Regency House (2001) Limited

The Lawns Care Home

Inspection Report

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Overall summary

The Lawns is a modern, purpose built care home for up to 62 people, including people with dementia care and personal care needs. On the day of our inspection 35 people were living at The Lawns. There are two floors with lift access, several lounge and dining areas. The home has a lawned garden area and ample car parking.

At the time of our inspection the service had a manager who had submitted an application to register with the Care Quality Commission.

Below is a summary of what we found. The summary is based on looking at records and from speaking with people who used the service in their own flats, relatives and staff.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. Care and support was tailored to meet people individual needs and staff knew people well. The care plans included risk assessments. Staff had good relationships with the people who used at the service and the atmosphere was happy and relaxed.

People who used the service and their families had contributed their opinions and preferences in relation to how support was delivered. We found that people were involved in most decisions about the care and support they received. We spoke with staff and saw they understood people's care and support needs.

We were told people's privacy and dignity was respected when staff supported people with their personal support needs.

The manager told us they were confident that all the staff had a good understanding of the Mental Capacity Act 2005. People's choices and decisions were respected. Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) is law protecting people who are unable to make decisions for themselves. There were no DoLS currently in place; however, the registered manager knew the correct procedures to follow to ensure people's rights were protected.

We observed people were cared for in a clean, hygienic environment. However, some bathrooms areas and equipment were not clean and some of the home's policies and procedures had not been followed. We also noted the infection control audit for March 2014 had not identified these issues. This was rectified by the regional manager on the day of our inspection.

We found people were cared for, or supported by, sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

People were protected from the risks of inadequate nutrition and dehydration.

Everyone we spoke to said they would be confident to make a complaint, should this be required. Staff members told us that they would support people if they wanted to complain. We found the service learnt from any complaints made and investigations were thorough and objective.

The provider had systems in place to assess and monitor the quality of the service. People had a chance to say what they thought about the service and the feedback gave the provider an opportunity for learning or improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

The people we spoke with told us that they had no concerns with the cleanliness of the home. However, we found some bathrooms and bathroom equipment were not cleaned and some infection control procedures had not been followed.

People we spoke with told us they felt safe. We found the safeguarding procedures in place were robust and staff understood how to safeguard people they supported.

Staff we spoke with had a good understanding of the Mental Capacity Act (MCA) and how to ensure the rights of people with limited mental capacity to make decisions were respected. Staff demonstrated to us they understood how to manage challenging behaviour and were able to confidently describe how they defused situations before they resulted in harm to people.

The correct policies and procedures were in place should an application be needed. Relevant staff had been trained to understand when an application should be made, and how to submit one.

Staff knew about risk management plans and showed us examples where they had followed them. People were not put at unnecessary risk but also had access to choice and remained in control of decisions about their care and lives.

Are services effective?

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative or advocate. We saw people's plans had been updated regularly and when there were any changes in their care needs.

People told us they were happy with the care and support they received and their needs had been met. It was clear from our observations and from speaking with staff they had a good understanding of the people's care and support needs and knew people well.

Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

People's nutritional needs were met. The menus we saw offered variety and choice and provided a well-balanced diet for people who used the service.

Summary of findings

Are services caring?

When speaking with staff it was clear they cared for the people they supported and they understood people's care needs. We saw staff were patient and kind to people who used the service. We saw staff sat chatting with people in the lounge areas and people were encouraged to share their views. People we spoke with said staff were kind and caring. They said they were not rushed into doing things. However, we saw one member of staff lacked warmth and compassion with one person.

People had detailed care plans which contained a good level of information setting out exactly how each person should be supported and cared for. People's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's wishes.

We saw staff maintained people's privacy and dignity while providing care and support. Staff were able to give further examples of how they encouraged and maintained independence.

Are services responsive to people's needs?

We saw people's needs had been assessed before they moved into the service which included recording in their care plan their preferences, interests, likes and dislikes.

People's choices and decisions were documented and reviewed regularly. People and their families were involved in these reviews along with discussions about their care.

