Equality Care Limited

Staverton House

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

Staverton House is a purpose built two storey care home, registered to provide personal care and accommodation for up to 20 older people living with dementia. The service is part of Equality Care Limited; a provider of other care home services in Wiltshire. At the time of our inspection 20 people were living at the home.

The inspection was unannounced and took place on the 29 November and 5 December 2016.

The service had a registered manager who was responsible for the day to day running of the home. 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 the last comprehensive inspection in September 2015 we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service did not follow the requirements set out in the Mental Capacity Act 2005 (MCA), when people lacked the capacity to give consent to receiving care at Staverton House. Sufficient numbers of staff were not consistently deployed to fully meet people's needs and the service did not always provide care in a safe way by taking all reasonably practicable measures to mitigate risks.

At this inspection we found that the provider had taken action to address the issues highlighted in the action plan. We checked whether the service was working within the principles of the Mental Capacity Act 2005. We found related assessments and decisions had been properly undertaken and the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS).

Staffing levels had improved. There were enough staff on duty to meet people's care and support needs safely. Staff were visible at all times. Risk assessments were in place to support people to be as independent as possible. Risks to people's personal safety had been assessed and plans were in place to minimise these risks.

People appeared happy in their surroundings and the home was decorated to support people living with dementia in maintaining as much independence as possible. Individualised memory boxes were in place on people's bedroom doors as well as appropriate signage to help them find their way around the home. Relatives spoke positively about the care and support their family member received. Staff showed concern for people's well-being in a caring and considerate way, and they responded to their needs quickly.

People were treated with dignity and their right to privacy was respected. Staff knocked on people's doors before entering and sought people's permission before undertaking any care tasks. We found staff had a good understanding of people's needs, interests, likes and dislikes. We observed a range of positive and

caring interactions during our inspection.

People were supported to have sufficient food and fluids. People were offered a choice at meal times and where people did not want what was on the menu alternatives were available.

People's medicines were managed safely. Systems in place ensured that people received the medicines as prescribed and at the correct time.

There were systems in place which encouraged people and their relatives to share their views on the service. Complaints were investigated and responded to appropriately. People also had an opportunity to share their views and make suggestions at the monthly residents' meeting.

Staff displayed a good understanding of how to keep people safe from potential harm or abuse and what actions they would take should they suspect abuse had taken place.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. The staff had received appropriate training and supervision to develop the skills and knowledge needed to provide people with the necessary care and support. Training was regularly refreshed, with staff attending a range of core training, as well as training specific to the needs of people using the service, for example dementia awareness.

The provider had quality monitoring systems in place. Accidents and incidents were investigated and discussed with staff to minimise the risks or reoccurrence. The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

Staff understood their responsibilities to keep people safe from harm. Staff knew the processes for reporting concerns and said they felt management would take appropriate actions where required.

There were systems in place for the prevention and control of infections.

Medicines were administered as prescribed and were kept securely.

Is the service effective?

Good

The service was effective.

Staff received training to enhance their knowledge and skills they need to carry out their roles and responsibilities.

Consent to care and treatment was always sought in line with the Mental Capacity Act (2005).

People were supported to have sufficient food and drink and to maintain a balanced diet.

People were supported to maintain good health and to access healthcare services when needed.

Is the service caring?

Good

The service was caring.

Staff acted in a caring, compassionate and respectful way.

Staff knew the people they were caring for well and were aware of their likes and dislikes.

Staff had a good understanding of caring for people living with Dementia.

Is the service responsive?

Good

This service was responsive.

Residents' and relatives' meetings were held and gave people the opportunity to express their views about the service.

Care and support plans were personalised and were reviewed regularly.

People were supported to take part in social activities and to follow their interests.

Is the service well-led?

Good

This service was well-led.

Quality assurance systems were in place to monitor the care and support that people received and where required identify improvements.

Staff felt supported by the manager and could raise concerns and seek guidance.

The registered manager had a clear vision for the service and wanted to develop community links further, to benefit people using the service.

Staverton House

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.

We carried out this inspection over two days on the 29 November and 5 December 2016. The first day of the inspection was unannounced. One inspector and an expert by experience carried out this inspection on the 29 November and one inspector returned to complete the inspection on the 5 December 2016. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

During our last comprehensive inspection in September 2015 we identified the service was not meeting a number of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In response to that inspection we issued a requirement notice. The provider developed an action plan to address the shortfalls, which they submitted to us following the inspection.

