Carrcroft Care Home Limited

Carr Croft Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 9 and 11 February 2016. The first day was unannounced and the second day was announced because we wanted to make sure the registered manager was available. At the last inspection in December 2014 we rated the service as requires improvement. We found the provider was breaching two regulations. People were not always protected against the risks associated with medicines and robust recruitment checks were not always carried out before staff started working at the service. At this inspection we found the provider had taken appropriate action and improved how they managed medicines and recruited new members of staff.

Carr Croft Care Home provides care and support for up to 35 older people. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the inspection there was a happy and friendly atmosphere. Staff were kind, cheerful, considerate and helpful; they maintained a professional and caring approach even when they were very busy. People enjoyed the company of staff and management who often sat and chatted to them. People told us the service was caring and they received person centred care.

Staff knew people well and responded to people's individual needs. Care plans were person centred and covered key areas of care and support. People were involved in making decisions about their care. People engaged in social activities in the home and the local community.

People felt safe. Systems were in place to keep people safe, which included protecting them from abuse. Checks were carried out to make sure the environment was safe. We found a small number of areas when we looked around the home that needed addressing to mitigate risk. For example, bath and shower hot water outlets were not regularly tested. The provider took prompt action to make sure these areas of risk were managed.

People lived in a comfortable and clean environment. The provider had improved some of the premises and had a formal plan to improve other areas; this included creating a safer and more supportive environment for people living with dementia to make sure they can live comfortably and maintain their independence.

People received a varied and nutritious diet and enjoyed the meals. They received good support that ensured their health care needs were met.

There were enough staff who were skilled and experienced to meet people's needs. Staff were trained and supported to do their job well.

The service had good management and leadership. People were complimentary about the registered manager and provider; they told us the service was well led. The home's management team promoted quality and safety and had good systems in place to help ensure this was achieved. They worked alongside everyone so understood what happened in the service. People were encouraged to share their views and contributed to the running of the home.

People had no concerns about their care but were informed how to make a complaint if they were unhappy with the service they received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe.

Systems were in place to help keep people safe, which included safeguarding them from abuse. Some minor problems relating to the premises were identified at the inspection; the provider addressed these promptly.

There were enough staff to keep people safe.

Staff managed medicines consistently and safely.

Is the service effective?

Good

The service was effective.

People's needs were met by staff who had the right skills, competencies and knowledge.

People were asked to give their consent to their care, treatment and support.

A range of professionals were involved to help make sure people stayed healthy.

Is the service caring?

Good

The service was caring.

People lived in a very pleasant, comfortable and homely environment. They told us the service was caring.

Staff worked well as a team and were confident people received good care.

Staff knew people well and understood their history, cultural and religious needs, and likes and dislikes.

Is the service responsive?

Good

The service was responsive.

Staff responded to people's individual needs and delivered personalised care.

People were encouraged to engage in different group and individual activity sessions.

Systems were in place to respond to concerns and complaints.

Is the service well-led?

Good

The service was well led.

People who used the service and staff spoke positively about the management team. They told us the home was well led.

Everyone was encouraged to put forward suggestions to help improve the service.

The provider had systems in place to monitor the quality of the service.

Carr Croft Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 over two days. On 9 February 2016 the visit was unannounced. We informed the registered manager we were returning for a second day on 11February 2016 because we wanted to make sure the registered manager was available so we could access to some management documentation. Two adult social care inspectors and an expert-by-experience carried out the inspection on the first day of the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. An adult social care inspector visited on the second day.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held about the service, and contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 28 people using the service. During our visit we spoke with 12 people who used the service, five visitors, four members of staff, the registered manager and registered provider. We observed how people were being cared for, and looked around areas of the home, which included some people's bedrooms and communal rooms. We spent time looking at documents and records that related to people's care and the management of the home. We looked at four people's care plans.

Requires Improvement

Is the service safe?

Our findings

At the last inspection we found the provider was breaching two regulations which related to safety; robust recruitment checks were not always carried out before staff started working at the service and people were not always protected against the risks associated with medicines. At this inspection we found the provider had taken appropriate action and was meeting both regulations.