An activity co-ordinator had just recently been appointed by the home. The appointment of the activity co-ordinator was as a result of a resident/relative questionnaire in 2013 which resulted in people wanting more to do. People had completed individual activity questionnaires and as a result a programme of activity had been created with people's likes and dislikes taken into account. We saw people were offered a wide range of activities.

People received care and support in a coherent way and the service contacted other agencies to support this when required.

We spoke with the manager regarding how they monitored complaints. They explained the complaints procedures. They said complaints were fully investigated and resolved where possible to the person's satisfaction. The provider took account of complaints and comments to improve the service and we saw evidence of this on the day.

Summary of findings

Staff had an awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff understood their obligations with respect to people's rights and choices when they appeared to lack the mental capacity to make informed and appropriate decisions.

The manager said they would look at getting some actual response times for the call bells Most people said the responsive were good, however, three people who used the service said they had to wait for the call bell to be answered.

Are services well-led?

At the time of our inspection the manager had submitted an application to register with the Care Quality Commission.

The service had a quality assurance system in place which was effective. The regional manager told us the infection control audit would be revised and further training on completion of the audit would be implemented immediately. We saw records which showed identified problems and opportunities to change things for the better were addressed promptly.

Staff told us they were clear about their roles and responsibilities. They said the new manager was doing a good job and operated an open door and inclusive culture.

Staff had a good understanding of the ethos of the home and knew there were quality assurance processes were in place.

The provider had systems in place to make sure managers and staff learnt from events such as accidents and incidents. This included the monitoring of incidents to identify any trends and to reduce risks to people who used the service.

The manager and regional manager told us they took people's care and support needs into account when making decisions about the numbers, qualifications, skills and experience of staff required. This helped to ensure people's needs were always met and enabled staff to be clear about their responsibilities and timescales.

Summary of findings

What people who use the service and those that matter to them say

We spoke with 10 people who used the service and two relatives.

People told us they were happy living in The Lawns. One person told us, “I like my own company and staff respect that.” Another person told us, “They look after me well, they help when I need it, they are brilliant.” Other comments included, “They certainly do very well in looking after me”, “My life has been turned round here, they are brilliant. I was in a mess when I got here but they have sorted me out” and “I had a crying episode but they calmed me down.”

One person told us when asked if they would change anything, “Good Lord no, they are on the ball straight away.”

Two relatives we spoke with told us they were happy with the care and support their family member received at the home. They told us the staff understood the care and support needs of their family member. They also told us they were contacted by the home straight away if their family member required any treatment. One person told us, “Care is very good” and “Things have improved since the new manager.” Another person told us, “Gran is looked after so well.”

The Lawns Care Home

Detailed findings

Background to this inspection

We inspected the home on 8 April 2014. At the time of our inspection there were 35 people living in the home. We spent some time observing care in the lounge and dining room areas to help us understand the experience of people who used the service. However, we did not use the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who used could not talk with us. However, we were able to speak with people who used the service regarding their experiences. We looked at all areas of the home including people's bedrooms, the kitchen, laundry, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to peoples care and the management of the home.

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 was meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

Before our inspection, we reviewed all the information we held about the service and the provider had completed an information return which we received at the inspection. We were not aware of any concerns by the local authority or commissioners.

The inspection team consisted of a Lead Inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience gathered information from people who used the service by speaking with them in detail.

On the day of our inspection, we spoke with 10 people who used the service, two relatives and 12 members of staff. Staff we spoke with included the manager, regional manager and the quality manager.

At the last inspection in August 2013 we identified issues in relation to infection control and quality management. We issued compliance actions which required the provider to ensure they became compliant with regulations 12 and 10. The provider sent an action plan to us in December 2013, saying they would address these issues by 28 January 2014.

A team from the Care Quality Commission visited the home on 8 April 2014 and found the care provider had made improvements identified at the last inspection.

Are services safe?