Before we visited, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had returned the PIR in June 2016.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with five visiting relatives about their views on the quality of the care and support being provided.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records, which included three care and support plans, daily records, staff training records, staff duty rosters, personnel files, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices.

We spoke with the manager, three care staff, housekeeping staff, staff from the catering department, maintenance and the activities coordinator. We received feedback from one health and social care professional who worked alongside the service.

Good

Is the service safe?

Our findings

At the last comprehensive inspection in September 2015 we identified that the service was not meeting Regulation 18 (1) Staffing and Regulation 12 (1) (2) (b) Safe care and treatment of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. This was because sufficient numbers of staff were not consistently deployed and therefore people did not receive all the checks and assistance they needed. Risks were not managed as effectively as possible, for example risks to people's safety and risk to privacy and dignity. Following that inspection we issued a requirement notice. The provider developed an action plan to address the shortfalls, which they submitted to us following the inspection.

During this inspection we found improvements had been made. Staff were deployed more effectively on both floors and staff were visible at all times. The registered manager told us most people came downstairs to the lounge, but there was always one staff member upstairs as some people preferred to stay in their rooms. Where risks to people's health and safety had been identified, we saw associated risk assessments were in place. For example people who were at risk of malnutrition, weight loss or dehydration were monitored daily through the use of food and fluid charts. We saw that action was taken if it was identified that a person was losing weight, for example a discussion with the GP. Staff ensured that people who were at risk of falls, were within their view at all times.

People were not able to tell us whether they felt safe at the service. However we observed that people were relaxed around staff members and did not shy away from any staff. Speaking with relatives they said "I have been very grateful to the staff here for making sure that my wife has stayed safe since she moved in" and "They were so caring and thoughtful about her safety, I couldn't fault them".

Occasionally people became upset, anxious or emotional. We saw strategies were in place to guide staff on how to support people, for example offering calming techniques and one-to-one support. For example staff knew that when one person became anxious, they would prefer to eat their meals in the lounge in a quieter area.

People were kept safe by staff that recognised the signs of potential abuse and knew what to do when safeguarding concerns were raised. Clear policies and procedures were in place to inform staff of the processes they needed to follow should they suspect abuse had taken place. Staff told us they received training in the safeguarding of vulnerable adults and training records confirmed this. Staff were able to tell us what signs to look out for, for example unexplained bruising or marks.

Staff said they would report abuse if they were concerned and were confident the manager would act on their concerns. Staff were aware of the option to take their concerns to agencies outside of the service if they felt actions to deal with their concerns were not being taken. The manager was clear about when to report concerns and the processes to be followed to inform the local authority, police and CQC. Staff also told us they felt confident to report any concerns regarding poor practice from another member of staff.

We saw that medicines were stored and administered safely. Medicine administration records (MAR chart)

showed people received their medicines as prescribed. Staff who administered medicines were trained to do so. Staff understood people's individual needs and followed the guidance provided. We observed the lunchtime medicines round and saw that staff explained what the medicines were for. People were not rushed and staff spent time ensuring they had taken their medicine before signing the records. Medicines were disposed of safely through the pharmacy. Medicine trolleys were locked when not in use. This ensured medicines were stored safely.

Where people required medicines as and when necessary (PRN) this was always done with advice from the GP as to when to administer it. We observed the staff member asking people if they were in pain and if they wanted pain relief. The staff member recording on the person's MAR chart if they had administered the pain relief or if the person had declined.

We saw safe recruitment and selection processes were in place. During our last inspection a recommendation was made to obtain reasons for any gaps in an employee's employment history. We looked at the files for six of the staff employed and found that appropriate checks were undertaken before they commenced work. We also saw that reasons for gaps in employment were recorded. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. Where people had fallen, we saw action had been taken, for example a referral to an occupational therapist, eye appointment to check eye sight and a referral to the falls clinic. Falls monitoring sheets were completed to check for developing trends. On the second day of our inspection we observed a person falling in the lounge area. Staff responded immediately, reassuring the person while checking for any injuries. Once the staff were confident no serious injuries had occurred, they supported the person off the floor. We checked the care records for this person and saw a falls risk assessment were in place. The registered manager explained that this person wore hip protectors due to the high risk of falls. This was a good example where the person's independence was promoted as they were still able to mobilise with a walking frame, while balancing the risk of falling.

We found the service to be very clean and homely. Staff were able to explain how standards of cleanliness were maintained and cleaning schedules were in place to record that all areas of the home were being cleaned.

