Signature of Brentwood (Operations) Ltd

# Signature at The Beeches

## Inspection report

The Beeches
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Brentwood
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Tel: 08456804048

Date of inspection visit:
08 July 2016
12 July 2016

Date of publication:
22 September 2016

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

We previously carried out an unannounced comprehensive inspection on 7th and 8th May 2015 at which time a breach of the legal requirements were found in relation to the safe management of medicines. We also found that the providers systems to check on the quality and safety of the service provided were not always effective in identifying areas needing improvement.

Following the inspection, the provider sent us an action plan, which set out what they would do to meet the legal requirements in relation to the breach and to improve the service. We then undertook a further comprehensive inspection to check that the service had implemented their action plan and to confirm that they now met the legal requirements.

The inspection took place on the 8th and 12th July 2016 and was unannounced. Signature at the Beeches provides accommodation for up to 110 people who require nursing or personal care. There were 85 people living at the service at the time of our inspection.

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.'

At this inspection we found that the service had followed its action plan to address the previous breach which meant that the service now met the legal requirements and was no longer in breach of the regulations. Improvements had also been made with regard to monitoring the quality and safety of the service.

People were safe at the service as their medicines were managed safely and there were sufficient numbers of suitably skilled staff who had been recruited safely to meet people's needs.

Risks to people were identified and managed to keep people safe whilst protecting their rights and independence.

Staff were aware of their whistle-blowing and safeguarding responsibilities. They knew the signs to look for that might indicate that people were being abused and who to report any concerns to.

Staff received regular supervision and support from the management team which provided an effective method of assessing staff competency and promoting learning and development.

People were involved in making decisions about the care and support they received. Where people experienced difficulties with decision-making, they were supported by staff who were aware of their responsibilities under the Mental Capacity Act (2005) legislation. The service was meeting the requirements

of the Deprivation of Liberty Safeguards (DoLS), making applications when necessary.

An excellent choice of food and drink was available that reflected peoples nutritional needs, and took into account their preferences and any health requirements.

People were supported to maintain their health and wellbeing and had access to a wide range of healthcare professionals as required.

The service organised a comprehensive programme of group and individual activities that were tailored to meet the specific needs of people.

People were supported and encouraged to follow their interests and maintain routines that were important to them.

The service helped people maintain important relationships and stay in contact with their family and friends.

The registered manager was held in high regard by people, relatives and staff and took a hands-on approach and was visible within the service.

The management team encouraged an open culture that listened to people's views and wishes and took appropriate action.

Staff enjoyed working at the service and felt that they were included 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 protected from the risk of abuse by staff who were aware of their safeguarding responsibilities.

People's medicines were managed safely.

There were sufficient numbers of suitablyqualified staff who had been recruited safely.

Risks to people were managed safely.

### Is the service effective?

Good

The service was effective.

Staff received training, supervision and appraisals to ensure they felt supported and were competent in their job role.

People were supported to have enough to eat and drink.

The service was complying with the MCA and DoLS legislation which meant people were supported with decision-making and their freedom and rights were upheld.

People had access to healthcare services to promote health and wellbeing.

### Is the service caring?

Good

The service was caring.

Staff knew people well and had formed positive relationships with them.

People were treated with dignity and respect and their privacy was maintained.

The service promoted people's independence.

People were supported to maintain relationships that were

important to them.

## Is the service responsive?

Good

The service was responsive.

People received individualised care and support that met their needs and reflected their preferences.

People were supported to engage in activities of their choosing that were meaningful to them.

There was a system in place to deal with complaints appropriately.

## Is the service well-led?

Good

The service was well led.

There was a registered manager in post who was well thought of by people, relatives and staff.

The service promoted a culture of listening to people and inviting feedback to make improvements.

People and staff were included in the running of the service.

There were systems in place to monitor quality and drive improvement.

# Signature at The Beeches

**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.'

The inspection took place on 8th and 12th July 2016 and was unannounced. The inspection team was made up of two inspectors and an expert by experience. 'An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.'

