Classic Care Homes (Devon) Limited

Summercourt

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

The inspection took place on 22 October 2014 and was unannounced. At our last inspection on 9 October 2013 we found breaches of legal requirements related to the management of medicines and records. The provider sent us an action plan which explained how they would address the breaches of regulations. At this inspection we found these actions had been completed and improvements had been made. The provider now meets the legal requirements.

Summercourt provides care and accommodation for up to 20 people. On the day of the inspection 19 people were living in the home. Summercourt provides care for people who are elderly and frail and may also suffer with mild mental health conditions and/or have restricted mobility. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

During the inspection people and staff appeared relaxed, there was a calm and pleasant atmosphere. Comments included; “It just feels so homely, staff are friendly, there is always a lot of laughter going on” and “The staff are so kind, warm, adorable and genuine.” People told us they had the freedom to move around freely as they chose and enjoyed living in the home.

People spoke highly about the care and support they received, one person said, “The care here is brilliant, I wish I’d come here sooner.” Another stated: “It’s lovely here and the staff are so polite, kind and caring.” Care records were personalised and gave people control. Staff responded quickly to people’s change in needs. People were now involved in identifying their needs and how they would like to be supported. People’s preferences were sought and respected.

People’s risks were managed well and monitored. People were promoted to live full and active lives and were supported to access the community. Activities reflected people’s interests and individual hobbies.

People had their medicines managed safely. People received their medicines as prescribed, received them on time and understood what they were for. People were supported to maintain good health through regular access to healthcare professionals, such as GPs, social workers, occupational therapist and district nurses.

People told us they felt safe. Staff understood their role with regards to the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Applications were made and advice was sought to help safeguard people and respect their human rights. All staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

Staff described the management to be very open, supportive and approachable. Staff talked positively about their jobs. Comments included: “I just want to say how lovely it is to work here.”; “I definitely love my job and feel extremely valued” and “The pride I get from working here says everything.”

Staff received a comprehensive induction programme. There were sufficient staff to meet people’s needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively. One staff member said: “I’m so happy with all the training I get, I love it.”

There were effective quality assurance systems in place. Incidents were appropriately recorded and analysed. Feedback from people, friends, relatives and staff was encouraged. Learning from incidents and concerns raised were used to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the home.

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?

Good

The service was safe. There were sufficient numbers of skilled and experienced staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

Risk had been identified and managed appropriately. Assessments had been carried out in line with individual need to support and protect people.

People had their medicines managed safely. People received their medicines as prescribed, received them on time and understood what they were for.

Is the service effective?

Good

The service was effective. People received care and support that met their needs.

Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to have their choices and preferences met.

People were supported to maintain a healthy diet.

Is the service caring?

Good

The service was caring. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and supportive staff.

People were informed and actively involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive. Care records were personalised and so met people's individual needs. Staff knew how people wanted to be supported.

Activities were meaningful and were planned in line with people's interests.

People's experiences were taken into account to drive improvements to the service.

Is the service well-led?

Good

The service was well-led. There was an open culture. The management team were approachable and defined by a clear structure.

Staff were motivated to develop and provide quality care.

Quality assurance systems drove improvements and raised standards of care.

Summercourt

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 checked 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 undertaken by two inspectors for adult social care on 22 October 2014 and was unannounced. This meant the provider and staff did not know we were visiting.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with seven people who used the service, five relatives, a representative of the provider, the registered manager and six members of staff. We also contacted three health and social care professionals, a district nurse, a social worker and a speech and language therapist, who had all supported people within the home.

We looked around the premises and observed how staff interacted with people throughout the day. We also looked at five records related to people's individual care needs, five records which related to administration of medicines, four staff recruitment files and records associated with the management of the service including quality audits.

Good

Is the service safe?

Our findings

At our last inspection on 9 October 2013 we found breaches of legal requirements related to the management of medicines and medical records. The provider sent us an action plan which explained how they would address the breaches of regulations. At this inspection we found these actions had been completed and improvements had been made. The provider now met the legal requirements.

People who lived at Summercourt told us they felt safe. Comments included; "I feel absolutely safe here." And "It's lovely and safe here." A relative commented; "One of the biggest things for me is the reassurance I feel, knowing that my Mum is very very safe."

Records showed staff were up to date with their safeguarding training. Staff were confident they knew how to recognise signs of possible abuse. They felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. For example, one staff member told us how they had recently identified a safeguarding concern. They had raised the issue with the registered manager and immediate action was taken to resolve the matter promptly and help ensure people were safe. Staff knew who to contact externally should they feel that their concerns had not been dealt with appropriately.