Our findings

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training during 2013 and this was e-learning. On the day of our inspection some members of staff attended safeguarding training at another one of the provider's nearby homes. Staff said the training had provided them with enough information to understand the safeguarding processes that were relevant to them. The staff training records we saw confirmed safeguarding training had taken place for all staff.

The service had policies and procedures for safeguarding vulnerable adults along with the local authorities safeguarding procedures. We saw the safeguarding policies were available and accessible to members of staff. The manager told us staff were aware of the contact numbers for the local safeguarding authority to make referrals or to obtain advice. The staff we spoke with confirmed this.

People who used the service told us they felt safe. One person said, "Before coming here I was afraid of men because of the way I had previously been treated elsewhere but now I am taken out and cared for by male staff and I am happy and feel safe with them." Other people we spoke with told us, "I feel very safe here in this home."

The care plans we looked at had an assessment of care needs and a plan of care, which included risk assessments. The risk assessments we saw included smoking, falls, moving and handling and bedrails. It was evident the assessments were clear and outlined what people could do on their own and when they needed assistance. We also saw environmental risk assessments which included first aid, heat waves, fire and health and safety.

Information in the care plans showed the service had assessed people in relation to their mental capacity to make their own choices and decisions about care. People and their families were involved in discussions about their care and support and the associated risk factors with this. Individual choices and decisions were documented in the care plans. This showed that the person at the centre of the decision had been supported in the decision making process.

Staff we spoke with understood their obligations with respect to people's rights and choices. Staff were clear that when people had the mental capacity to make their own decisions, this would be respected. They told us when people were not able to give verbal consent they would talk to the person's relatives or friend to get information about their preferences. The manager told us they were confident staff would recognise people's lack of capacity so best interest meetings could be arranged. The provider information return stated that all staff were currently trained in the MCA. However, the manager told us further MCA training was due to be arranged for all staff during 2014.

We saw in people's care plan there were Mental Capacity assessments, however, one of the care plans we looked at had the assessment had not been fully completed. The manager said she would address this immediately and review all the Mental Capacity assessment in people's care plans.

We looked at some of the communal areas of the home, some people's bedrooms and the laundry area and found the majority of the home was clean, tidy and odour free. However, we found some of the bathrooms and bathroom equipment was not clean and a slight odour was noticed in two of the bedrooms. For example, the underneath of the shower and bath chairs were dirty, the wall areas around the shower were not clean and the floor plug in one shower room was black around the edges. During our inspection the regional manager arranged for extra cleaning staff to address the areas of concerns. At the end of our inspection we relooked at one of the shower rooms and this had been cleaned to a satisfactory standard. The manager told us this would be now monitored as part of their daily walk round and any identified issues would be addressed immediately.

We observed staff using aprons and gloves which were readily available in the home to minimise the risk of cross infection and the home had ample supplies of cleaning equipment and materials. We saw there was adequate provision of suitable hand washing facilities, soap and alcohol gel. Staff confirmed that they were supplied with the correct personal protective equipment when carrying out infection control procedures.

There was evidence staff had received relevant training in 2013. The manager told us the home had an infection

Are services safe?

control champion and they were due to attend extra infection control training before the end of June 2014. This would enable them to share their learning with other members of staff and address any infection control issues.

We saw that daily infection control tasks were carried out in the home. However, some bathroom areas and bathroom equipment were not included in the daily tasks. We saw an infection control audit had been carried out in March 2014. However, this had failed to identify the unclean bathroom equipment. The regional manager told us they would be meeting with the infection control champion and going through April 2014 audit together. They said this would help to identify any gaps and to make the audit process more robust. There were up to date infection control policies and procedures in place which were available to staff. The manager told us they would be discussing infection control and prevention at the next staff team meeting which was due to be held in April 2014.

We looked in the laundry and saw there was a system in place to make sure dirty and clean laundry were kept separate. The manager told us the kitchen had been recently been inspected by the local environmental health department and was awarded a 5* rating (the highest) for their standards of food safety and hygiene. However, we did not see evidence of this on the day of our inspection.

