Care Quality Commission

Bupa Care Homes (CFHCare) Limited

Knowles Court Residential and Nursing 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

Overall summary

Knowles Court Residential and Nursing Home has five individual single storey houses and is situated in Holmewood, a residential area on the outskirts of Bradford. At the time of the inspection only four of the five houses were occupied.

Headley House provides care and support to people living with dementia. Rycroft House provides nursing care for older people, Fairfax House provides care and support to older people and Rosewood House provides support to people with learning disabilities.

Summary of findings

The service is part of BUPA Care Home (CFHCare) Limited and is registered to provide nursing and personal care services for up to 146 people. A total of ninety people were living at Knowles Court at the time of the inspection.

We inspected Knowles Court Residential and Nursing Home on the 23 and 24 July 2015 and the first day of the visit was unannounced. Our last inspection took place in October 2014 and at that time we found the service was meeting the regulations we looked at. However, we did bring to the attention of the registered manager some areas of service delivery which could be improved.

The home has 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.

The home had a safeguarding policy in place which made staff's aware of their roles and responsibilities. We found staff knew and understood how to protect people from abuse and harm and kept them as safe as possible. The care plans in place were person centred and contained individual risk assessments which identified specific risks to people health and general well-being, such as falls, mobility and skin integrity.

There were procedures in place in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Staff we spoke with had a general working knowledge and understanding of the MCA 2005. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one when required.

We saw arrangements were in place that made sure people's health needs were met. For example, people had access to the full range of NHS services. This included GPs, hospital consultants, community health nurses, opticians, chiropodists and dentists. We found medication policies and procedures were in place and staff responsible for administering medication received appropriate training.

People told us they found the staff caring, and said they liked living at the home. Relatives gave us positive feedback about the care and support their family members received. Throughout the inspection we saw staff were kind, caring and patient in their approach and had a good rapport with people.

We saw wherever possible people had been involved in planning their own care and the records we reviewed had consent to care and treatment forms in place that had been signed by the person or their relative. Relatives told us they were involved in all aspects of family members care and treatment and kept informed of any significant changes in their general health or well-being.

Staff were careful to protect people's privacy and dignity and people told us they were treated with dignity and respect. We saw information relating to people's care and treatment was treated confidentially and personal records were stored securely.

People told us staff were responsive to their needs and when they asked for something this was provided. The activities plan for the home showed that activities took place every day of the week and people were encouraged to participate in local community events.

We saw the complaints policy had been available to everyone who used the service. The policy detailed the arrangements for raising complaints, responding to complaints and the expected timescales within which a response would be received.

Staff told us communication within the home was good and staff meetings were held to keep them up to date with any changes in policies and procedures or anything that might affect people's care and treatment. Staff were confident senior management would deal with any concerns relating to poor practice or safeguarding issues appropriately.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

The staff recruitment and selection procedure was robust and newly appointed staff were not allowed to work until all relevant checks had been completed and references received.

The staff we spoke with knew how to recognise and respond to allegation of possible abuse correctly and were aware of the organisation's whistleblowing policy.

Medication policies and procedures were in place and prescribed medicines were being stored, administered and disposed of safely.

Good

Is the service effective?
The service was effective.

Staff had received training and support relevant to their roles.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People had choices of food at each meal time which met their likes, needs and expectations. People with specialist diets had been catered for.

People received medical assistance from healthcare professionals when they needed it.

Good

Is the service caring?
The service was caring.

Staff were compassionate and caring in their interactions with people who used the service and their visitors and treated people with respect.

People told us they found the staff caring, friendly and approachable and they liked living at the home.

People's information was treated confidentially and personal records and reports were stored securely.

Good

Is the service responsive?
The service was responsive.

Care plans were in place that reflected people's individual needs. Plans were reviewed and updated as people's needs changed.

There was a range of activities for people to participate in, including activities and events in the home, and in the community.