There were enough skilled and competent staff to help ensure the safety of people. Care and support was given in a timely manner. For example, we saw one person had requested assistance with a personal matter that was causing them irritation. One member of staff attempted to help the person with their request. The staff member was unable to help the person sufficiently and immediately communicated with a senior member of staff for them to help assist the person. The senior member of staff promptly assisted and the matter was resolved to the satisfaction of the person within a very short time period.

People told us they felt there were sufficient numbers of staff to meet their needs and keep them safe. Staff said there were enough staff on duty to support people. A staff member commented; "I never feel rushed, there are enough staff to be able to give people the time they need, when they need it." The registered manager told us staffing levels were regularly reviewed to ensure they could meet the needs of people. They confirmed the home was fully staffed and they were proud that they have not had to use agency staff for a number of years due to the flexibility and retention of a committed staff
team.

People were supported to take everyday risks. We observed people move freely around the home and its secure gardens. People made their own choices about how and where they spent their time. One person told us; "I enjoy the freedom I have to largely do as I please." Where possible, people were encouraged to go out independently into the local community. For example, the registered manager explained people enjoyed ring and ride day trips without staff support. Risk assessments recorded concerns and noted actions required to address risk and maintain people's independence. For example, one person had been assessed as at high risk of falls. The person had expressed a wish to mobilise independently. Exercise classes had been used to maintain and improve the person's mobility. This respected their right to take risks, promoted their freedom and helped keep them safe. A social worker told us staff were very accommodating and supported people's choices and preferences to access outside areas.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines Administration Records (MAR) were all in place and had been correctly completed. Medicines were locked away as appropriate and where refrigeration was required, temperatures had been logged and fell within the guidelines that ensured quality of the medicines was maintained. Body charts were used to indicate the precise area creams should be placed and contained information to inform staff of the frequency at which they should be applied. Staff were knowledgeable with regards to people's individual needs related to medicines. For example, one staff member told us how one person, because they had swallowing difficulties, had medicine that needed to be chewed or could be consumed in liquid form to help minimise the risk of them choking.

Good

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. One person stated; "The girls are wonderful, I would be a lot worse if it wasn't for them." A relative said "I feel the staff are well trained and know what they are doing." A healthcare professional told us; "From what I have seen staff are competent, they are all so helpful."

Summercourt had a training manager who took staff through an induction programme. They made sure staff had completed all the appropriate training and had the right skills and knowledge to effectively meet people's needs before they were permitted to support people. New staff shadowed experienced members of the team until both parties felt confident they could carry out their role competently. On-going training was planned to support staffs continued learning and was updated when required. A member of staff told us; "I have gained so much experience working here, the training really helps build my confidence and supports my professional development." Another stated; "I had a good induction, I was taken through everything and shadowing experienced colleagues was really beneficial."

Research was used to promote best practice. For example, staff used the Malnutrition Universal Screening Tool (MUST) to identify if a person was malnourished or at risk of malnutrition and the 'waterlow' pressure ulcer assessment, to assess the risk of an individual developing a pressure ulcer. For example, weight loss had been recorded as a concern for one person. A high calorie diet had commenced to address the concerns identified. Staff told us these tools helped them provide on-going support effectively and provided them with the knowledge they needed to plan and deliver appropriate care that met people's needs.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS is for people who lack the capacity to make decisions for themselves and provides protection to make sure their safety is protected. The MCA is a law about making decisions and what to do when people cannot make decisions for themselves. The registered manager was aware of the recent changes to the law regarding DoLS and had a good knowledge of their responsibilities under the legislation. Care records showed where DoLS applications had been made and evidenced the correct processes had been followed. Health and social care professionals and family had appropriately been involved in the decision. The decision was clearly recorded to inform staff. This enabled staff to adhere to the person's legal status and helped protect their rights. A social care professional said, "Staff followed the DoLS process and were supportive throughout."

Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. A staff member told us how they gave people time and encouraged people to make simple day to day decisions. For example, what a person would like to drink. However, when it came to more complex decisions such as a do not resuscitate order, they explained a health care professional or if applicable a person's lasting power of attorney in health and welfare would be consulted. This helped to ensure actions were carried out in line with legislation and in the person's best interests. The MCA states, if a person lacks the mental capacity to make a particular decision, whoever is making that decision or taking any action on that person's behalf, must do this in the person's best interests.