The people we spoke with told us they had no concerns with the cleanliness of the home. One person told us, “They take my laundry in the morning and it is back in an hour and a half, everything has my name in.”

Are services effective?

(for example, treatment is effective)

Our findings

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. People were supported in maintaining their independence and community involvement. On the day of our inspection one person had gone to the shops, some people spent time in their bedrooms and other people spent time in the communal lounge areas. One person we spoke with told us, "I can have a shower whenever or, as often as I want, I can stay in my room or go to the lounge."

People who used the service were given appropriate information and support regarding their care or support. We looked at care plans for four people who used the service. There was documented evidence in the care plans we looked at the person who used the service and their relative had contributed to the development of their care and supports needs. We saw consent to use their photograph and the use of bedrails had been signed by the person. The manager together with the person who used the service and/or their relative held care review meetings. The home was due to start to hold monthly residents/ relative meetings. This would give opportunity to people who used the service and/or their family members to be involved in their care and support needs. The manager and staff were also available to speak with people daily.

We spoke with two relatives during our inspection who told us they had been involved in the development of their relative's care plan. They also told us they were able to make changes and contribute to their relative's care if they wished. They said their relative's dignity was respected and independence routinely encouraged. They also told us they were contacted by the home if their relative was not well or if a doctor was called.

We saw evidence care plans were regularly reviewed to ensure people's changing needs were identified and met. There were separate areas within the care plan, which showed specialists had been consulted over people's care and welfare. These included health professionals and GP communication records. The manager told us the GP visited the home twice weekly to hold a clinic. One person we spoke with told us, "If I feel ill a doctor would be called." Another person told us, "I had a panic attack but they immediately got medical care for me."

People were supported by staff who were trained to deliver care safely and to an appropriate standard. Staff had a programme of training, supervision and appraisal. The manager told us a rolling programme of training was in place for all staff. This was evident as several training courses for 2013/2014 were seen to have taken place, including safeguarding, fire awareness and infection control. They told us training was up to date. They said a mechanism for monitoring training and what training had been completed and what still needed to be completed by members of staff was in place. The members of staff we spoke with confirmed a programme of training was in place. Staff were able, from time to time, to obtain further relevant qualifications. The manager told us future training would include the resident experience and behaviour that challenges. The provider information return stated that all staff had completed mandatory training courses.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. The members of staff we spoke with said they received supervision on a bi-monthly basis. The manager confirmed staff received supervision six times per year and staff were able to receive ad-hoc supervision if they needed to discuss any issues. There was evidence in the staff records we looked at that each member of staff received supervision on a regular basis. We also saw staff had received an annual appraisal.

People were provided with a choice of suitable and nutritious food and drink. We saw people's nutritional needs and any allergies had been recorded in their care plan. People who used the service told us they enjoyed the food and always had enough to eat and drink. If someone didn't want what was on offer then an alternative had been arranged. One person said, "That's good that."

People were supported to be able to eat and drink sufficient amounts to meet their needs. People received appropriate support from staff when needed. People sat comfortably to eat their meal and staff placed people's meals and drinks within easy reach and were asked if they would like more to eat or drink before they left the dining area.

We saw there were jugs of juice available throughout the home for people to help themselves. There was a morning and afternoon tea trolley which served tea or coffee and had a range of food items for people to choose if they so wished.

Are services effective?

(for example, treatment is effective)

We saw the manager had carried out monthly dining experience surveys. We looked at the March 2014 which included food presentation and quality, environment and refreshments. They told us they were in the process of addressing any identified issues.

Are services caring?

Our findings

During our inspection we saw interaction between the staff and people who used the service. We saw staff were respectful and treated people in a friendly way. We saw people being offered choice with regard to where and how they wanted to spend their time. For example, some people wanted to watch television, some people were reading and others were listening to music. We observed staff helped people into wheelchairs or walking when needed and staff related well with people and smiled and had fun with them. However, we also noticed one person was sat on their own, crying during lunch. The member of staff asked what was wrong but this was done with a lack of warmth and compassion. The manager said they would address this issue immediately and speak with the member of staff.