There was a complaints procedure in place and people we spoke with felt confident that if they made a complaint it would be dealt with appropriately and in a timely manner.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The manager was clear about the future development of the service and was proactive in ensuring wherever possible both people who lived at the home and staff were involved in improving service delivery.

People who were able told us the manager and senior management team were approachable and listened to what they had to say.

There was a quality assurance monitoring system in place that was designed to continually monitor and identify shortfalls in the service and any non-compliance with current regulations.

Knowles Court Residential and Nursing 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 was unannounced and carried out on the 23 and 24 July 2015. On the first day of inspection three inspectors and three experts by experience in the care of the elderly visited the service. An expert by experience is a person who has personal experience of using care services or caring for someone who uses this type of care service. On the second day two inspectors returned to complete the inspection process and to provide feedback to the registered manager and clinical lead nurse.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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 reviewed previous inspection reports and notifications before the inspection. A notification is information about important events which the home is required to send us by law.

During the course of the inspection we spoke with the registered manager, the clinical lead nurse, the chef, housekeeping staff, 20 people who used the service, 10 relatives and 14 staff members including the activities co-ordinator. We also spoke with two healthcare professionals who visited the service on a regular basis. Following the inspection we spoke with the area manager responsible for the service and contacted Healthwatch.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Some people who used the service had complex needs which meant they could not share their experiences. We used a number of methods to help us understand their experiences. For example, on one of the units, Headley House, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living with dementia who could not always talk with us.

Is the service safe?

Our findings

The people we spoke with told us they felt safe living at the home and the staff were kind and caring. One person said, "I feel far safer living at Knowles Court than I did living alone in the community. There is always someone to talk to and it's nice to know the staff are always there if I need them." Another person said, "I don't have any concerns about my safety. The staff are good and will do anything to help you."

We spoke with both trained nursing staff and care staff who demonstrated a good understanding of protecting vulnerable adults. They told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local safeguarding authority and the Care Quality Commission (CQC) if they had any concerns. They also told us they were aware of the whistle blowing policy and felt able to raise any concerns with the manager knowing they would be taken seriously.

Whilst medicines were administered to people by trained nursing and senior care staff, we saw people were also able to administer their own medication within a risk management framework if they had the capacity to do so. This demonstrated the provider was promoting people's independence and an attachment to daily living activities they had carried out prior to admittance to the home.

Medicines may only be administered to people in care homes without their knowledge (covertly) within current legal and good practice frameworks designed to protect the person who is receiving the medicine and staff involved in the administration. The home had in place a covert medicines policy. During our inspection of medicines we were informed four people received their medicines covertly. The care records we looked at showed mental capacity assessments had taken place. We saw best interest meetings had been conducted with a range of relevant people involved, most notably the GP, pharmacists and people's family or appointed advocates. The outcome of the best interest meetings was clearly recorded. We saw requirements for the regular review of the process was being followed.

We observed the morning medicine rounds on all four houses and found, with the exception of Headley House, staff wore a tabard which indicated they were not to be distracted whilst administering medicines. Our observations showed this to be effective. However, on Headley House on the first day of the inspection we observed the senior care assistant did not wear a tabard. As a consequence they were constantly distracted either by staff or people who used the service wanting to speak with them or by having to answer the telephone. This could lead to some people not receiving their medication at the prescribed time and mistakes being made. This was discussed with the house manager and registered manager who addressed the matter immediately.

We saw the nurse or senior care assistant checked each person's identity and explained the process before giving people their medicine. This ensured people received the right medicine at the right time. Arrangements for the administration of PRN (when needed) medicines protected people from the unnecessary use of medicines. People who were prescribed topical preparations to be administered on a PRN basis had this recorded on a proforma which included a body map. We saw records which demonstrated under what circumstances PRN medicines should be given.

Medicines records were accurately maintained. There was secure storage for medication and the temperature of the storage areas and fridges had been monitored daily. There were no staff signature omissions on the medicine administration records (MAR) charts we reviewed, indicating people had received their medication as prescribed. The date on which bottles of liquid medications had been opened had been recorded. A random sample of medicines dispensed in boxes indicated stock control was good with all medicines accounted for.