Prior to the inspection we reviewed the information we held about the service which included statutory notifications received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with seventeen people who used the service, the registered manager and 8 care staff. We also spoke with seven relatives that were visiting at the time of our inspection. We reviewed eight people's care records, medication administration records (MAR) and a selection of documents about how the service was managed. These included, six staff recruitment files, induction and supervision files and the training plan. We also looked at the service's arrangements for the management of medicines, and records relating to complaints and compliments, safeguarding alerts and quality monitoring systems.

Good

# Is the service safe?

## Our findings

People told us they felt safe and secure living at the Beeches. One relative spoke about their family member who lived on the dementia unit. They told us, "It doesn't feel like an institution here and I have peace of mind when I'm not here."

People had call bells in their rooms and some people wore alarm pendants round their necks or on their wrists so that they could call for assistance. People told us that staff responded promptly to any emergencies when they called. One person said, "I once fell but was able to call for help, they came promptly and I wasn't badly hurt." A relative told us, "I found a [person] once who had been taken unwell in their doorway, I pressed the buzzer and they [staff] came quickly, I was quite impressed with it."

We saw that if people used the emergency buzzer to call for help staff completed physical observations such as taking people's blood pressure and temperature to check if they were unwell. When people stayed in their rooms we found that the service completed regular wellbeing checks throughout the day to ensure people's safety and wellbeing.

At our previous inspection we found that improvements were required in how medicines were managed to keep people safe. At this inspection we found that the service had addressed our concerns and medicines were given to people in a safe and appropriate way.

Medicines were safely stored at the correct temperatures and administered from a locked cabinet in people's rooms. Records relating to medicines including the booking in and disposal of medicines were completed accurately. People's individual medicine administration record (MAR) chart had their photograph and name displayed so that staff could identify people correctly before giving medicines to them. This minimised the risk of people receiving the wrong medicines. Where people were prescribed medicines on an 'as required' basis and in variable doses there was guidance in place to tell staff when and how much each person should receive these medicines.

Staff confirmed and we saw evidence that only the senior staff who had been trained and assessed as competent administered medicines. We saw that people's MAR charts for medicines had been completed correctly with no gaps which showed that people had received them as prescribed. People also had MAR charts for creams and lotions and we found some instances where there were gaps in the MAR chart which meant the provider could not always evidence that people had received their creams as prescribed. However, we saw that the nursing manager who was responsible for completing a monthly medication audit had picked up that there were errors on the MAR charts for creams and ongoing training had been organised to make the necessary improvements.

We observed a senior member of staff completing the medication round. The staff member was competent administering people's medicines and talked to people politely and respectfully, engaging them in conversation to put them at ease. Water was provided to support people to take their medicine in comfort and people were allowed enough time to take their medicines without being hurried.

Staff were aware of the whistle-blowing policy and understood how to protect people from harm. They knew the tell-tale signs that could alert them that someone was being abused. Staff knew how to report any safeguarding or whistle-blowing concerns and were confident that the registered manager would deal with these quickly in order to keep people safe. We saw that the registered manager recorded and dealt with safeguarding issues, including notifying us of concerns in a timely fashion.

There were systems in place to manage risks to people. We saw that appropriate risk assessments and management plans had been put in place that were specific to each person to meet their individualised needs. Staff we spoke with had a good knowledge of the people they supported which meant that risks to people's safety were known by staff who could describe how these were managed safely. For example, one staff member told us, "[person] struggles with their mobility, we always make sure they have their frame and that they are wearing their pendant alarm and we make sure there are no trip hazards in their room."

Safe recruitment practices were employed. We found that recruitment records for staff contained all of the required information including references, a completed application form with any gaps in employment history explained and identification and Disclosure and Barring Service (DBS) checks in place. These checks help employers make safer recruitment decisions and help prevent unsuitable people from working with people who use care and support services. Therefore people could be confident that they were being supported by staff who were safe to work with vulnerable adults.

There were sufficient numbers of staff employed to keep people safe. At our previous inspection it was noted that the service used a high level of agency staff. However since the new manager had been in post this number had decreased significantly. This had a positive impact on the consistency and quality of care people received. People had noticed the improvement and told us that they had noticed less agency staff on duty which made them feel much safer, improved continuity of care and created a much nicer atmosphere.