When we asked people if they felt safe living at Carr Croft Care Home they told us they did. Visiting relatives also told us they thought people were safe. Staff told us they had received training so they understood how to keep people safe. All the staff we spoke with understood safeguarding procedures and knew they should report any concerns to the management team. They were confident any concerns would be acted on promptly. We looked at safeguarding training records which showed every member of staff had completed safeguarding training in 2015.

Information about safeguarding and whistleblowing was displayed in the home; this helps ensure people know how to stay safe and report any concerns. 'Whistleblowing' is when a worker reports suspected wrongdoing at work. Making everyone aware of procedures helps keep people safe. The registered manager carried out safeguarding audits; we reviewed some of these and saw safeguarding cases were reviewed to make sure they were responded to appropriately and staff knowledge was checked. The registered manager told us there were no open safeguarding cases at the time of the inspection.

The service had systems in place for assessing and managing risk. We saw thorough and comprehensive individual risk assessments had been undertaken. For example, one person used equipment to move around and was at risk of falls. Assessments were in place related to the use of a hoist, slings, a wheelchair, fall safe mats whilst in bed and position monitoring. Another person required support with specific aspects of their personal care, and assessments and monitoring records were in place to ensure care plans were effective.

Accident and incidents were clearly recorded and monitored, and it was evident from accident records that action was taken to reduce the risk of repeat events. The home was pro-active in relation to falls prevention which included contacting other professionals. One person told us they had recently fallen and staff had responded promptly. We saw the accident was recorded in the person's records.

We looked around the home as part of our inspection, which included some bedrooms, bath and shower rooms, and communal living spaces. The home looked clean and tidy. The housekeeper told us the registered manager set the standards for cleaning and monitored their work. We saw staff wearing protective aprons and using hand cleaning solutions. Several improvements had been made to the environment since the last inspection which included a new kitchen and two new shower rooms. Refurbishment work was taking place at the time of the inspection. The provider had a formal plan for improving other areas of the environment; this included creating a safer and more supportive environment for people living with dementia to make sure they can live comfortably and maintain their independence. For example, they had purchased some pictorial signs and were going to put these up around the home.

Maintenance records showed a range of checks and services were carried out. For example, portable appliances and equipment was tested, and hoisting equipment and fire safety equipment had been serviced. The provider was unable to locate an up to date electrical installation certificate so arranged for this to be checked by an external agency; a certificate was sent to us soon after the inspection. When we looked around the home we noted a window was not fitted with a restrictor; this was not easily accessible and when we returned on the second day the provider had fitted a restrictor. The water temperature in the new showers, which were fitted four days before the inspection, was only luke warm. We asked to look at the records for monitoring these and were told by the provider they did not carry out routine checks but water temperatures were monitored when people had baths. They said they responded when any issues relating to the environment were reported.

The service had a fire risk assessment which identified measures in place to reduce the risk of fire. The assessment stated regular 'drills' and regular 'fire testing' was carried out but did not state how often. Fire records showed weekly fire alarm testing was carried out but they did not evidence fire drills were regularly practised by all staff. Staff we spoke with understood the emergency fire procedures; they told us they were expected to respond promptly when fire alarms were tested. The registered manager said weekly fire alarm testing was also considered as a 'drill' because all staff on shift react to this as a fire drill. People had personal emergency evacuation plans that detailed the assistance they required in the event of an emergency evacuation; these had been reviewed recently.

During the inspection we observed staff were responsive to people's needs. They anticipated situations and intervened to stop any issues escalating. For example, one person started getting upset with the person next to them. A member of staff intervened immediately and diffused the situation. They were calm and made sure everyone was safe and unharmed, and once calmed offered everyone a cup of tea. During lunch one person slipped down their chair. Two staff helped them sit up and then placed a cushion behind them to support their back.