We looked at the controlled medicines records and found there were effective systems in place to account for these medicines. The service had procedures in place for receiving and returning medication safely when no longer required. We saw all people who were prescribed antipsychotic medicines had their needs reviewed every two months by their GP.

We looked at two people's MAR sheets who had been prescribed warfarin. The appropriate dosage of warfarin was dependent on the outcome of a regular blood clotting test. The outcome of the test indicated the dose of warfarin to be given over the coming period. We saw the manager had instituted a specific protocol for all to follow to ensure

Is the service safe?

the blood results were accurately recorded and the correct dose of warfarin dispensed. This meant the provider was taking appropriate and measured action to protect people from receiving unsafe care.

We saw evidence that people were referred to their doctor when issues in relation to their medication arose and changes to medicines in care plans and on MAR sheets were signed by the GP. Allergies or known drug reactions were also clearly recorded on each person's medicine records and the MAR sheets.

The manager told us sufficient staff were employed for operational purposes and there was a good skill mix within the staff team. The manager said staffing levels were based on people's needs, were kept under review and increased as and when required. We raised some concerns with the registered manager regarding the staffing levels on Headley House as especially on the morning of the first day of inspection we observed the staff were very busy and had little time to engage with people. A relative on Fairfax House also told they felt the unit was at times short staffed. Following the inspection we received reassurance from the registered manager that staffing levels were kept under constant review and would be increased in line with people's assessed needs. The area manager also confirmed one of the activity co-ordinators was on long term sick leave which was having some impact on service delivery.

We saw there was a recruitment and selection policy in place which showed all applicants were required to complete a job application form and attend a formal interview as part of the recruitment process. The manager told us during recruitment they obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions which may have prevented them from working with vulnerable people.

We saw there was a disciplinary procedure in place and the registered manager told us if they found a member of staff was no longer suitable to work in a health or social care setting they would make a referral to the appropriate agency, for example, the Disclosure and Barring Service. We looked at six staff employment files and found all the appropriate checks had been made prior to employment. The staff we spoke with told us the recruitment process was thorough and done fairly. They said they were not allowed to work until all relevant checks on their suitability to work with vulnerable adults had been made. They also said they felt well supported by the registered manager and senior management team and enjoyed working at Knowles Court.

We completed a tour of the premises as part of our inspection. All the accommodation throughout the site was at ground level. We inspected people's bedrooms, bath and shower rooms and communal areas on all four houses. The registered manager told us there was an on going programme of improvements in place and we saw many of bedrooms and communal areas had been refurbished since the last inspection.

We found all floor coverings were appropriate to the environment in which they were used. All floor coverings were of good quality and properly fitted thus ensuring no trip hazards existed. We inspected records of the lift, gas safety, electrical installations, water quality, pest control and fire detection systems and found all to be correctly inspected by a competent person. We saw all portable electrical equipment had been tested and carried confirmation of the test and the date it was carried out.

We saw that Control of Substances Hazardous to Health Regulations 2002 (COSHH) assessments had taken place to prevent or control exposure to hazardous substances. All cleaning materials and disinfectants were kept in a locked room out of the reach of vulnerable service users. We saw fire-fighting equipment was available and emergency lighting was in place. During our inspection we found all fire escapes were kept clear of obstructions.

The cleaning staff described the protocol for separation of cleaning materials and equipment to ensure toilets were cleaned with cloths not used in other areas. The cleaning staff we spoke with told us they had been given advice on the correct cleaning solutions to be used on various areas and surfaces within the home. They also told us there were adequate supplies of cleaning products and protective clothing at all times.

Is the service effective?

Our findings

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We were told 10 people were subject to DoLS with a further 17 authorisations being made to the supervisory body with no outcome as yet.

The clinical lead provided an explanation of the Mental Capacity Act 2005 (MCA) and their role in ensuring people were able to continue making their own decisions. Staff members we spoke with told us that they had received training in this area and answers to our questions demonstrated their knowledge was good and they had an understanding of how the MCA and DoLS worked in practice. Two people who were subject to DoLS had conditions attached to the approvals. We saw the conditions had been reflected into care plans and enacted.