People we spoke with said they were happy with the care provided and could make decisions about their own care and how they were looked after. Everyone we spoke with told us their dignity was respected and confidentiality was always maintained. They said staff encouraged them to be as independent as possible. We saw people walking around the home when they wanted to and people were eating independently during lunch time. People told us they were able to choose what they wanted to do each day and decide if they wanted to join in with the activities.

We observed staff attending to people's needs in a discreet way which maintained their dignity. We saw staff knocked on people's bedroom doors before entering and provided extra serviettes during lunchtime for people to use which helped to maintain their dignity. During our inspection we spoke with members of staff who were able to explain and give examples of how they would maintain people's dignity, privacy and independence. We saw one person had been supported in going to the shop and during lunch staff referred to people by name. One person we spoke with told us, "They always close the door when they see to me."

We saw staff showed patience and gave encouragement when supporting people. People told us they were able to do things at their own pace and were not rushed. Our observations confirmed this.

We looked at care plans for people who used the service. People's needs were assessed and care was planned and delivered in line with their individual care plan. People who used the service had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes, what activities they liked to do and what was important to them. We saw one person liked to smoke and this was recorded in their care plan.

During our inspection the staff we spoke with told us the care plans were easy to use. They also told us they contained relevant and sufficient information to know what the care needs were for each person and how to meet them. They demonstrated a good knowledge of people's care, support needs and routines and could describe care needs provided for each person. However, one person told us they would have liked to see more lifestyle information about each person.

During our visit we observed interactions between the staff and people who lived in the home. People were supported in a friendly manner by the staff. Staff supported people without rushing, giving them time to do things at their own pace. For example, we saw two staff members supported a person during lunchtime when they started coughing.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People's needs had been assessed before they moved into the service. We saw records confirmed people's preferences, interests, likes and dislikes and these had been recorded in their care plan. People and their families were involved in discussions about their care and the associated risk factors. Individual choices and decisions were documented in the care plans and reviewed on a regular basis.

The manager told us an activity co-ordinator had just started working at the home. This offered people who used the service a range of social activities. These included an Easter egg raffle, inter-homes dominos, baking, arts and pet therapy. One person we spoke with told us they liked their hobbies which included his computer and amateur radio. The home shared a minibus with three other homes giving people the opportunity to talk to and socialise with people from other homes. However, the use of the minibus had been limited. This was due to a different activity co-ordinator starting at the home and the manager told us this would be reviewed once the activity co-ordinator had got settled.

We looked at people's care plans which included people's likes, dislikes and what activities they liked to do. The activity co-ordinator told us they had carried out a survey to find out people's like and dislikes and as a result had produced an activities programme. However, they told us this was not set in stone. We saw a copy of the survey which supported the development of an activities programme for people who used the service.

We observed staff gave time for people to make decisions and respond to questions. The manager told us residents/ relatives meetings had been introduced and would give people the opportunity to contribute to the running of the home. One person who we spoke with told us they had been involved in some recent staff interviews. This made sure staff with the appropriate skills and experience cared and supported people who used the service.

People were given support by the manager and staff to make a comment or complaint where they needed assistance. The manager told us people's complaints were fully investigated and resolved where possible to their satisfaction. The manager told the complaints' policy was normally displayed in the entrance to the home but was being updated and would be replaced shortly. One person we spoke with said, "I would tell the new manager, she would listen and deal with it."

The home regularly audited the views of people who used the service and ensured that individuals were aware of who to make a complaint to and what the procedure was. The managers of the home told us they were always available to speak with people and listen to their concerns. They said this helped them to resolve any minor issues before they became complaints and people had their comments and complaints listened to and acted on.

We saw the home also had a suggestion box in the entrance to the home if people wished to use it.