People were safe in the service as there were arrangements in place to manage and maintain the premises and equipment both internally and externally. We saw that records relating to health and safety, maintenance, fire drills, accidents and incidents were all maintained and any necessary action identified was taken.

We saw that modifications had been made to the garden area, to provide raised flower beds to support people to access this area safely. Umbrellas, hats and sun cream were made available to people at the doorways to the garden and the front exit so that people could help themselves to the necessary protection when they went outside.

Accidents and incidents were recorded and appropriate action taken to minimise any risks identified. A staff member told us how the manager used information about incidents and accidents to improve the quality and safety of the service. For example, where the manager had read an article about an accident that happened in another service caused by unsafe disposal of latex gloves they had shared the information and highlighted the importance to staff of correct disposal methods to ensure that people within the service were protected.

Good

# Is the service effective?

## Our findings

Staff had the skills and knowledge to care for people effectively. We found that staff had a good awareness of people's needs and were able to demonstrate that they understood how to provide the appropriate level of support to meet these needs. For example, we spoke to a staff member who was able to discuss a person they cared for who had some complex behaviours, they were aware of triggers which could cause the person to become agitated and could tell us how they used various techniques to manage these behaviours to reduce risk of harm to the person and to others. Another staff member talked us through a person's care plan and was able to demonstrate an in-depth knowledge of the person's health needs. We saw that what they told us matched with what was written in the person's care plan.

Staff were supported to acquire the skills and experience needed to provide care and support to the standard required. When new staff joined they received a comprehensive classroom based induction which provided essential training, based on the care certificate. The care certificate represents a set of minimum standards that social care and health workers should follow in their daily working life. Following on from this new staff were provided with opportunities to shadow existing staff members and then work alongside more experienced staff until they had gained the confidence and competence levels required to work unsupervised.

Existing staff were supported with opportunities for further education and specialist training that was tailored to meet the individual needs of the people they cared for. For example specialist dementia training, training in end of life care and MUST training. MUST is a tool for monitoring people's weight and ensuring they are supported with nutrition.

The manager told us that due to an extensive ongoing recruitment drive which had reduced the use of agency staff and increased staff numbers, organising refresher training for existing staff was the biggest challenge the service faced. Consequently, we saw that not all mandatory staff training was up to date. However a schedule had been drawn up with an action plan in place to address the shortfall by September 2016.

Staff said they received regular supervision and we saw written records which confirmed that one to one supervisions took place every two months. Supervision is a meeting between staff and managers to discuss any concerns staff might have regarding the people they support, monitor staff progress and identify any professional development needs.

Staff told us they found supervision useful and that it helped them feel supported. We saw that supervision was used constructively to learn lessons and improve the quality of the service. It was also used as an opportunity to provide positive feedback to staff when things had gone particularly well. For example, one staff member told us about a supervision session where the management had praised staff for their good practice supporting a person at the end of life.

Staff also received an annual appraisal which was used to set objectives for the year which would then be

regularly reviewed through the supervision process. In this way staff were monitored and supported to develop professionally which meant that people were supported by staff who had the knowledge and skills to care for them effectively.

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.

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 Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We found that the service was working within the principles of the Act, and that conditions on authorisations to deprive a person of their liberty were being met.

The registered manager understood their responsibilities under the DoLS legislation and had made the appropriate applications to ensure people's rights were protected.

Staff we spoke with told us they had received training in the MCA and were able to provide us with examples of how they supported people with decision-making in their daily lives. For example, showing people different items of clothing to help them decide what to wear. People said that staff always asked permission before providing any care or support and we observed this in practice. We saw that consent forms had been signed in people's care and support plans.

People's nutritional requirements had been assessed and where they were identified at risk, appropriate action had been taken such as monitoring people's weight and food and fluid intake, providing fortified foods and making referrals to relevant health professionals such as the dietician.