We observed one person in a lounge who was seated in a bespoke chair with the intention of tipping the person backwards. We looked at the person's care plan to find health needs assessments had taken place which identified the need for the observed posture to be maintained. Therefore whilst the chair restricted the person's movements they were not being used for the purpose of restraint.

We spoke with the house manager about the use of restraint which included the use of bed-rails. Our discussion demonstrated bed-rail assessments were used to ensure people who may roll out of bed or have an anxiety about doing so would be protected from harm. The house manager demonstrated a good understanding of how inappropriate use of bed-rails may constitute unlawful restraint.

We asked the care staff what they did to make sure people were in agreement with any care and treatment they provided on a day to day basis. They told us they always asked people's consent before they provided any care or treatment and continued to talk to people while they assisted them so they understood what was happening. The staff told us they respected people's right to refuse care and treatment and never insisted they accepted assistance against their wishes. The people we spoke with confirmed this and we saw consent forms in the care files we looked at.

We saw that care plans clearly recorded whether someone had made an advanced decision on receiving care and treatment. The care files held 'Do not attempt cardio-pulmonary resuscitation' (DNACPR) decisions. The correct form had been used and fully completed recording the person's name, an assessment of capacity for this element of care, communication with relatives and the names and positions held of the healthcare professional completing the form. We spoke with staff all of whom knew of the DNACPR decisions and were aware that these documents must accompany people if they were to be admitted to hospital.

The registered manager told us that all new staff completed induction training on employment and always shadowed a more experienced member of staff until they felt confident and competent to carry out their roles effectively and unsupervised. This was confirmed by the staff we spoke with.

The registered manager confirmed that following induction training all new staff completed a programme of mandatory training which covered topics such as moving and handling, infection control, food hygiene, health and safety and safe guarding. We looked at the training matrix and saw that all mandatory training had been completed by staff within the recommended time frames for each training course. We saw additional training was provided on specialist topics such as pressure area care and dementia care. Some of the staff had achieved the NVQ (National Vocational Qualification) level 2 award and others had progressed to NVQ level 3.

The manager told us individual staff training and personal development needs were identified during their formal one to one supervision meetings with their line manager and their annual appraisal. This demonstrated to us staff received the training and support they needed to carry out their work effectively and safely.

We saw the menu for the day was displayed in each of the houses and people confirmed that they made their choices from the menu. However, if they wanted something different this was provided. The chef was knowledgeable about people's dietary and specific needs. Our observations and the records we looked at confirmed what people had told us and showed people were supported to eat, drink and maintain a balanced diet. We saw where fortified products had been prescribed by a health care

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professional these were adhered to. We saw that people's weights were continually monitored and if any significant weight loss was noted advice and guidance was sought from relevant healthcare professionals.

The house managers told us they regularly worked with community services staff to meet the needs of people. This included a chiropodist, pharmacist, community specialist nurses and therapists, speech and language therapists and community psychiatric nurses.

We spoke with two healthcare professionals during the course of the inspection. Both confirmed they had no concerns about the care and treatment provided. However, one person did feel at times communication could be better and the staffing levels and skill mix on the dementia care unit could be improved. This was discussed with the registered manager who confirmed they would speak with the house manager on Headley House to ensure the unit was appropriately staffed.

Is the service caring?

Our findings

People who lived at the home and people's relatives told us the staff were caring and friendly. They said staff treated them with kindness and respect. One person who had only recently been admitted said, "Although I have only been here a short period of time I have found the staff to be lovely, they will do anything for you." The relative of another person told us they visited the home at all different time to fit in with their shift work and staff was always friendly and there were never any problems. A third person told us their relative had 'come out of their shell' since moving into Knowles Court and was no longer isolated.

