given on time and prioritised appropriately; for example medicines for Parkinson's disease where a delay in taking medicines may cause a person to experience symptoms of the disease. Medicines were signed for by staff after they were given and there were no missed doses seen on the MARs. We were told that because of the number of errors that had occurred medicines were administered by shift leaders and senior care staff. Since the errors, the home had

introduced a second check of the MARs each day to ensure that medicines had been signed for.

We recommend that the manager ensures temperatures of medicine cabinets in people's rooms are monitored weekly.

People had Personal Emergency Evacuation Plans (PEEPs). They were detailed and contained important information about people's needs and how to respond in an emergency. For people living with dementia staff were instructed to reassure them in the event of an alarm and to escort them to the safety point.

Good

Is the service effective?

Our findings

At the last inspection we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's capacity to make specific decisions had not been assessed and best interest meetings had not been held to determine that restrictions were required. At this inspection we found this had improved. Mental capacity assessments had been completed where necessary and best interest decisions made. Relatives as well as staff and professionals were involved in best interest decisions.

Staff worked in accordance with 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.

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 any conditions on authorisations to deprive a person of their liberty were being met. We found the provider had submitted applications for DoLS authorisations where restrictions were involved in people's care to keep them safe.

At the last inspection we found a breach Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure staff received regular supervision to support their professional development. At this inspection we found staff had regular supervisions with their line manager. Staff told us they were getting supervision. One staff member said, "I'm new but had it once. They listened and talked about where I could improve." Records of supervision showed it was used to discuss good practice and for staff to talk about training. One staff member had discussed how to offer choice and dignity to people when giving personal care. Another staff member had discussed shadowing opportunities to help them get to know people.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. One person said, "The staff are very good," and another person said, "Some are absolutely excellent, some are okay, but they are all well-meaning." A relative said, "The staff are trained well. They really do care and are quick to notice changes."

Staff had received induction training. One staff member who had recently started told us about their induction and said, "I shadowed with one carer first, which was good. I asked a lot of questions and they always answered them for me. I did all my basic training like moving and handling and infection control. I have dementia training next week that I'm looking forward to."

Staff received regular refresher training to ensure they remained up to date with best practice. This included training in safeguarding, moving and handling, fire, infection control, health and safety, first aid, nutrition, MCA and equality and diversity.

The staff met people's dietary needs and preferences. A new chef had just started. One person said, "The food has been a bit up and down, but we now have a new chef and there is a huge improvement. He's been a big hit." Another person said, "I knew immediately there had been a change of chef. The difference over the past couple of days has been remarkable. The food has been better than it's ever been. I enjoy my cheese and biscuits and like to have them brought to my room so I can enjoy them with a glass of port." A third person said, "I've always been happy to eat what I've been given, but I have to say the food has been so much tastier over the last two days." Lunch looked appetising and people were observed being offered choices of food, and being supported to eat their food when required. Staff members sat with people whilst they offered support.

Information on food preferences and dietary requirements were in people's care plans. This information was in records and they were given food in line with these preferences. Another person had been assessed by the Speech and Language Therapy Team (SALT) as needing softened food. However, this person had capacity and chose not to have their food softened. A risk assessment was in place and staff monitored this person when eating in order to respond quickly in the event of them choking.

The chef had an understanding of people's needs. New people and changes in need were quickly communicated to the kitchen on the daily sheet. The chef was experimenting with ways to improve the presentation of pureed food. They had piped it onto the plate to make it look more appetising. They responded to feedback as people had wanted spicier curries. They introduced pots of chilli powder people could add at the table so food was to all people's taste.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. One person said, "I've seen the visiting chiropodist, but not been to the dentist since I've been here. I've never asked to go or needed to, but I'm confident if I did ask they would make an appointment for me and take me." A second person said, "We used to be able to see a doctor here, but that all changed about six months ago, and we now have to go to the surgery if we want to see one. They'll arrange transport though. It's the same if I need to see the dentist or optician but we do have a chiropractor who visits and I see him regularly." A third person said, "I have nurses come in twice a week to change dressings on my legs. I'm very well taken care of." A relative said, "Mum's prone to infections and the staff are aware. If something's amiss they don't mess around; they take steps straight away to get it sorted."

Good

Is the service caring?