People were involved in decisions about what they would like to eat and drink. Care records identified what food people disliked or enjoyed and listed what the service could do to help each person maintain a healthy balanced diet. People were encouraged to say what foods they wished to have made available to them. A recent resident's forum was used to discuss people's meal preferences. New menus had been produced that reflected their choices. People confirmed their food choices were respected. One person said; "I can have what I want, for breakfast I like to have porridge and porridge is what I get."

We observed practice during the lunch time period. People were relaxed and told us the meals were good, at the right temperature, and of sufficient quantity. One person told us; "The food here is so fresh and so nice, one of the main reasons I chose to come here." There was a relaxed atmosphere. People who needed assistance were given

Good

Is the service effective?

support and nobody appeared rushed. One relative said; "My Nan is usually independent with cutlery. When she was poorly, time was given to support her with eating and drinking, she was not rushed."

Care records highlighted where risks with eating and drinking had been identified. For example, one person's record evidenced an assessment had identified a potential choking risk. Staff sought advice and liaised with a speech and language therapist (SALT). A soft diet with thickened fluids had been advised to minimise the risk. The assessment had been regularly reviewed to help ensure it met the person's on-going needs. Staff told us how they supported this person and all showed good knowledge of this person's nutritional needs and how they were met.

Care records detailed where a health care professional's advice had been obtained regarding specific guidance about delivery of specialised care. For example, a district nurse had been contacted when staff had identified a possible infection to a person's wound. A district nurse said: "Staff are proactive in calling us for advice and they always follow the advice we give." We heard one member of staff contact a local GP surgery. They arranged an immediate appointment for a person who had experienced a restless night and felt unwell. Records showed this was common practice and referrals to relevant healthcare services were made quickly when changes to health or wellbeing had been identified.

Good

Is the service caring?

Our findings

People spoke highly of the quality and consistency of the care they received. Comments included; "Staff are very pleasant and friendly, they make it feel homely."; "Staff are so polite, courteous and supportive." and "The staff show so much kindness. They are all so caring." A relative said; "Staff here are extraordinarily kind and caring. They do a great job." A health care professional told us: "Staff try hard to improve quality of life for people. They are outwardly kind and caring."

We observed staff interacting with people in a caring, compassionate way throughout the inspection. For example, one person displayed visible signs of anxiety. A member of staff stopped what they were doing and comforted them by putting on music. They sat with the person and encouraged them to replicate their actions with some deep breathing techniques. They spoke with the person in a kind manner, shared the person's concerns and re-affirmed that staff were there for them. A relative told us about this person "She loves music, Staff know this and provide it for her when she needs it. Music really helps her to feel calm."

People's needs in relation to their disability were understood by staff and met in a caring way. For example, one person with a disability was given the choice of a room that enabled them to access the garden without staff support. This meant they could partake in an activity they enjoyed when they chose and did not have to call for assistance. A social care professional stated; "Staff are very good at respecting people's disabilities and supporting people's lifestyle choices."

Staff knew the people they cared for. They were able to tell us about individual likes and dislikes, which matched what people told us and what was recorded in individual care records. Comments included; "I take real pride in how well I know people.", "We get time to sit and have proper chats with people. I love finding out about people's past." and "I like how I am given the chance to talk to people and get to know them as a person." Staff took practical action to relieve people's distress. A relative relayed how staff showed concern and responded to their relative's need in a meaningful way when an item dear to them was broken. They said; "Staff knew the importance and how much upset this would cause. They got it repaired straight away."

People were given information and explanations about their treatment and support so they could be involved in making decisions about their care. For example, one care record evidenced when a person had declined to take a course of antibiotics. A district nurse had been called out and information had been given about the benefits of taking the medicine. The person still declined and their views were listened to and respected.

People told us their privacy and dignity were respected. Relatives that visited were offered rooms where they could either dine or talk in private. Staff knocked on people's doors and waited for a reply before entering people's rooms. Staff closed doors and curtains when they provided personal care. Staff informed us how they maintained people's dignity and independence. Comments included; "It is important when providing personal care to let the person do as much as they can for themselves, offer reassurance and make people feel as comfortable as possible." And "I encourage people to do what they are able for themselves and give people the choice of when they wish me to support them."

Friends and relatives were able to visit without unnecessary restriction. Relatives told us they were always made to feel welcome and could visit at any time. One relative added, if for any reason they could not visit the home, this was explained and communicated to them. They said; "Staff will call you if there is a reason not to visit, they say why and call when it is ok to visit again." The provider said; "Relatives and friends are always welcome at whichever time suits them."