During the inspection we listened to and observed staff as they were working. We noted that conversations with people were kind and respectful with people being given explanations as to what was happening. For example; one person asked about a recent outpatient appointment they had attended and the house manager explained the outcome clearly and patiently. We also observed a nurse supporting a person who was concerned about our presence as they were wary of strangers. The person who used the service clearly felt supported by the re-assurance given by the nurse from their manner and body language.

On Rosewood House we saw the service was developed around the individual choices of people living on the unit. We saw people had personalised their bedrooms and chosen the decorations for the communal areas. We also saw that care plans and daily records demonstrated that known circumstances which triggered challenging behaviours were well documented and appropriate practical interventions were carried out by staff when people exhibited behavioural problems.

On Headley House the staff we spoke with had a good understanding of the needs of people living with dementia and encouraged people to make choices in a way that was appropriate to each individual. Whilst many people were unable to effectively communicate with us, some were able to respond to our questions. People told us they were able to make choices about what time they got up and went to bed. Others were able to express their needs regarding activities they were interested in.

Throughout the service we saw staff showed genuine affection for people and people responded in a similar way. Staff knew people well, including their likes and dislikes and how they liked things done. We observed staff chatting with people about their families and things that they enjoyed and people responded positively.

The care plans we looked at showed people had been involved in the creation and reviewing of the plan. One relative said, "From the minute we arrived here with our [relative] the staff have understood their needs and there has been a great improvement in their health."

Staff treated people with dignity using their chosen names and we saw people knock upon people's doors and waited to be asked to enter. People's privacy was protected as staff ensured that doors were closed and curtains drawn before they provided personal care.

We saw that some people had 'end of life' care plans in place. We saw these were completed with the involvement of people who used the service. Staff supported people sensitively to make decisions about their end-of-life care and to ensure their views were recorded as to how they wanted to be cared for. The registered manager confirmed that advocates were used by the service when people did not have relatives or representatives to help them make a decision about their care.

Is the service responsive?

Our findings

One relative said, "We are very happy with this home. We had a pre-placement visit with lots of discussion about how the care would be delivered and how the home could meet mum's needs. They've done everything they said they would." Another relative said, "This is the first time I've had any experience of a family member moving into a care home, we were all very apprehensive but we could not be happier with the care provided at Knowles Court."

We saw the pre-admission assessment used by the service and saw that in each of the care plans that this process had been completed and related to the care plan. This meant that people's care was individual to them. The assessment identified how the person liked to be addressed; identified their needs and what was important to them. Documents we examined indicated family members had been involved in the pre-admission evaluation of care needs.

We saw that plans of care were written from the pre-assessment and then further developed into a care plan and record with the person and their relatives in the first few days of coming to the service. During our inspection we witnessed the admission process for one person and saw the early stages of what was effective care planning. The registered manager told us the service was in the process of implementing a new care planning systems which would be more person centred.

The home had a varied activity schedule and included arts and crafts, bingo, and manicure sessions. We saw the activity co-ordinators carried out their duties with enthusiasm to the obvious delight of people who participated. The activity co-ordinators also demonstrated an in-depth understanding of people as individuals. We saw how people had been supported to participate in social and hobby activities. One person had an interest in gardening. Despite inclement weather the person was outside, under cover, participating in their interest. During our visit we observed the erection of a small greenhouse to enable the person to extend their interest further.

Throughout the time of our inspection we saw staff responded appropriately to people's needs for support. We noted people were involved in their care and staff always explained what they wanted to do and asked for people's consent before carrying out care or giving support. We saw one member of staff explain to a person they were about to transfer from a wheelchair to an armchair, so the person was prepared and knew exactly how the staff were to give support.

We were informed by the cook the catering team were responsive to people's change of menu requests and were involved when new people joined the service to ensure they could provide appropriate nutrition and avoid any food allergies of people.

Records in people's care plans were reviewed monthly and any changes updated. We saw care planning reviews had included close relatives and where appropriate relatives who were appointed as Relevant Person's Representatives at the point of authorisation of DoLS. Where appropriate supervisory authorities had appointed independent mental health advocates (IMCA) and these too had been involved in care plan reviews. Staff told us when people's care needs had changed; they were made aware of these changes, either by the senior person on duty or at staff handover. Staff told us they received a handover at the start of each shift which helped them to respond to people's immediate needs.