The service had appropriate arrangements in place for managing emergencies which included fire procedures. There was a contingency plan which contained information about what staff should do if an unexpected event occurred, such as loss of utilities or fire. Arrangements were in place for staff to seek out of hours management support should they require it.

Good

Is the service effective?

Our findings

At the last comprehensive inspection in September 2015 we identified that the service was not meeting Regulation 11 (3) Need for consent of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. This was because when people lacked capacity to decide on their care, the necessary best interest decision records were not in place to underpin the care plans for these people. Some assessments of capacity and decisions had been carried out and recorded by staff which were not within their remit. Following that inspection we issued a requirement notice. The provider developed an action plan to address the shortfalls, which they submitted to us following the inspection.

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 legally authorised under the MCA. 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 are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection we found improvements had been made and the registered manager told us they had been working alongside the Wiltshire Quality Assurance Team to support them in understanding and implementing the MCA 2005. We saw mental capacity assessments were in place for specific decisions, such as consent to care and treatment or the administration of medicines. Best interest decisions were recorded, included who was involved in the discussions and why it was in the person's best interest. People were involved as much as possible in any best interest decisions as well as day to day decisions. We saw that decisions regarding the use of sensor equipment or bed rails, did not have associated mental capacity assessments in place. The registered manager told us that best interest decisions for the use of this equipment had been recorded and they would be completing mental capacity assessments.

The registered manager told us they had applied for an authorisation to deprive people of their liberty, but only had one authorised so far. All the other applications were awaiting an assessment from the supervisory body for authorisation.

People were supported to have sufficient food and drink and to maintain a balanced diet. Comments from relatives included: "My mum can be a bit fussy these days, but I have to say the chef is very good here and if mum doesn't fancy what is on offer, then they are perfectly happy to make her something that she would like. Considering the amount of people that chef is catering for, I think they do really well to provide the standard that they do", "I am usually in visiting my mum most afternoons and I have to say I will usually be able to sneak a slice of home-made cake with a cup of tea. I certainly have no worries that she will ever go hungry as everything is home-cooked and there is always something on offer if she wants it" and "I have to say it all looks very nice there is always home-made soup and like today I saw my wife tucking into home-made toad in the hole with fresh vegetables".

People's dietary needs and preferences were documented and known by the chef and staff. The home's chef kept a record of people's needs, likes and dislikes. The chef told us that some people didn't always eat at meal times. The chef would make up a plate of "goodies" for the person or a plate of finger foods to encourage them to eat. For some people, smaller meals more often was a more effective way of encouraging nutritional intake. Some people needed support with eating. We observed staff at lunchtime in the dining area supporting people as needed, without rushing them. However, we saw that three people in the lounge area were supported by one staff member, which meant they were rushing from one person to another. We raised this with the registered manager and they told us staff had clear instructions on who to support at lunchtime, but sometimes depending on people's needs, more people needed support. They told us they would be addressing this to ensure people had the support they needed.

During the last inspection a recommendation was made for the service to seek advice on the implementation of a policy and procedure for diabetes and the use of individualised protocols for people who had the condition. We saw that people had individualised protocols in place, however a policy and procedure had not been implemented. The registered manager explained that the provider updated the policies and procedures and they had not received one for the management of diabetes. The registered manager told us they would follow this up with the provider. The chef were aware of which people had the condition.

People had nutritional assessments within their care plans and their weight was monitored regularly. One person was recorded as having lost weight recently and was at risk of malnutrition. Staff were aware of the risks to this person and the care plan showed the person had been reviewed by the community dietician and recommendations made for the use of dietary supplements. We saw that where a person could not be weighed, staff were measuring the person's bicep, to monitor any weight loss.

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. We saw that where staff had concerns about people not eating or drinking sufficiently, the GP had been contacted and staff commenced food and fluid charts to monitor their intake. There were records of treatments relating to chiropody, eye care and district nurse visits in people's records. A GP visited the home on a weekly basis and more frequently as requested by staff in response to people's medical needs.

Staff told us they had the training and skills they needed to meet the needs of the people they were supporting. New members were supported to complete an induction programme when they started working at the home and were able to shadow more experienced members of staff before working independently. There was a training matrix in place which recorded the training staff had completed and staff said they were supported to refresh their training as required. Training undertaken by staff included safeguarding of vulnerable adults, fire safety, infection control and moving & handling.

Staff told us they received regular supervisions (one-to-one meetings) and annual appraisals which supported them in their role. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people living in the home. These meetings would also be an opportunity to discuss any difficulties or concerns staff had.