Most people said if they pressed the bell staff came quickly. One person told us they did everything for themselves but had fallen one night, however, when they pulled the call bell staff came running immediately. We also noted during our inspection that one or two call bells were sounding for a few seconds and we were told by three people who used the service they had to wait for the call bell to be answered but they were not specific about the length of time. The manager was able to explain the reason for the call bell times during the morning. The manager monitored accidents and incidents which included the monitoring of falls to reduce risks to people who used the service. They said they would look at getting some actual response times and analyse the information to see where improvements could be made. This may help to eliminate any risks to people who used the service.

The service worked well with other agencies and services to make sure people received care and support in a coherent way. This included contact with local healthcare service such as dietician, optician and pharmacist.

Staff had an awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff understood their obligations with respect to people's rights and choices when they appeared to lack the mental capacity to make informed and appropriate decisions. We saw the home had up to date policies and procedures in place. There were mental capacity assessments in the care records we reviewed. We also saw some consent forms had been signed by the person. This helped to support people be involved in their welfare and to make decisions about their care needs.

Are services well-led?

Our findings

The manager in place took up post in March 2014. At the time of our inspection the manager had submitted an application to register with the Care Quality Commission. Prior to that there was no registered manager in place since July 2013.

People who used the service and their relatives were asked for their views about their care and support the service offered. We saw the results of the 2013 questionnaire displayed in the entrance to the home. The results showed positive outcomes and people were happy with the service. People and their relatives were also able to attend monthly residents meeting. These meeting had just been implemented by the manager. We saw the dates for these meeting were displayed around the home.

The service had a quality assurance system in place. The manager told us they completed monthly and weekly reports which included falls, skin integrity, people's weights, occupancy levels and staffing. Identified issues were addressed immediately. We saw copies of the monthly reports which confirmed the reports were conducted. The manager told us they also conducted a daily team brief with all staff. They also held staff monthly meetings along with heads of area meetings. We saw the meeting minutes for March 2014 which discussion included health and safety, life stories, furniture update, infection control and privacy and dignity.

The regional manager said they produced a monthly quality visit report which included medication, care documentation and the environment. If issues were identified an action plan would be produced and actions were monitored monthly.

The manager carried out two to three audits on a monthly basis. These included end of life, training, medications and care documentation. They told us they were going to review the impact of the infection control audit to make sure it was fit for purpose.

Observations of interactions between the regional manager, manager and staff showed they were inclusive and positive. A member of staff we spoke with told us the manager had made changes for the better and the direction of the service was much clearer. Other members of staff we spoke with said, "The manager is approachable, fair and open", "Things have got better" and "Things are so much better now with this new manager."

The manager told us they had an open door policy and people who used the service and their relatives were welcome to contact them at any time. They said staff were empowering people who used the service by listening and responding to their comments. Staff we spoke with said the new manager was doing a good job and operated an inclusive culture.

We spoke with the manager regarding how they monitored complaints. They explained the complaints procedures. They said complaints were fully investigated and resolved where possible to the person's satisfaction. The provider took account of complaints and comments to improve the service. They told us they had also implemented an incident monitoring system and would be looking to identify trends and address any issues.

The regional manager and manager told us staffing levels were assessed depending on people's need and occupancy levels. The staffing levels were then adjusted accordingly. They said where there was a shortfall, for example when staff were off sick or on leave, existing staff worked additional hours. They said this ensured there was continuity in service and maintained the care, support and welfare needs of the people who used the service. The deputy manager told us they produced a floor plan for both floors so staff would know who they would be supporting on a daily basis. They said they also carried out matching and compatibility of staff to people who used the service where possible. We saw copies of the floor plan and noted there were enough staff supporting people on the day of our inspection.

We saw evidence in people's care records that risk assessments and care plans had been updated in response to any incidents which had involved people who used the service. People we spoke with told us if they had any concerns they would talk to a member of staff or the manager and they said they felt their concern would be acted on.

We saw up to date policies and procedure were in place. One's we looked at included complaints, selection and recruitment, whistleblowing, dementia and nutrition.