To ensure people could receive consistent, co-ordinated and supportive care each person had a health passport. This mean when people had to be taken to hospital in an emergency the hospital staff could gain a good understanding of people's needs.

We looked at the complaints policy which was available to people who used the service, visitors and staff. The policy detailed how a complaint would be investigated and responded to and who they could contact if they felt their complaint had not been dealt with appropriately. The policy also detailed the timescales within which the complainant would be dealt with.

The relatives we spoke with told us that they knew how to make a complaint and would have no hesitation in making a formal complaint if the need arose. One person said, "I once raised a complaint with the manager and it was dealt with appropriately and I was happy with the response I received." Another said, "I have never had to make a complaint but I know the procedure and would not hesitate to make a formal complaint if necessary."

Is the service well-led?

Our findings

The relatives we spoke with told us they had confidence in the registered manager and staff team and were pleased with the standard of care and support they received. One person said; "I have every confidence in the manager and staff, they do a brilliant job." Another person told us, "I have always found the manager and staff to be approachable and willing to listen."

The staff we spoke with told us that the registered manager operated an open door policy and were confident that any issues they raised would be dealt with promptly. We asked staff if the registered manager was open to change and they told us they felt they could make positive suggestions and people could speak up if they had concerns or ideas.

There was a clear management and staffing structure in the home. This meant staff received good support and they knew about their individual roles and responsibilities. The registered manager was supported by a strong senior management team and administrative staff. There were heads of departments for catering, housekeeping, activities, maintenance and administration. Nursing care was overseen by a clinical lead nurse and on the nursing unit the registered nurses were supported by a team of senior carers and care staff.

We saw the registered manager met with the clinical lead nurse and the head of each department every morning and shared information about all aspects of the service. For example; what activities were planned, the days menu, planned maintenance, hospital appointments and updates on the health and well-being of the people who lived at the home. The staff we spoke with were very positive about these meetings. One told us, "The daily meetings are really good. You're kept up to date on what is going on in the whole home, not just the unit you are working on."

In addition, we saw that both staff and residents meetings were held on a regular basis so that people were kept informed of any changes to work practices or anything which might affect the day to day management of the service.

Staff were generally well organised and there was a calm atmosphere on the days of inspection. Staff were very positive about the support they received. One told us, "The support and team work here is brilliant." Another member of staff said, "You can go to any member of staff whether a senior, nurse or house manager and they will always help you. We have a great team and we all work together."

The provider information return showed that as part of governance the home was under the leadership of an area director and an area manager. In addition, we saw that the quality manager employed by the organisation also worked closely with the registered manager to monitor and support service development. The registered manager told the quality assurance monitoring process was designed to drive continuous improvement at all levels

We saw the area manager and quality manager visited the home on a monthly basis to review the quality of care and facilities people received. This included looking at the environment, talking with people who used the service, relatives and other healthcare professionals to seek their views on the service

Throughout the two days of our inspection we saw the registered manager provided visible leadership within the home. They demonstrated a very caring and person-centred approach. During our inspection the registered manager was approached regularly by people and staff for support or to inform them of events.

Our examination of care records indicated the manager submitted timely notifications to the Care Quality Commission (CQC) indicating they understood their legal responsibility for submitting statutory notifications. People's care records and staff personal records were stored securely which meant people could be assured their personal information remained confidential.

The registered manager told us that as part of the quality assurance process a selection of people who used the service and relatives were asked to participate in an annual customer satisfaction survey. They confirmed the information provided was collated and an action plan formulated to address any concerns raised. The information is also shared with residents, relatives and staff.

In addition, an annual staff survey is carried out to seek their views and opinions of the service and to establish the level of engagement they have with the organisation. We also saw the organisation offered incentives to staff such as long service awards to thank them for their commitment.