The building was easily accessible for people living with dementia. There were coloured walls, pictorial signage on bathroom and toilet areas and clearly named room doors to help people find their way around independently. People had memory boxes on their bedroom doors, which included photos and items special to them. The memory boxes helped people to find their bedrooms more easily. Coloured toilet seats and rails in the bathroom also promoted people's independence. Hand rails down the corridors enabled

people with limited mobility to move independently around the building.

Good

Is the service caring?

Our findings

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Comments from relatives included "From what I have seen, the staff will always knock on a person's door, even when it is open, just to say that they are there and can they come in. Considering most of the residents really don't understand much, I think it just shows the caring attitude here, if this is what they will do as a matter of routine", "I've never seen anything, in two years of coming here that has concerned me about anyone's privacy. If I'm here, the bathroom door is always closed when they help mum with her toileting" and "I can come in at any time and I am always made to feel really welcome. I've even stayed overnight once or twice when my husband wasn't very well. I've never been made to feel unwelcome and I feel like I know everyone now. It is a very homely environment."

We observed staff speaking to people in a kind and compassionate way. One relative said "I came in today and the activities coordinator was painting my wife's nails. They were having a lovely conversation together and my wife had the widest smile on her". Staff told us supporting people was rewarding. One staff member said "It is rewarding to do something for people, which makes their day" and another staff member commented "The best bit is seeing people smile".

We saw that when people were approached by care staff they responded to them with smiles or by touching their arm which showed people were comfortable and relaxed with staff. A relative said "When my sister and I came to look at this home, that was the one thing that impressed us the most, the carers weren't afraid to give someone a hug when it was clear that they needed it and that was primarily the reason why we moved mum in here at the time", "A hug sometimes makes all the difference. I just like how everyone spends time with the residents". We observed people walking freely around the home and interacting with staff. Care workers took their time with people and did not rush or hurry them.

People were given the information and explanations they required, at the time they needed them. We observed staff giving people instructions when being hoisted, however at times staff did not always explain to people what was happening while being hoisted. We observed a person becoming anxious as they appeared to be unsure of what was happening. We raised this with the registered manager and they assured us they would be addressing this.

Peoples bedrooms were personalised and decorated to their taste. The registered manager told us people could choose the colour of their room. We saw for one person they had a wall painted blue, which a relative told staff the person had always liked the colour blue. People were surrounded by items within their rooms that were important and meaningful to them. This included such items as books, ornaments and photographs. Staff told us about a person who used to be an engineer and liked taking things apart. Maintenance had created a twiddle board, which was put up against the wall opposite the person's bedroom so they were able to dismantle objects safely.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to them moving into the service and care and support plans developed using this information. We looked at the care files for two of the people living at the home. We found a person centred approach to care plans. Care plans detailed people's preferences, likes, dislikes and routines. These provided staff with clear and detailed information to guide them on how to ensure people's care needs were met in their preferred way. One relative said "My wife's care plan was put together when she moved in here two months ago. My wife and I sat down with the manager for quite some time and talked about what had gone right and what had gone wrong at the previous care home together with everything that my wife needs help and the things that she has panic attacks about. I really feel that by the end of the meeting I had had a good opportunity, probably for the first time to actually be able to talk about everything to do with my wife, her care and her condition and it really helped me to start to move on."

Relatives confirmed that they were involved in the reviewing of care plans. One relative commented "My husband has been here nearly two years now and in that time his condition has deteriorated. I sit down regularly with him and the manager to talk about changes to his care plan because it seems at the minute as if it's almost on a monthly basis that he needs more doing for him".

People had picture profiles in place, identifying what made a good day, what made not such a good day and what was important to that person. For example for one person a good day would be not feeling anxious, being able to enjoy a soak in the bath and having a bar of chocolate. As part of people's care and support plans, there were also important information about people's life stories, for example where they were born, where they spent their childhood, information about their working life, special anniversaries and family and friends. This meant that staff could have meaningful conversations with people, especially where people were living with dementia.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. The registered manager told us they were also trialling a 'care risk profile', which identified any risk factors especially where people's needs changed quickly. This meant staff would have an overview of any change or risk when they came on shift.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. For example singing, reiki, films, jigsaws, movement to music, puzzles, ukulele band, Christmas meal out, gardening and walks. Where people stayed in their room, the activities coordinator would identify something that they enjoyed doing and supported them with an activity in their room. Speaking with relatives they said "Unfortunately, mum is unable to really participate in a lot of activities but she loves having her nails and hair done once a week and when they have singers in, she usually will sing along to all the old songs which I find amazing. In the summer she likes to sit in the garden because she always enjoyed gardening, but these days we have to keep an eye on her because she will pull up as many plants as she pulls out weeds" and "A while ago they had a 10 piece ukulele group coming in and I really didn't think it would go down terribly well with my wife,

but I couldn't have been further from the truth because they were fantastic and because they were playing a lot of the old World War II tunes, one of the staff even managed to get her up and they were doing the conga around the room. It was a sight to behold".