Staff were present in communal areas throughout and people did not have to wait when they wanted assistance. The registered manager and provider were available and provided support when requested; people we spoke with said this was usual practice. People who sometimes stayed in their room said staff carried out checks on a regular basis. One person said, "They're always popping in to make sure I'm alright." We found there were enough staff to meet people's needs. The first day was a very busy day and staff did not have much time for a break, however the level of activity was unusual; one person was moving into the home, staff were providing end of life care to one person and at short notice the activity co-ordinator had to cancel their shift.

We looked at three staff files and saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records. Each file had a record of previous employment which evidences a person's experience. One person had only provided the year of employment, which meant there could be gaps in employment that were not identified; the manager said they would make sure future checks included the month of employment to ensure a full employment history was provided. The registered manager had completed a recruitment audit in November 2015 and found safe recruitment practices were being followed.

People we spoke with told us they got their medication on time. Most medicines were dispensed from a monitored dosage system which was supplied by a local pharmacist. We found these had been dispensed correctly. We looked at medicines that were dispensed from original packaging, such as boxes and bottles and found these had been dispensed correctly. We checked stock levels and medicine administration records (MAR) for four people and found these were correct. There were no gaps where staff were required to

sign to say they had given people their medicines.

In the PIR the registered manager stated, 'Residents' medication is kept in a locked drug room which is administered by trained staff who must undertake yearly practical and theory medication competencies by the manager. Each resident also has a personal medication review on a monthly basis as part of auditing and ensuring that they have received the correct medication and to pick up on any anomalies. A daily check is also completed of painkillers and antibiotics'. We found these practices described in the PIR were being implemented. Staff who administered medicines had received training and their competency had been assessed.

Some medicines had been prescribed on an 'as necessary' basis (PRN). People had PRN protocols to help staff consistently decide when and under what conditions the medicine should be administered. One person who was staying at the home for a short time did not have a PRN protocol for pain relief but their care plan stated they could tell staff when they were in pain.

Good

Is the service effective?

Our findings

People we spoke with told us the staff who cared and supported them understood how to meet their needs. Staff we spoke with said the training they received provided them with the skills and confidence to carry out their roles and responsibilities. The registered manager told us all staff training was up to date and they were introducing more training to help staff understand how to meet people's specialist needs. They said ten staff had commenced dementia training and others had completed this, and they were looking at a more in-depth diabetes course and end of life training. We looked at the training matrix which showed staff had completed a range of training in 2015/2016, which included fire safety, first aid, oral hygiene, moving and handling, food safety, safeguarding, diabetes, eye care and infection control.

We reviewed supervision and appraisal trackers, which showed staff had received an appraisal every six months and supervision at least every two months. The registered manager said supervision was provided to small groups of staff where they had opportunity to discuss their personal development but could also do this outside of the group session. Staff we spoke with told us they had received an appraisal. They said supervision was less formal but felt they had been guided and supported by the manager whilst undertaking their work. In the PIR the provider had identified they could make improvements to the service. They told us, 'Staff could benefit from more one to one supervisions rather than group supervisions; this will be ongoing throughout the year. We will also be implementing supervisions through senior staff so that they can do individual supervisions with care workers.'

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 MCA. (The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).)

Training records showed staff had completed mental capacity training. The registered manager said all staff had completed on-line training and some had completed face to face training. They were planning for all staff to receive face to face training to help ensure everyone had a good working knowledge of the MCA. We found when we spoke to staff their knowledge around this subject was varied. All staff said they would talk to the registered manager if they were unsure.

People's care records evidenced people and their relatives were involved in making decisions about their care and support. Where appropriate assessments relating to capacity to make decisions were completed. We saw care, photographic and sharing information consents were in place although this had not been completed with one person who was receiving long-term respite care. We looked at DNACPR (Do not attempt cardiopulmonary resuscitation) forms and found they had been discussed either with the person themselves or their relative.

At the time of the inspection one DoLS authorisation was in place; a further nine applications had been submitted and were awaiting assessment. The registered manager had not realised that an authorisation had recently expired which was highlighted at the inspection; an application was submitted as soon as this was brought to their attention.