The provider and registered manager commented that the area of the service they were most proud of and therefore where their greatest achievement lay, was in relation to retention of staff. The registered manager said; "Staff know people well and caring relationships have been developed and are maintained because we have a very low turnover of staff. This is something I am very proud of and for me is a reason the residents are so happy here." The provider told us; "We have a long standing staff team who are strong, dedicated and committed. They place their focus on people because they care about them." A social care professional commented; "You always see the same staff, the staff are very friendly, they know people's preferences and support choices."

Good

Is the service responsive?

Our findings

People were involved in planning their own care and making decisions about how their needs were met. For example, one person wrote in their care plan, they wished to get up in the morning at a certain time and detailed the choice of drink they would like to be woken with. Daily notes showed and staff confirmed this was respected. Another person stated the brand of soap they wished to use when washing. We saw the person had the soap they preferred. The registered manager commented; "We go into the small detail with people to ensure they have exactly what they need." A relative told us their mum had always been a proud woman and liked to be smartly dressed. They informed us this was explained to staff on her arrival into the home. Staff were all aware of her Mum's need and it was recorded in her care record. The relative said; "Staff maintain my Mum's pride, they make sure her nails are done as she wishes and she is always immaculately dressed."

Care records contained detailed information about people's health and social care needs, they were written using the person's preferred name and reflected how they wished to receive their care. For example, one record stated a person's name and then stated how they desired to be addressed. We heard staff refer to this person and speak to this person using their preferred name. Another record stated a person liked their food prepared and delivered to them in a certain way. Staff detailed these preferences to us and confirmed they were always respected. A relative told us; "My Nan was not comfortable with a male carer assisting her with personal care. We asked for a female carer, we were listened to and a female carer is what she now has."

People had not always been actively involved in reviewing their care records in the past. We spoke with the registered manager, they confirmed people had not previously been involved in care plan reviews and recent practice had been changed to address this issue. A staff member told us; "We have recently taken a great deal of time to make sure people are involved in their care plans." We were shown one care plan that had been recently reviewed. This evidenced people were now supported to express their individual views. A relative told us, "Plans have been made for us to be more involved in regular care planning now."

Each care record highlighted people that mattered to the person. They contained a biography section that included information on how a person could maintain their identity, how their past may affect their present, and explored their personal background. One record noted a person had always enjoyed gardening, the importance of this to them had been discussed and how they could be supported to maintain their interest recorded. The registered manager confirmed the person had been involved in the development and maintenance of the home's vegetable patch and took pleasure in weeding areas of the garden.

People told us they were able to maintain relationships with those who mattered to them. Several relatives and friends visited on the day of our inspection and people independently went out for the day with their families. The registered manager told us they supported people to maintain relationships. For example, they supported one person to have weekly contact with a family member who lived abroad. Relatives confirmed staff promoted and encouraged visits. Comments included; "Staff are supportive of us as a family."; "Staff always make sure Mum is ready for me to take her out" and "I feel extremely welcome, I'm always invited to stay for lunch or tea, I find that such a lovely offer."

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. A staff member explained how a person with mobility problems was supported to visit a place in the community they enjoyed that met a keen interest they had. A resident forum had been used to obtain places of interest people wished to visit. We saw evidence that visits had taken place that respected people's choice. People confirmed they had visited places they enjoyed attending such as garden centres and the theatre. One person attended church at the time of our inspection. A weekly church service was held within the home for people who were unable to attend church in person. A member of staff told us; "We find out what people want to do and where they want to go and we try and make it happen for them. I get a sense of pride when I see how much they enjoy the trips we go on."

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The policy was clearly displayed in the entrance to the home. People knew who to contact if they needed to raise a

Good

Is the service responsive?

concern or make a complaint. People who had raised concerns, had their issues dealt with straight away. A relative told us; “Any problems at all, I just speak to the staff and it’s dealt with immediately. There is never a need to complain.” A district nurse said; “I have never had any reason to be concerned.”

The registered manager told us people were encouraged to raise concerns through resident forums and questionnaires. These were used for people to share their views and experiences of the care they received. Any concerns raised would be thoroughly investigated and then fed back to staff so learning could be achieved and improvements made to the delivery of support. No concerns had been raised as a result of the last questionnaires sent out. Staff confirmed any concerns made directly to them, were communicated to the registered manager and were dealt with and actioned without delay. There had been no formal complaints received by the service.

Good

Is the service well-led?

Our findings

At our last inspection on 9 October 2013 we found breaches of legal requirements related to the records kept at the home. Some policies and procedures needed to be updated and reviewed. The provider sent us an action plan which explained how they would address the breaches of regulations. At this inspection we found these actions had been completed and improvements had been made. The provider now met the legal requirements.