People were supported to have enough to eat and drink which reflected their preferences and took into account any particular health or dietary needs. People's care plans included instructions on the level of support people needed with eating and drinking, for example, we saw a person's care plan which stated, "May need help cutting up food if [health condition] playing up."

We observed the lunch time dining experience for people both downstairs in the main dining room and also upstairs in the dining room of the dementia unit. Downstairs we saw that there was a very nice atmosphere in the dining room and lunch felt like a very social event. People sat in their chosen friendship groups and laughed and chatted throughout. Food was brought to people promptly and the meals were beautifully presented. The dining tables were nicely laid out with table cloths, napkins and flowers and a range of condiments were available. There was an excellent choice of meals on offer which included a choice between two different starters, three main meals and three desserts, followed by tea or coffee. A range of soft drinks and alcoholic beverages was also available.

People told us that the food was very good. One person said, "The food here is excellent, there's a good choice and I could ask for anything," they added, "If I'm out for any reason they'll save me a dinner for when I return or they specially do me an omelette or something I fancy."

People told us the choice available was varied and that staff were eager to please them. One person told us, "If we choose a meal and then change our minds when we see something else, they'll swap it over for us even if we've started eating, they don't make a fuss about it."

The catering staff were aware of people's dietary needs and any allergies that people had. One person told us, "I'm allergic to garlic and it makes me ill. They're very good at noticing if I have chosen something with garlic and reminding me, they'll offer me a good alternative if necessary."

Upstairs in the dementia unit the lunch time experience was also positive. The atmosphere was very calm and staff assisted people in a relaxed manner. We saw that people had one to one support with eating and drinking if they needed extra help. The tables were presented nicely with evidence of adapted equipment to support people to maintain their independence. Coloured plates were used to promote contrast which helped people living with dementia see what they were eating. Condiments were available and staff offered people a choice of drinks. We observed that when staff noticed a person not eating, they immediately went and sat with them to encourage them to eat and chatted to them.

People were supported to maintain their health and wellbeing with arrangements in place to ensure people were seen by a range of health professionals including dentist, dietician, chiropodist and optician. Referrals were made to therapy services such as occupational therapy or physiotherapy when it was identified that people required support to maintain or improve physical function to support independence.

The GP visited fortnightly for people who needed to see a doctor. However plans had just been implemented to change the arrangement to a weekly GP clinic and the service had set aside a dedicated space within the home for the GP to run the weekly surgery. The purpose of this was to create a space which was less clinical to encourage people and the GP to feel more at ease and have more time for consultation.

Relatives were kept informed about their family member's health and wellbeing. One relative told us that their family member had a recent health concern and said that the family was fully involved in the decision making about the next step to take.

Good

# Is the service caring?

## Our findings

People told us the staff were caring and that they felt they were treated like they mattered. One person told us, "They are the nicest people you can meet here." Another person said, "The staff are excellent here, they know your name immediately and will put you at ease…I've not had one member of staff who has ever treated me unkindly or impolitely."

To ensure that people were supported by staff who knew them well and could hold meaningful conversations with them, the manager had given all the staff a quiz to complete to find out how well staff knew people. If staff did not know the answers to particular questions they were encouraged to go away and find out by talking to people. We observed interactions between staff and people throughout the day which demonstrated that staff had a good understanding about people's needs and different personalities and how they liked to be treated.

The service organised an annual staff party and invited all the residents. A photo booth was hired and we saw photos displayed around the home and on the doors of people's rooms which showed staff and people smiling and laughing together dressed in party hats and wigs. The impact of these positive interactions was that people knew who the staff were and often called to them by name and engaged in laughter and friendly banter.

We saw that people were treated with the utmost dignity and respect at all times by staff who were polite and courteous. People's privacy was respected and upheld as staff knocked on people's doors before entering their rooms. We saw a sign outside a person's room giving specific instructions to staff that they should wait until being invited in rather than simply knocking and entering and we saw that their wishes were respected. Staff called people by their preferred names and asked them if there was anything else they needed before they left them.

Care was seen being delivered at a relaxed pace and was not rushed. One staff member told us, "It is lovely you can actually sit with the residents and managers encourage this." A person told us, "The staff are really good, they've got time for me and will sit down for a chat, I'm very fortunate to be here."