During the inspection we observed staff encouraging people to make decisions and offering choice. At lunch people were asked where they wanted to sit and offered the soup starter when they were settled in their seats. There were jugs of water and juice on each table, and people were given the option of tea or coffee. After each course people were offered additional portions once they had finished eating. Throughout the day people were offered tea, coffee, milk shakes, juice, water and biscuits. We observed staff encouraging people to eat and drink. Staff were very supportive with one person who had a cough and cold. We heard the person say they didn't like juice because it was cold; staff straightaway offered an alternative and brought a hot drink. People were asked if they had enjoyed their meal.

Lunch was a pleasant experience for people; it was relaxed, unhurried and people received support when required. Two people were given soup in mugs. One person said, "They do that because my hands shake. It means I don't slosh it everywhere." One person was assisted to eat; the member of staff chatted pleasantly and told the person what they were eating.

People enjoyed the main meal which was shepherd's pie, carrots and broccoli. It was Shrove Tuesday and people were offered pancakes. A selection of toppings was available (chocolate sauce, strawberry sauce, lemon and sugar, cream, sultana topping). Some people had 'squirty' cream and enjoyed staff drawing patterns on the pancakes. One person commented, "You're not Picasso."

Tables were laid with tablecloths, cruets and full place settings. There were menus on the tables for the day, which were typed lists. The registered manager said they would be reviewing the menu and menu format as part of their development programme for people living with dementia to help make sure they could understand the food options. People were positive about the meal time experiences although one visiting relative stated, "You can tell the inspectors are in. It's all tablecloths and things, and the soup looks thicker today."

We saw evidence in the care plans that nutritional assessments had been undertaken and people's specialist dietary needs were planned. For example, one person required specialist equipment and support to eat their meals. People's cultural preferences were recorded; we saw times when people had opted for alternative meal choices and this was respected. People's weight was monitored and where there were concerns appropriate action had been taken to help them gain weight.

People we spoke with told us they were visited by health professionals, such as GPs, district nurses and dentists. One person said, "I'm struggling with my teeth at the moment. The dentist came to see me the other day. He said I should persevere." People's care records showed health professionals were regularly involved in delivering services to people who used the service and relatives were kept informed about essential information. A visiting relative talked to us about a recent health issue where they felt the service had taken appropriate action. They said, "Several weeks ago [Name of person]'s legs were swollen and red. They got the doctor out to look at them, and they let me know what's going on." We spoke with a visiting health professional during our inspection. They told us they regularly visited the service and were confident people's health needs were being met. They said, "We get call out requests when they want advice and these are at the time they should be making requests."

Good

Is the service caring?

Our findings

We received positive feedback from people who used the service and visiting relatives about the care and support provided. They told us the service was caring. Comments included: "I just want to say it's smashing here. The staff are beautiful and I'm very comfortable. My room is comfy and I just have everything I need. They look after me very well. I've got everything I need. The staff are just wonderful", "I've been in four homes before this. I hated the other places and I was so lonely. But here is a good place. The staff are lovely and my room is lovely. The food is good and everyone is my friend. This is a good home. I'm happy here. They look after me very well and it's very clean", "I'm very pleased with the place. I know he's well looked after. The staff are lovely. Really good", "I visited about every home in Leeds and chose this one because of the homely feel. I haven't been disappointed", "I'm very comfy. What more do you want? The staff are alright and they can make a good cup of tea", "The staff do very well. Some are better than others. They're always busy. There could be more of them. One of them brought me a banana the other day, it was a nice touch".

During the inspection we saw staff were unhurried, kind, cheerful, considerate and helpful; they maintained a professional and caring approach even when they were very busy. We overheard and observed numerous conversations and positive interactions between staff, and staff and people who used the service. Towards the end of lunch one person wanted to return to their room but required staff support. A member of staff was carrying a tray and said, "Just one moment [name of person], I'll just put this tray down and come right back for you." They returned immediately, offered the person the opportunity to return to the dining room for dessert, and when they declined the member of staff accompanied them to their room, chatting on the way.