The provider and the registered manager took an active role within the running of the home and had good knowledge of the staff and the people who used the service. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. Staff comments included; "There is a clear management structure."; "The management are always around and so, so lovely." and "I know exactly who to go to for what I need. It's a small home and the management know the residents really well, which helps."

People and their relatives told us the provider encouraged people to voice their opinion and they felt listened to when they did. Some people told us they would like to have the option of a shower instead of a bath and that no shower was available within the home. The registered manager told us there was a shower people could use within the home although this was not always accessible to all who used the service. However, they were aware this was an issue for people and had plans in place to provide a second shower facility that all people could use if that was their wish. This indicated the home used communication to drive improvements.

People and staff were involved in developing the service. The home was currently raising funds to purchase equipment that would benefit people within the home. For example, people helped to hold events such as coffee mornings and fetes that were linked in with the local community. People told us, holding such events had brought them a lot of pleasure and would provide them with additional equipment that would help support their needs. A member of staff commented; "The events we hold create a bond. We are all working together to achieve our set goal. It brings such joy and a sense of achievement to everyone."

Staff meetings were held to provide an opportunity for open communication. Staff told us they were encouraged and supported to question practice. One staff member told us they had recently questioned why the fresh vegetables were stocked the way they were. They felt the system in place did not keep the food items as fresh as they could be if they were stored differently. A new storage system had been introduced and quality of the food items had been improved. They said; "The management really listened, they were brilliant, dealt with the issue right away, vegetables are now stored separately and at the right temperature." Another member of staff commented; "I raised a concern, the management are looking into it, they are very open and very supportive."

Information was used to aid learning and drive quality across the service. Daily handovers, supervision and meetings were seen as an opportunity to reflect on current practice and challenge existing procedures. For example, staff raised concerns that a system in place regarding supporting people to get up, washed and dressed in the morning was task led and did not focus on the people they supported. They felt people's needs in terms of complexity and time had not been appropriately considered. The registered manager explained how they had listened to staff's concerns and devised a new system to address them and drive improvements to the service. Staff were positive about the changes made. Comments included; "We now have more time to spend with people, it's a much fairer system and benefits everyone." and "tasks are spread around evenly, it means we get more time to spend with people, we can go at their pace, the person has more control and it's more relaxed."

The provider promoted an open culture. The home had an up to date whistle-blowers policy which supported staff to question practice and defined how staff that raised concerns would be protected. Staff confirmed they felt protected and were encouraged to raise concerns. One staff member told us; "I noticed a colleague's practice had resulted in poor delivery of care, I went to the management, they dealt with the issue immediately and supported me and the person involved through the process. I would have no hesitation in going to them again."

Staff told us they were happy in their work, were motivated by the management team and understood what was expected of them. Comments included; "I'm really made to

Good

Is the service well-led?

feel valued, it's lovely working here.", "I definitely love my job and I'm always being praised." And "I love it here, the care is second to none and I'm motivated to always improve." Supervision was up to date for all staff. Staff told us supervision was a two way process. One staff member said; "Supervision is a chance for both sides to express how they feel, both good and bad. Feedback is given on performance and that helps encourage us to want to do better."

Health and social care professionals, who had involvement in the home, confirmed to us communication was good. They told us the staff worked alongside them, were open and honest about what they could and could not do, followed advice and provided good support. A district nurse said, "Communication is good, there is always someone in charge and I am kept informed." A social worker commented, "They keep me updated. I'm always kept in the loop."

Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. The local authority, Devon County Council, had recently conducted a quality assurance check at the service. Recommendations that had been suggested to improve practice had been actioned. For example, it had been identified that people's care records contained tick lists against people's needs. A recommendation had been made that these should be replaced with detailed person centred recording of how people were cared for. The tick lists had been removed and detailed individual care plans completed.

There was an effective quality assurance system in place to drive continuous improvement within the service. Summercourt belonged to the Devon Dementia Quality Kite Mark (QKM). This is a peer review system that has been set up to support delivery of best practice within care homes in Devon. Managers and core group members who have completed QKM training conduct peer reviews of current practice in care homes that belong to the core group. Suggestions of where improvements can be made to raise the standards of delivery in care are noted. A full objective report is then sent to the home and improvements are made accordingly. The registered manager confirmed two peer reviews had been carried out in the last 12 months and had been used to raise standards and enhance practice. For example, we noted a peer review from January 2014 recorded that medicine administration records (MAR) had, "A couple of gaps" and that this would be actioned. A MAR chart audit had been carried out by the registered manager. Staff had been made aware during supervision of improvements that needed to be made. We found practice had been improved and no gaps appeared on the MARs when we reviewed them.