People we spoke with told us that they valued their independence and that the home encouraged them to enjoy their lives with no restrictions placed on where and how they spent their time. One person told us, "I am quite independent but there is always someone to help me if I need it. It's the best of both worlds."

People told us they were listened to and their preferences were respected. We saw a person's daily notes which had been completed by a member of staff which stated, "[Person] doesn't wish to get ready for bed yet, I will come back later to check."

People were supported to maintain relationships that were important to them. There were rooms available that families could book if they wanted to stay at the service overnight. Family were also made welcome in the dining room and could visit and eat with their family members. A visiting relative told us how they

appreciated the warm welcome they received whenever they visited as they lived some distance away. They told us, "I come in at all times, I have come in before 8am and shared breakfast with [family member], that's a really nice start to our time together."

The service respected and supported people's wishes with regard to funeral arrangements. The registered manager told us that they often organised funerals and wakes from the premises and that in these events all of the staff would line up on the stairs to pay their respects to the person and their family.

We saw feedback from families who had received support from the service around end of life care. Comments included, "You have some very committed staff and nurses who have shown compassion and are willing to go the extra mile." And, "Your staff are wonderful they truly do care."

Good

# Is the service responsive?

## Our findings

People had care plans which reflected their assessed needs. Where people had complex behaviours which could be perceived as challenging, written guidance as well as practical help and advice from the dementia manager was available to support staff to manage these behaviours and alleviate people's agitation or distress. Staff demonstrated a good level of awareness on how to best support people in these circumstances. One staff member told us how they would use techniques such as walking away, distraction, moving anyone at risk from the area and providing activities to promote well-being and minimise ill-being.

We saw that the service worked with health care professionals including specialists in dementia care to improve people's quality of life. One professional told us, "Staff listen to my advice." And, "Their activity and occupation is the best I have seen."

Working with professionals, the service used creative ways to manage challenging behaviours and promote well-being which avoided the use of medication wherever possible. Methods employed included providing people with art therapy and in the case of one person; one to one guitar lessons had been arranged. This had a positive therapeutic effect on the person calming them and keeping them occupied in a way that was meaningful to them.

People told us they were involved in the assessment and planning of their care and that the support provided was personalised to meet their needs and reflected their preferences. We reviewed people's care plans and found that they were person-centred which means that the service placed the emphasis on what people wanted. A staff member we spoke to told us, "When I first came here I was passionate about providing person-centred care and only wanted to work with a company that shared similar values."

We saw that people's care records were personalised to each individual, and included information about their life history, their likes and dislikes, preferred routines and hobbies and interests. This information helped staff to understand how best to support people in the way they wanted. For example where people had expressed preferences about how they liked their bed to be made up, we saw that this happened in practice.

People told us repeatedly that their daily routine was entirely of their own choice. One person said, "I go to bed very late, nobody tells me to go to bed, but they'll notice if I'm tired and will offer help if I need it." Another person told us, "If I wanted to go out to the shops someone would take me, I wouldn't have to book it days ahead." We saw that where people enjoyed reading a particular newspaper the service arranged to have this delivered. There were some people who still drove, so kept their car on the premises and others who continued to work whilst living at the home.

People's care records were created on a computerised system with paper copies placed in their care plans which were kept in their rooms. These paper records provided guidance for staff on how to provide care and support in the way that people wanted and which met their assessed needs. Care records were reviewed every sixty days to reflect any changes in peoples care and support needs. People had a formal review every

six months and relatives told us they were included in the review process

We looked at eight paper care plans and found that whilst some had been reviewed and updated, others had not. This meant that there were times when staff were working from documents that did not always reflect people's current needs. We discussed this with the registered manager who advised that the electronic system they used flagged up when reviews were due to be completed and that they had been done. However the paper copies had not always been printed off and placed in the care plans. Print-outs were provided to evidence that the reviews had been completed and these were then immediately filed in people's care plans to address our concerns.