The registered manager told us people had a key worker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and spending time with them. We found that the key worker system was not used effectively and staff did not have the time to support people as set out in the provider's key worker policy. For example for the key worker to take a person shopping, help them to choose new clothes or go out to the garden centre or pub. The registered manager told us this was an area that they wanted to improve on.

Residents' and relatives' meetings took place so that people were able to raise concerns and make suggestions. The minutes of the last meeting held in September 2016 showed people's involvement in discussing food and drink they enjoyed, activities they wanted to be involved in and trips they enjoyed going on, for example people said that they would like fish and chips more regularly, they enjoyed skittles and dancing and suggested a trip to a country park. Relatives also had the opportunity to give their view on certain things, for example suggesting a glass of wine served with lunch.

People's concerns and complaints were encouraged, investigated and responded to in good time. Relatives told us they felt confident that if they had a concern or complaint, that it would be dealt with appropriately. One relative said "If I had any issues I would take them straight up with either the Manager or the assistant manager here. They are very approachable and I'm sure they would want to sort out any problems that I might have." We saw that where some concerns were raised, for example about people's clothing or medication, these were recorded and resolved by the registered manager talking to the relatives, laundry or GP where appropriate. Where needed we saw evidence of a letter of apology to the complainant.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager. Staff told us their managers were approachable and they felt part of a team. They said they could raise concerns with their managers and were confident any issues would be addressed appropriately. Staff told us they felt well supported in their role and that they did not have any concerns. Comments included "The manager is open and accessible. Easy to talk to", "The manager is very approachable. Gives me everything I need. I feel supported in my role" and "We are one big happy family".

The registered manager told us their greatest achievement had been to keep staff turn over low and to create a team, which worked well together. They encouraged staff to come up with ideas and not to be afraid of trying different things. The registered manager had a clear vision for the service, which partly was to integrate into the community more. They shared this vision with staff through promoting a relaxed and open culture within the service.

Staverton House worked in partnership with families and other key organisations such as the GP surgeries, The Care Home Forum and the Local Authority. These links were used by the service to keep up with new developments and best practice. The registered manager also told us they used information from the National Institute for Clinical Excellence, the Care Quality Commission, The Learning Exchange Network and the Social Care Institute for Excellence websites, to stay updated with any new legislation or policies. The registered manager would also share any relevant information with staff.

The service also had links with a local Hospice and a dementia group in Bradford-on-Avon, which was a useful resource for staff to develop their skills further in supporting people living with dementia. The registered manager told us they were also in the process of developing an online system called system one, which would improve communications with GP surgeries and provide people with a quicker response to any change in their health needs. It would also provide an audit trail for referrals made by the service for example to the community mental health team, physiotherapy and occupational therapy.

Staff members' training was monitored by a training coordinator to make sure their knowledge and skills were up to date. There was a training record of when staff had received training and when they should receive refresher training and the training coordinator kept the training matrix updated. Staff told us they received the correct training to assist them to carry out their roles. Staff meetings took place three monthly and training was an important item on the agenda, for example covering fire safety or dementia awareness. Staff said they felt valued and there were opportunities for professional development, for example some staff were completing a Qualifications and Credit Framework in Health and Social Care. These qualifications provided staff with further knowledge and skills to complete their role to a certain standard.

People and their relatives were encouraged to give their feedback on the service and this was acted upon. Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. Internal audits had been completed, for example weight audits, medicines, health and safety as well as infection control. Shortfalls identified were recorded and we saw that actions were put in place to

address any shortfalls. For example the medicines audit identified a medicine error where a person had not received their medicines as prescribed, which had resulted in the registered manager putting a monthly stock check in place to minimise the risk reoccurring. We saw staff had been spoken to and reminded to check the MAR sheets. The weight audit identified where people continued to lose weight and we saw that action was taken by discussing the concerns with the GP.

Staff were supported to question the practice of other staff members. Staff had access to the company's whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All the staff confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities.