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Meadowcroft Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected Meadowcroft on 1st June 2016. This was an unannounced inspection. Meadowcroft is a residential care home that provides accommodation and support for up to 20 people. The people living there are older people with a range of physical, mental health needs and some people living with dementia. On the day of our inspection there were 18 people living at the home. Meadowcroft does not provide nursing care. Meadowcroft is a large detached House. People's bedrooms were situated on the ground and first floor. The house is set within a large landscaped garden with accessible pathways.

Meadowcroft had a sole individual provider who had day-to-day oversight of the operations. Therefore a registered manager was not required, so the service did not have one.

People who lived at Meadowcroft told us they were safe. One person said "I feel perfectly safe" "If I have any problems the carers are there immediately, I ring my bell". Another person said "The staff make me feel safe, they are very kind". People said they felt safe as they were cared for by staff that knew them well and were aware of the risks associated with their care needs. There were sufficient numbers of staff in place to keep people safe and staff were recruited in line with safe recruitment practices. Medicines were ordered, administered, recorded and disposed of safely. Staff had received training in safeguarding adults.

People could choose what they wanted to eat from a daily menu or request an alternative if wanted. People were asked for their views about the food and were involved in planning the menu. They were encouraged and supported to eat and drink enough to maintain a balanced diet. One person said "The food is excellent".

Staff were appropriately trained holding a Diploma in Health and Social Care and had received all essential training. Staff understood about people's capacity to consent to care and had a good understanding of the Mental Capacity Act 2005 (MCA) and associated legislation, which they put into practice.

People were cared for by kind and compassionate staff. People told us how well the staff knew them. One person said "Staff are pleasant and kind and nice to talk to, lucky to pick this home, one of the best, all the girls are friendly and enjoy their work." People told us that they were treated with dignity and respect and we observed this to be the case on the day of our inspection.

Care plans provided detailed information about people and were personalised to reflect how they wanted to be cared for. Staff followed clinical guidance and ensured that best practice was followed in care delivery. Daily records showed how people had been cared for and what assistance had been given with their personal care. There was a range of social activities on offer at the home, which people could participate in if they chose. There was a complaints policy in place and a procedure that ensured people's complaints were acknowledged and investigated promptly.

The home was well-led by the provider who was also the manager. A positive culture was promoted. People and staff told us that first and foremost Meadowcroft was a home where people were put first and there was

a family atmosphere. The provider told us "I want to have a person centred service, I want people to say, this is my home and this is how I want to live." There was a range of audit tools and processes in place to monitor the care that was delivered, ensuring a high quality of care. These included monthly reviews of care. People could be involved in developing the home if they wished through questionnaires and residents meetings.

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 home was safe. People were supported by staff that recognised the potential signs of abuse and knew what action to take. They had received safeguarding adults at risk training.

People's risks were assessed and managed appropriately. There were comprehensive risk assessments in place and staff knew how to support people. Accidents and incidents were logged and dealt with appropriately.

Staffing levels were sufficient and safe recruitment practices were followed. Medicines were managed, stored and administered safely.

Is the service effective?

Good

The home was effective.

People could choose what they wanted to eat and had sufficient amounts to maintain a balanced diet. They were asked for their views about the food. People had access to, and visits from, a range of healthcare professionals.

People's consent to their care and treatment was assessed. Staff followed legislative requirements and had a good understanding of the Mental Capacity Act 2005 (MCA).

Staff had access to a wide range of training and new staff completed a comprehensive induction programme.

Is the service caring?

Good

The home was caring.

Staff knew people well and friendly, caring relationships had been developed.

People were encouraged to express their views and how they were feeling and were involved in the planning of their care. People were treated with dignity and respect.

Is the service responsive?

Good

The home was responsive.

There was a range of activities available for people to engage in at the home.

Care plans provided detailed information about people so that staff knew how to care for them in a personalised way. Staff demonstrated that they followed current good practice.

Complaints and concerns were listened to, investigated and acted upon.

Is the service well-led?

Good

The home was well-led.

People were asked for their views about the home. Relatives were also asked for their feedback.

The registered manager had created a transparent open culture that placed the person at the centre of their care.

Quality assurance systems were in place to enable the provider to continually monitor all aspects of the home.

Meadowcroft Residential 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.

The inspection took place on 1 June 2016 and was unannounced. One inspector and an expert by experience carried out this 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. At this inspection the expert by experience had knowledge of the needs of older people and people with mental health needs.

We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We looked at the Provider Information Return (PIR) that had been submitted. This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We used all this information to decide which areas to focus on during our inspection

We observed care and spoke with people, relatives and staff. We also spent time looking at records including four care records, four staff files, medical administration record (MAR) sheets and other records relating to the management of the service. We contacted local health professionals who have involvement with the service, to ask for their views. On the day of our inspection, we spoke with nine people living at the home, three relatives and a visiting vicar. We spoke with the provider, four care staff and the chef.

The home was last inspected in July 2014 where no concerns were identified.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe. One person said "I feel perfectly safe, if I have any problems the carers are there immediately, I ring my bell". Another person said "The staff make me feel safe, they are very kind". A third person we spoke with said "I feel safe and cared for and loved by the staff". A relative said "Everyone does their very best to keep [my relative] safe".
Staff told us they knew how to identify possible signs of abuse and that they needed to discuss any incidents with a senior member of staff. One staff member said "I would go to the manager and report it". The provider knew who to contact in the event of identifying a safeguarding concern and had access to the local authority's multiagency policy and procedure. On the day of our inspection we heard a telephone conversation with a representative from the local authority confirming that the provider was to become a safeguarding champion and work in close partnership with the local authority around safeguarding procedures and developments. Staff had received recent training in safeguarding adults. Staff also knew about the principles of whistleblowing and who to contact should they need to report concerns about the home.

Risks to individuals and the service were managed so that people were protected. Risk assessments were carried out for people and these were reviewed monthly by the provider or more frequently if people's needs changed. These included risk assessments for falls, moving and handling and skincare. For example we saw a risk assessment for someone who liked to maintain their independence by going out for a walk daily for thirty minutes. A clear risk assessment had been completed to ensure this person's wish to do this but that plans were in place to maintain their safety including staff knowing the route the person took and plans to look for the person if they were longer than the usual amount of time. Where people needed support with moving and handling, risks in relation to this were identified and then if needed the appropriate moving and handling techniques and equipment was described. For someone living with dementia and at risk of becoming distressed, triggers for this were identified alongside the strategies that supported the person if they should become distressed.

Medicines were managed safely. Regularly prescribed medicine was delivered by the local pharmacist on a monthly cycle through a monitored dosage system. The registered manager told us that all stocks of medicines received were checked in by the registered manager and deputy manager and we saw that they were stored safely. There were systems in place to dispose of medicines safely. In the medicines room there was a fridge for storing medicines that needed refrigeration. We noted that the temperature of the fridge was monitored and recorded daily and had been maintained within safe limits.

We looked at the medication records and noted they included a completed signature sheet with the signatures of the staff responsible for administering medicines, instructions for administration and a list of the most commonly prescribed medicines with the reasons for their use. We looked at Medication Administration Records (MAR) and noted they included a recent photograph, information on any allergies and the name of their GP. Some people had medicines to be used as and when needed and we saw there were clear instructions for staff to follow when considering their use. The provider told us that they checked all MAR charts informally every week and also undertook an internal audit of them every month to check

their quality and accuracy. This was confirmed when we looked at the records. In addition the provider told us that any medication error was fully investigated and any issues identified were addressed with the staff involved and appropriate action including retraining was taken when necessary. This was confirmed when we looked at the management of the last medicine error.

People told us that there were enough staff on duty but that sometimes they were very busy. One person said "Generally there are enough staff". Another person said "Sometimes I think staff have lots to do, but they don't neglect people". A relative said "I have never been worried about staffing". Staff told us that there were enough of them to provide safe care and support and that if they needed more staff due to an increase in need such as someone requiring end of life care extra staff were brought in. One staff member said "There are absolutely enough staff". Another staff member said "There are enough staff to provide safe care". We observed that there were enough staff on duty to keep people safe. Call bells were answered promptly and there was a calm relaxed atmosphere in the home. Rotas we looked at showed us that there were enough staff on duty to keep people safe and that staffing levels were consistent. The provider told us that if more staff were needed due to an increase in the needs of people living at the home extra staff would be provided.

Appropriate checks were undertaken before staff began work. We examined staff files containing recruitment information for four staff members. We noted criminal records checks had been undertaken with the Disclosure and Barring Service (DBS) in all cases. This meant the provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with vulnerable people. There were also copies of other relevant documentation, including job descriptions and character references.

Good

Is the service effective?

Our findings

People told us that staff were experienced and well training to carry their roles. One person told us "Staff are top hole, always having training, definitely know their job" Another person said "Staff are competent carers". A relative told us "Staff have regular training". Staff told us that they had enough training to ensure they had the skills needed to provide a good quality of care and support. One staff member said "I can't fault the training".

Staff undertook essential training including safeguarding adults, moving and handling and fire safety. This training took place online and with some training such as fire safety and moving and handling with practical face to face components. Additional training was available to staff including record keeping, care planning , managing anxiety and challenging behaviour. Staff were also encouraged to take up additional training diplomas in health and social care. The registered manager kept clear records of people's training and could easily identify when training needed to be renewed. Staff had received training in dementia care and some members of staff were undertaking specialist training in this area. Staff were able to tell us how this training had supported them to improve their knowledge and skills when working with people living with dementia. One staff member said "I am more understanding about the ways to support people and have learnt new ways to communicate with people and understand the illness". Staff also gave us examples of practical strategies that could be used to improve the quality of life for people living with dementia. An example of this was using contrasting coloured plates so that food was easier to identify and more appetising.

People received regular supervision with a manager and told us that this happened approximately every two months. Staff confirmed that this was the case as did the records that we looked at. Staff said that they found supervision to be a useful tool that supported them to do their jobs well. A staff member said "Supervision helps me to stay up to date with things".

People told us that they liked the food on offer. One person said "We don't get lobster every day but it's very good". Another person said "The food is excellent". The relatives we spoke with also told us the food was good. One relative said "The food always looks lovely and they make lovely birthday cakes". There was a set menu every day and a selection of alternative meals should someone want something different. People's individual preferences were catered for. One person who was a vegetarian said "The food is excellent, I am a vegetarian and I get a veg meal every day, I am quite happy, there is always a choice". When we spoke with the chef they told us about how they asked people what they wanted and offered choices. They were aware of people's individual preferences and dietary needs. People had access to food and drink all the time. There was a large fruit bowl available for people to help themselves to. There was a regular tea trolley round and one person told us how their preference was to have a cup of tea at 4.30 in the morning and that this wish was always catered for. The person said "The staff are all quite pleasant, they usually know what I want, I usually have a cup of tea at 04:30". We observed the lunchtime experience which was sociable and calm. People had a choice of light meals in the evening and if people chose to there was sherry or an alternative available for a sociable early evening drink. People's different requests were responded to by staff. People's nutritional needs were assessed and if needed their food and fluid intake was recorded. People's weights were monitored in order to identify if someone was at risk due to losing or putting on weight.

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's consent was sort and recorded in their care records. This was in relation to consenting to the care and support being provided, involvement of relatives, night checks and agreement to the assessment of the person's needs. Where there were concerns about a person's capacity to consent to bedrails, this had been considered and evidence was on record regarding consideration of this and the judgement that the person was able to consent to these. Staff understood the principles of MCA and had received training regarding MCA as part of an online training programme and the registered manager informed us that staff were being booked to attend classroom training with the local authority. People told us that they were involved in decisions regarding their care and support.

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). The registered manager showed us that there was one referral for this that had been made to the local authority.

People told us that they were supported with their health needs and that if they needed support from a healthcare professional staff supported them to do this. One person said "I mention a doctor or dentist to [the provider] or the carers and it is done immediately which has happened on several occasions." Another person said "If I want a G.P or a dentist I just ask". Relatives told us that their family members saw healthcare professionals as and when needed. The provider told us that they had developed good relationships with the local GP practices and with community nurses. Heath professionals we spoke with told us that staff communicated well with them and implemented any management plans in a timely way. One professional said "They are very good in regards to medical care; usually visits are requested appropriately and the management plan is followed. I have met a few families who are also quite happy with the level of care their older relatives receive at the home". Care records contained specific sheets with the persons up to date medical conditions and their personal preferences for example what the person liked to eat and drink. The provider told us that no person went to hospital on their own, they were always accompanied by the staff or the provider.

Good

Is the service caring?

Our findings

People and relatives told us that staff were kind and caring. One person said I couldn't question the carers, they are so caring, never a cross word between them, always willing to help" "The staff make the place what it is, they don't talk down to you, they talk to me as a friend". Another person said "Staff are pleasant and kind nice to talk to, lucky to pick this home, one of the best, all the girls are friendly and enjoy their work". A third person said "It's absolutely brilliant, the way we're looked after, the girls are lovely, [the provider] does a wonderful job and has really good staff". A relative said "Staff are all absolutely lovely, ever so caring". A visitor to the home told us their hopes for their parent. "When [my relative] is ready I hope they can come here, it's a lovely place, lots going on, I visit when there are parties, I do a service once a month, they look after the needs of the patients, feels homely, nice area, well set out, loving staff,[the provider] takes residents out, if [the provider] can keep patients here she will". We observed that Meadowcroft had a homely feel and that staff and the provider were caring and supportive in their approach to people. They spoke to people in gentle tones and demonstrated that they knew people well.

People told us about the ways staff treated them with dignity and respect. One person said "I feel safe and cared for and loved by the staff, if there is anything I need [the provider] will get it for me, when I broke my femur they did everything for me until I recovered, extra care is taken if needed" Another person said "My door is shut when the doctor visits, staff will vacate the room if necessary, I'm not exposed in any way and always covered at bath time". A third person said of staff "They knock on the door every time before they come in". Staff told us about the ways they treated people with respect and dignity. A staff member told us "I always ask the person what they want, if I'm providing personal care, I put a towel over them, you treat people like you would your Mum or Dad". Another staff member said "Make sure the doors are shut, there are plenty of towels and promote people to do as much for themselves as possible". Another staff member said of their approach to providing care and support to people "Make sure their wants and needs are the most important thing". We observed that people received care and support that was dignified and respectful. We also saw staff encouraging people to be as independent as possible. There was a dignity champion working in the home and we saw that there was a dignity charter in the lounge area that explained the home's commitment to providing care and support with value at its core. The home was signed up to The Daisy standards. The Daisy Standards are designed to foster an environment where Dignity in Care is at the forefront of everything that is done.

People were involved in their care and support. People's care records clearly reflected people's individual choices and preferences. We observed staff giving people choices for example about what they wanted to do, what they wanted to eat and drink throughout the day. People participated in residents meetings which took place approximately every three months. We saw from the minutes of these meetings that included subjects such as up and coming events, activities, menus, charities that were supported in the home and the inspection by CQC. People were also asked for their feedback regarding living at the home through questionnaires that were sent to people every year. We looked at these and saw that feedback regarding the service was consistently positive.

The home had supported older people in the community to have lunch at the home, also older friends and

relatives of people are invited to have a meal whenever they want. At Christmas older people who are on their own and family members who are on their own were invited to dinner.

The provider told us that they were applying for the Gold standard framework training in end of life care which was due to start in October 2016. It is a training program that promotes good practice in end of life care and awards certificates to health and social care providers who have completed this training. The provider was passionate about providing this care for people and wanted to achieve best practice in this area. They described how they could provide this type of care and support at Meadowcroft with the support of community nurses. They told us that they wanted to provide a supportive environment for the person and their family at this time. When people were near the end of their lives, family who travelled to be with them were offered accommodation and supported throughout. People told us that they were confident of the care and support they would receive at the end of their lives. A person told us, "The Kindness of staff is very good, they care and are always helpful, extra care is taken when we're not feeling too well" "I know that, in my final days, I will be treated with respect and care". A health professional said "Patients who pass away at the home are managed with compassion."

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People and relatives told us that staff knew them well and responded to their individual needs. One person said "If I need to ring they come quite soon, we get help when we need it". Another person said "They know my needs and routine". Staff knew people's individual needs and told us about people's preferences and routines. A staff member told us about person centred care, "It's about speaking to people how I'd like to be spoken to, knowing what people like to be called, finding out about their past experiences and their family, it's about taking an interest, I love talking to people". Another staff member told us "Person centred care is the care for that specific person, everyone's got different needs".

A staff member told us about individual's needs. For example they told us about someone who liked to be quiet and have one to one time with staff, they liked chocolate and different types of music. Another staff member described another person and their like of having the radio on loud, as they were visually impaired they liked to know at mealtimes exactly what was on their plate, they were also a vegetarian. When we looked at care records we saw that this information was reflected in these so we were assured that staff knew the intricacies of people's needs. Care records we looked at contained the details of peoples practical care needs alongside their social and emotional needs. For example care records described the moving and handling techniques required to support someone to have a bath or how to assist someone when moving from their bed into a chair. These records included the equipment needed for that person. There was specific information in people's records regarding their particular conditions and symptoms. Care records included how to communicate with people and any particular strategies that worked for that person. For example for someone with a visual impairment they had a talking watch and Velcro on their call bell to identify the place to press the bell. For someone who experienced anxiety strategies were described for supporting the person and offering reassurance and support immediately.

People's choices around their care were fully documented and we saw that people requested their own routines. For example people had breakfast in their rooms at the time they wanted. This happened between 6.30 and 10.30 in the morning. One person told us how they had a cup of tea at 4.30 in the morning as this was their chosen routine. People's night time routines were described and their individual preference for these including the type of drink they liked to have before going to bed. People had keyworkers assigned to them. A key worker is a person who co-ordinates all aspects of a person's support and has responsibilities for working with them to develop a relationship to help and support them in their day to day lives. A picture of this staff member was placed near the door in a person's bedroom so they knew who their keyworker was. The keyworker carried out a monthly checklist with the person to see if the person needed any support in a particular area. People were asked at each keyworking meeting for any concerns, compliments or suggestions that they may have and keyworkers also reviewed the person's likes and dislikes. Care records were reviewed regularly by the provider to ensure that these accurately reflected the care and support needed by people.

People told us that there were enough activities and entertainment provided. One person said "Great thought is given to activities". Another person said "A man comes and plays the piano and a lady comes and

does craft". A third person said "I am supported In every way,[the provider] takes me out in the car". There was a regular programme of activities and entertainment. This included exercises, arts and crafts, and informative talks, walks out with staff and drives out to different places with the registered manager. There was also a selection of books, board games, jigsaws and adult colouring books available for people to use at any time. Special events were celebrated and people were looking forward to taking part in the street party to celebrate the Queen's ninetieth birthday. We saw that someone had recently celebrated their ninetieth birthday at the home and a large set of gold balloons in the shape of the number ninety were in the lounge. People received one to one time with staff where staff chatted to people in their rooms or accompanied them out on walks or drives out. On the day of our inspection there was a church service in the afternoon that people attended. One person went out to the hairdressers and another went out with family for lunch. We observed people taking part in the activities that suited them either independently or with what was on offer at the home.

People told us that they felt comfortable raising any concerns if they had any. One person said "If it's just a niggle I would speak to [the provider], if major there is a procedure but I've never had to complain". Another person said If I had a complaint I would talk to [the provider], but I've never had to". A third person said "[The provider] is available for issues but I would go to a senior carer first but I haven't had cause to do that since I've been here, I have no complaints, everything works very well, the staff and [the provider] are very understanding, [the provider] is very supportive and if staff had an issue they could speak to her". Relatives we spoke with also told us that staff and the provider were very responsive to any concerns raised and that communication was good. One relative said "I have never had a concern over anything major, if I communicate about anything I get an immediate response".

We saw that the complaints procedure was available for people so they knew what to do if they had a concern. The provider told us that there had been no recent formal complaints and that they like to deal with any concerns or queries quickly to sort any issues out before they became a larger issue. We saw that there had been a recent concern reported regarding a smell in a person's room. We saw that this concern had been fully investigated and resolved.

Good

Is the service well-led?

Our findings

People told us that Meadowcroft was well run and managed. One person said "The home is very well run, good routine, I know what's happening all the time, I could change it if I want, If I can't sleep I can call any time and I get all the help I need, ring the bell and they're there immediately". Another person said "It's managed very well, tickety boo". Another person said "It's just like living at home, I have freedom of movement". Relatives told us they thought Meadowcroft was well run. One relative said "It's all down to the leadership; [the provider] is always here. They care, they know everybody really well, I'm really happy my relative is here". Professionals we spoke with also told us that the home was well managed. One professional said of the home. "I only have positive comments about them. The home is very well managed; staff are caring and understand resident's needs."

Staff told us they thought the home was well managed and that the provider was approachable. One staff member said "I've never felt that I can't approach them". Another staff member said "I feel very supported, there's an open door policy, I can pick up the phone and [the provider's] there". Staff also commented on the fact that the home had an inclusive, family atmosphere. One staff member said "I think the home is well run. I've been to [the provider] and they've been really supportive. The residents are like their family, the home is really family orientated, everyone's always welcome". Another staff member said "We care a lot about the people that are here, [the provider] goes that extra mile, it has a home feel. [The provider] has an absolute passion for this home". When we spoke with the provider about their vision and values for the home they told us "I want to have a person centred service, I want people to say, this is my home and this is how I want to live. I want staff to feel at home". Therefore we heard from people and staff that the home was well managed. We observed that the home had a family atmosphere which was calm but with plenty of activity going on for those that chose it. The provider was passionate about providing good quality care and support. The provider was very much involved in the day to day running of the home and had close oversight of everyone's needs.

Staff were aware of the whistle blowing policy and the need to raise any concerns about the quality of care provided or any wrong doing or suspected wrong doing with the manager so they could be investigated and appropriate action taken. All staff we spoke with were confident they would be able to do this.

The provider had tools in place that ensured the quality of the home provided was monitored. These included audits of practice of medicines, care plans and infection control. These were all positive and did not have any actions recorded. Where accidents and incidents had been analysed this was recorded in people's care files and actions described. For example where someone had repeated falls the action taken to involved GPs, acquire equipment and alternative footwear this was recorded. An external pharmacist also carried out audits which supported the staff to ensure good practice in the area of medicine management. Questionnaires were sent out yearly to people, relatives and professionals who visit the home. Feedback from these was uniformly positive. The provider had delegated staff members to be champions in areas such as dementia and infection control. There were plans in place for ongoing refurbishment of the building.

The provider told us about the importance of keeping up to date and as provider and manager they were aware of the need to gather support from their personal and professional networks. The registered manager told us that they took part in the West Sussex care homes forum and had developed strong networks with the local GPs and community nurses. The provider told us about the importance of maintaining links with the wider community and we saw that people living at the home supported local charities with fund raising events. The home had worked with local schools where young people were doing there duke of Edinburgh Ward, The towers convent and Shoreham academy. The home had also supported teachers at Shoreham academy with students who wanted to know more about what it was like to get older. The home had also supported medical students who needed to gain experience working with older people living in care.

The provider was aware of their reporting responsibilities to the Care Quality Commission about incidents such as safeguarding issues and had sent in notifications to CQC as appropriate. They were aware of the statutory Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support. We saw that there were statements regarding this in the office and medicine room as reminders for staff.