The service employed a dedicated team of activity co-ordinators who provided an excellent in-house activities programme. People were enthusiastic about the activities and told us that there was always something to do. On the day of our inspection we observed a wide range of activities taking place including art therapy, flower arranging, card games, music lessons and a cocktail party. One person told us how much they enjoyed the poetry group and the discussion groups. Another person said, "I pick and choose what I do, I don't like all of the activities but I do go to the cinema most evenings." A cinema room was available for people to use which had a good variety of films and people were able to request specific films.

Relatives told us that their family members were supported on regular trips out so that people could access their local community. We also saw that the service promoted links with the community by arranging for students from a local school to come and spend time at the service engaging in conversation and activities with people.

People and relatives told us that if they raised any concerns or complaints these were dealt with very quickly. We found that the service had a robust system in place for dealing with complaints. The manager kept a log of all complaints and an audit trail demonstrating that complaints were acknowledged promptly and dealt with appropriately. For example, we saw that where a family had complained regarding their level of involvement in a DoLS application, an acknowledgement of the mistake was made and an apology issued and the staff responsible for the error was supported with an additional supervision session to improve future practice.

Good

# Is the service well-led?

## Our findings

There was a registered manager in post who understood their registration requirements including notifying us of any significant events to help us monitor how the service keeps people safe. The registered manager was supported by a large management team which included a care services manager, nursing manager, residential manager and dementia manager who all provided additional managerial oversight in their area of expertise.

The manager was visible within the service and people told us they were approachable and listened to them. One person said, "If I had a problem I would speak to [manager], they are quite anxious to hear our views and deal with all our concerns." The manager told us that they and the rest of the management team would spend one evening a week having dinner with a resident so that they could listen to people's views and find out if they were happy with the quality of the service and if there were areas they could improve upon.

People told us the service improved considerably since the new manager's arrival and that the manager was a good communicator. One relative said, "Since [manager] came communication has improved immensely, I've got a lot more confidence in them, they reply to emails very quickly and are very efficient." Another relative praised the manager for the 'tight ship' they ran.

Staff were also very positive about the new manager and told us they felt well supported by the management team. One staff member told us, "I really like [manager] I find them very hands-on, they are always on the floor, I've seen them building furniture." The registered manager in turn told us they felt supported by the provider who worked with them to ensure they had regular supervision and also helped with monitoring the quality of the service through external quality audits.

The manager promoted a culture of listening to people and looking for ways to improve. They actively encouraged and sought input from people so that they were included in the running of the service. People's feedback was sought in a number of ways including through feedback cards on the tables in the dining room and a suggestion box in the activities room. The service also distributed a satisfaction survey twice a year.

Regular residents meetings were also organised and people's relatives were also invited to attend. In response to feedback from relatives a monthly support group had been organised which was run by a relative of a person living at the service.

We found that the service responded positively to all feedback received from people and their relatives and actioned any points raised. For example, since being in post the manager had arranged for mirrors to be installed in lifts in response to a request from wheelchair and mobility scooter users so help them see where they were going when they reversed out. The chef conducted a monthly food clinic, visiting people in their rooms to talk to them about the menu. Activities such as a gardening club and debating group had been implemented and themed evenings in the restaurant had been arranged in response to feedback from

residents.

Staff were also involved in how the service was run with regular meetings for all workers including night staff. One staff member told us, "We have monthly staff meetings, they're good for communication." Feedback from staff was used constructively to improve the service. For example, where staff had asked for better communication the service had implemented a staff newsletter.

To support information sharing, meetings were also held with staff in all departments, notes were taken and actions were followed through. There was also the introduction of a daily morning meeting of managers which provided a clear line of communication, discussion and accountability across the whole of the service.

Systems and processes were in place to measure quality and improve service provision. Supported by staff and the management team a range of audits were undertaken to monitor the safety and quality of the service. The information was analysed and action plans were developed. For example, where it was identified that mornings were stressful for people, the staff rota was reviewed and staff hours were adjusted to better meet people's needs.

A monthly medication audit was also completed and where errors were identified the appropriate action was taken, for example, organising supervision, training and competency checks for staff to support them to manage medicines safely.