Staff clearly knew people well and it was evident from our observations people were comfortable with the staff who were supporting them. Staff told us they enjoyed working at the home and were confident people received good care. It was clear that staff worked cooperatively and effectively as a team. We observed respectful relationships between them during the day. One member of staff said, "I love it here." Another member of staff said, "Everyone is nice and friendly."

We saw evidence in the care plans that people had made choices and were involved in their care. People had a 'map of life' which summarised important aspects of their history. Care plans contained information that was gender, religious and culturally specific to people's needs. When we asked staff they understood these needs and could give us examples of their relevance to the people involved.

There was a steady flow of visitors during the day. Staff and management were familiar with regular visitors and welcomed everyone. Visiting relatives told us they could visit without restriction.

Staff explained how they treated people with respect and maintained their privacy and dignity. In the PIR the provider told us they were planning to further develop the service. They said, 'More work is to be done with the dignity champion regarding their role and ensuring that residents have their dignity respected at all times; the dignity champion is to access the dignity website for tools more frequently.'

Good

Is the service responsive?

Our findings

During the inspection we observed staff responded to people's individual needs and delivered personalised care. People who used the service had a range of needs; some people had complex needs and were dependent on staff support for many aspects of personal care; others were relatively independent. Staff were flexible in their approach and provided the appropriate level of support to meet people's needs. For example, staff observed from a distance to make sure one person was safe when walking whereas staff were close by when another person was walking. They struggled and became too weak to continue walking with their frame so staff offered assistance and transferred the person to a wheel chair.

We looked at care plans which were person centred and covered key areas of care and support. They contained good detail about how to provide care and support. They identified how care should be delivered to make sure people received the correct support at meal times, with personal care and outlined their preferred routines. One person was missing their immediate family; their care plan clearly identified how they were being supported to use the telephone to keep in regular and close contact.

We observed a handover session where staff updated other team members; important information was shared which ensured everyone was up to date. Staff understood how to provide care to people. They said if they were unsure they would check people's care records although some staff said they did not read the care plans very often.

The care plans were reviewed monthly or more frequently if people's needs changed. However, we noted the evaluations tended to be a repeat of the care plan rather than a report regarding the progress of the implementation of the plan. For instance, one person's moods were being monitored and we saw references to this in the daily records. We found the care plan review only repeated the care plan it did not capture the person's moods during the previous month. Therefore it was difficult to establish if the care plan was effective. The registered manager said the review process was an area they were developing and they would continue to work on this with the staff team.

People were encouraged to engage in different group and individual activity sessions. On the day of the inspection a group enjoyed bingo. We saw staff, the registered manager and provider spent time chatting to people which again people enjoyed. One member of staff was cleaning and cutting people's finger nails at various times throughout the day. Some people had nail polish applied.

On the notice board there was a list of in house activities and activities arranged by a local voluntary group, which helped ensure people were aware of what was available. We saw the day before the inspection people had celebrated the Chinese New Year with a Chinese meal and lanterns.

In the PIR the provider told us, 'Carr Croft works closely with the Royal Voluntary service (Meanwood Elderly Neighbourhood Action) to give residents opportunity to go out into the community and join others. Every other week some residents go to the singing group where they enjoy singing and dancing, they are also invited to take part in other activities, quite recently at the Church in Chapel Allerton which held an open day

for the elderly, some residents enjoyed the day dancing and being creative.' They also told us, 'We are planning on opening a dementia community café to engage both the residents and community, and we will also be holding coffee mornings and bingo.' We saw they had refurbished a lounge in preparation for the dementia community café, which they hoped would open in the next few weeks.

We saw people were comfortable talking to staff and management, and people we spoke with told us they would raise any concerns with staff or management. Staff we spoke with knew how to respond to complaints and concerns. The registered manager told us the service had not received any formal complaints in the last 12 months.