Our findings

People and their relatives told us that staff were caring. One person said, "The staff are caring. They're brilliant. They have tremendous respect and patience. They know me so well and jolly me along." A second person said of staff, "They are very pleasant and I get on with them very well. They feed the birds for me; I get the bird food, and they always do it. I don't have to ask, they know it's what I would do if I was able. They are very approachable here." A third person said, "They (the staff) are very kind here." A relative said, "The staff have been fantastic with [relative]. They've always been good but they have been exceptional at this dreadful time. They've taken her for walks in the garden, sat and talked with her, brought her to me while I've been laid up. They've been so very caring and that's helping her cope and that helps me too. You don't have to ask here, they just know and they'll come up with something."

We observed that staff were caring and showed compassion. They were friendly and patient when offering or providing support to people. We saw and heard one staff member chatting to a person about the songs they liked. Both sang several of these songs together. We heard another staff member gently reminding someone what their name was and asking them what they would like to do. The staff member was gently stroking their arm whilst talking to them. Relatives and friends were able to visit at any time. Visitors were made to feel welcome and there were tea and coffee facilities in the main lounge for visitors to use.

Staff treated people with dignity and respect. One staff member said, "I always knock on the door and ask if they are ready. Some people like a cup of tea and to watch TV first. Sometimes they want to sit and have a cup of tea with me. Before we start we go to the wardrobe, discuss the weather and what they wish to wear." We saw staff respecting privacy by knocking on bedroom doors and waiting for a response before entering.

Staff knew people well. Care records contained life stories. One person had lived in different parts of the country and with their extended family, had a very busy working life and enjoyed golf. This was in a detailed life story in their care plan. Staff talked about how they knew people that they supported. One staff member said, "Before I started I studied all the care plans to make sure I knew the residents and all their needs. I talked to them a lot too, to find out about their lives." Another staff member said, "We can sit with people and have a chat in the bar. We're very free to communicate with them."

Staff knew how to communicate with people. One person living with dementia had guidance for staff stating they, 'Would require time to process what has been communicated to her. Does at time struggle to find the right words.' Staff were observed doing a one to one activity with this person, in which they communicated with them patiently, allowing them time to think and respond. Care records for people contained information on how to communicate with people.

People were encouraged to be independent. One person said, "I'm sort of laid up at the moment with my leg and taking antibiotics. The carers support me though. They open the doors and I can use the grab rails, they keep close by my side and offer encouragement. I have a personal alarm which I can wear." One person was volunteering in a local charity shop.

Good

Is the service responsive?

Our findings

At the last inspection we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to ensure care plans were in place to meet people's individual needs. Improvements had been made since the last inspection and continue to be made. Some people's care plans still lacked the detail of their personalised care needs. However staff knew people well enough to deliver care that suited each person's needs and preferences despite the lack of some information. The manager had identified that nine people did not have all their care needs planned for.

The majority of the care plans had already been updated and they were person centred and detailed. One person's care plan stated that they had always taken pride in their appearance and did not like to look untidy. It also said, 'hair and make up is a must.' This person was dressed in smart and clean clothes with their make up on. Staff were also overheard discussing lipstick shades with the person. Their care plan also stated they liked to get of bed around 8 or 9am, their daily notes showed that staff supported them to get up around this time each day. A second person was independent in personal care, but may need help when they were feeling unwell. Their care plan stated, 'He will specify where assistance is needed.' This person confirmed that they could carry out most tasks independently and staff respected this. A third person had their daily routine planned. This was important to them. Part of it was to have a drink of gin and tonic at the bar and we saw them have their chosen drink.

The manager had audited the care plans, and had a plan in place to make sure that people's care plans detailed the support they required. They planned as part of this to include people's likes, hobbies, interests and other aspects of their lives that would help staff understand them and how to deliver personalised care. These would be completed with people and their families.

Some people's needs were reviewed regularly. One relative said their family member's care been reviewed following a stay in hospital. The relative told us, "They assessed and arranged for mum's return. She has had three or four infections, which they have been quick to spot and had ambulances out. Because of this they have upped her level of care."

At the last inspection we found a breach of breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to act on complaints. At this inspection we found complaints were responded to appropriately.

People and their relatives knew how to complain. One relative said, "If I did have any complaints I would take them up directly with the manager or, in his absence, his deputy." The number of complaints had reduced. We saw that complaints were acknowledged within 48 hours, complaints were investigated, and people who had complained were met with. Complaints were also responded to and outcomes recorded.

People were involved in the planning of their care. One person said, "I've said I prefer to be attended to by female staff and I've been told that's been put on my notes. They dispense my medicines. I was asked if I wanted to be in control or if I wanted the carers to dispense them. I asked that they do it, as I know I'd

probably forget." Another person said, "I've made it clear that I'd prefer a woman to assist me and I've never had any problems."

People had a range of activities they could be involved in. One person said, "I find plenty to do to occupy my days. There's quite a programme of events, the two girls who sort the activities are very nice. There's a mini bus and I go out to trips to shops and lunch. I never get bored." A second person said, "We have a hairdresser who attends weekly and we have a very nice little salon here. The two activity co-ordinators are absolutely excellent. Once I'm mobile again I know they'll sort me out so I can get out shopping again and meet up with friends for lunch. Last year we held a Macmillan tea party in the big lounge. It was wonderful. There's plenty going on here if you want it." A volunteer from 'Friends of Shannon Court' told us they visited every week and chatted to people.

Care plans contained information on people's hobbies and what activities they enjoyed. One person's care plan stated that they had always been artistic. They were observed with staff painting and talking about art. People and staff took part in activities together in the morning and timetables were displayed around the units. Activities were available seven days a week and included sing-a-longs, reminiscence, pampering, board games, cooking, music, exercise, knitting and worship. External providers were also used these included a reptile zoo and a mobile farm. People living in the home were doing a reading activity with pre-school children. People's spiritual needs were being met. People were supported to attend church services in the home and the local church.

Regular residents' meetings were held. People felt they were listened to when they attended these. One person said. "I don't like it when they have the agency staff in because they make our staff work twice as hard because they don't know it here like they do. I brought this up to [manager] at the residents' meeting the other day and he told me three more staff are coming in, so that is good for us and for our staff." A second person said, "Residents' meetings are now being held and I've suggested that we have a choir as some of the staff and residents here have lovely voices. I've been asked to be the 'Norfolk Lounge Chum' which is someone who will speak to the new people when they move in to make them feel at home."

Monthly relatives' meetings were also held. The last meeting involved the new manager being introduced, information on the new chef and a request for photos so that canvas prints could be made to make people's environment more homely.

Good

Is the service well-led?

Our findings

At the last inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider did not have effective systems to ensure good governance and care records were not accessible to staff. At this inspection we found the provider had taken action to address these concerns.

Audits were frequent and thorough. The manager had completed a full care plan audit during January and February 2017. They had identified that some needed full review and had already completed 19 full reviews. They had put in place new documentation for nutrition which involved a traffic light system. An infection control audit had been completed in February 2017 which identified 100% compliance.

The provider had completed an audit of the service in October 2016. This audited the quality of the care and support, the quality of staff, the quality of the environment and the quality of leadership. The manager and deputy had recently carried out a night spot check and found all staff awake and actively supporting people, cleaning or doing paperwork. All the doors were locked and alarmed and all the staff knew the location of each other. Electronic care plans were accessible 24 hours a day in each unit. We observed that recording on these was up to date. This helped the staff and the manager check that people were receiving the care they needed according to their plan of care.

People thought the home was well managed. One person said, "I've met the new manager and he seems to be making a difference. There are certainly more activities since he started. He's even dined with us and we're getting to know him." A second person said, "I think the new manager is going to be very good," and a third person said, "The new manager is a straightforward man and I think he's going to do a good job here."

Staff also spoke positively about the management of the home. One staff member said, "Management are supportive. We can ask for any training we want." Another staff member said, "They let us make suggestions. Residents tell us when they don't like the food and we will make suggestions to the kitchen. Some staff are good at doing nails so we started doing that with people and they liked it." Staff were valued by the manager. A scheme was in place for employee of the month and quarter. The winners of these awards were nominated by people who lived at the home.

The management team met at 10am every day, including weekends, to discuss the day's plan and any changes in people's needs. The manager said, "This aids communication and builds a strong working relationship between the team." Staff were involved in the running of the home. Regular meetings took place where staff received important messages and shared good practice. This included discussing safeguarding, dementia care training, team work, medicines management, health and safety and employee of the month. The last meeting had taken place in January 2017.

The manager had an improvement plan in place. This included actions to review staffing levels, to introduce a care plan tracker, to ensure PRN protocols for medicines are in place and to carry out monthly health and safety checks. These had all been completed. Actions were ongoing to ensure care plans were up to date,

the production of pocket size safeguarding guides for staff and hospital passports were to be introduced.

The manager was involved in setting up a local managers' forum so that managers could provide support to each other and share best practice.