We saw the home had received some written compliments which included the following comments: 'Thank you so much for the kindness and loving care of [Name of person]. He has nothing but praise for you all', 'Thank you for bringing happiness to our Dad', 'Thanks for all the care and love. We would like to thank you all for your kindness and care you have given to our lovely mum. It means so much to us all, it really does', 'We are so utterly grateful as a family for all the loving care our beautiful mum received. You and your staff have restored my faith in human kindness and compassion. Please thank all the staff including the kitchen, domestic staff who were equally as lovely as the carers. We're heartbroken but know mum would want us to move forward with our life's xxxxxxxxxx', Thank you for all your hard work throughout the year'.

Good

Is the service well-led?

Our findings

The owners, who we have referred to as the provider in our report, visited most days and spent time with people. The home had a registered manager who dealt with day to day issues and oversaw the overall management of the service. They worked alongside staff overseeing the care given and providing support and guidance where needed. We observed throughout the inspection, the provider and registered manager engaged with people living at the home and their relatives; they were clearly known to them.

People were complimentary about the management team and told us the service was well led. Comments included; "I can talk to [Name of registered manager] about anything. All the staff in fact", "I like [Name of provider]. I like it here", "I'm quite comfortable. I have no worries. If I ever did I'd just tell them and they would sort it out.", "If there's ever any problem, I can just knock on the office door. They're very approachable. They also asked if I had any suggestions for the new lounge. They like to know what we think and they ask us regularly", "[Name of registered manager] is very good. She's someone you can talk to. She's turned things around". A visiting relative told us that the registered manager and staff were brilliant and had "restored their faith" in the caring profession.

Staff told us they had "a wonderful manager" and that they were "helpful". They told us the quality of the home had "improved over the last two years" and they liked to work to those high standards set by the registered manager. Staff were complimentary about the provider. They told us they were very involved with the people who lived at the home and wanted "everything perfect" for them. A health professional said "This is one of the better services we visit. We've seen a big improvement. Since the manager came it's a much happier place, she is fabulous and very responsive."

On the day of the inspection we found the registered manager and provider had created a warm and welcoming atmosphere despite being excessively busy on the day we visited. They dealt with sensitive situations effectively and compassionately.

The provider asked for the views of people using the service and others to help drive improvement. Resident meetings were held where people had a chance to discuss the service and were informed of planned events. In November 2015 they had discussed actions from the previous meeting which included the introduction of a 'tuck shop' and talked about food and activities. Future meeting dates were displayed. Staff we spoke with said, at their team meetings, they discussed improvements and developments. At recent meetings we saw they had discussed various topics, which included documentation, infection control, key worker roles and mealtimes.

We looked at the provider's survey results from November/December 2015 which captured people's responses and comments. Where people had made suggestions for improvement the registered manager had responded. Five people who used the service had returned surveys; the results were positive, and showed there was improvement in all areas. Four people said the manager's availability was excellent; one person said it was good. Four people said the courtesy of staff was excellent; one said it as good. Eleven relative surveys were returned and these again showed improvement in all areas. Six relatives said they

would rate the home as excellent and four would rate it as very good. Seven relatives felt the management were excellent and four felt it was very good. Seven professional surveys were returned and the registered manager had found there was a 'massive improvement' in responses from health professionals. Five rated the home as excellent and two rated it as very good. Five felt the management was excellent and two felt it was very good. Staff results were positive and showed staff felt well supported by their manager.

In the PIR the provider told us, 'To ensure that the home is well led, the home takes several measures. The home work on a hierarchy from providers and the home manager, to senior care assistants to care staff. Carr Croft Care Home uses several audits, to ensure that all areas of the home are operating to the highest of standards, these audits are undertaken at different times throughout the month/months, and some auditing is daily. The audits undertaken enable the manager to see where action/ improvements can be made if required.' We saw a range of audits were carried out to monitor the service and identify any trends. They were carried out on a regular basis and covered laundry, dining experience, safeguarding, entertainment, dignity, medication, control of infection, care plans and care records. The audits we reviewed were easily accessible and all were noted to be up to date.