Sefton New Directions Limited

Sefton New Directions Limited - Chase Heys Resource Centre

Inspection report

26 Chase Heys [off Bibby Road], Southport, PR9 7LG
Tel: 01704 214279
Website: www.example.com

Date of inspection visit: 1 April 2015
Date of publication: 20/05/2015

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

Sefton New Directions Limited - Chase Heys Resource Centre is a purpose built establishment providing accommodation and personal care for 30 older people. The care home has 19 respite places and 11 intermediate care places (places supported by rehabilitation services from the local NHS provider.)

This was an unannounced inspection which took place on 1 April 2015. The inspection team consisted of an adult social care inspector. The service was last inspected in January 2014 and was meeting standards at that time.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

When we spoke with people living at Chase Heys they told us they were settled and felt safe at home. All of the people we spoke with commented on consistently high standards of care. People said, ''Staff are very obliging and it's very well organised'' and "I feel so relaxed and safe here.''

To support the 18 people accommodated at the home on the day of the inspection there was normally a minimum of five care staff. They worked on both respite and intermediate care. We saw from the duty rota that this staff ratio was consistently in place to provide safe care.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We saw checks had been made so that staff employed were 'fit' to work with vulnerable people.

We found Chase Heys were good at managing risks so that people could be as independent as possible. We spoke with two health care professionals who supported people in the home. They felt that staff managed people's care needs well and this included ensuring their safety.

When asked about medicines, people said they were supported well. We observed good practice when staff administered medicines to ensure people received medicines safely.

The staff we spoke with clearly described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training. All of the staff we spoke with were clear about the need to report any concerns they had.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed on a regular basis where obvious hazards were identified.

We observed staff provide support and the interactions we saw showed how staff communicated and supported people as individuals. Staff were able to explain each person's care needs and how they communicated these needs.

There were two models of care running together at Chase Heys. The 'respite' service offered short stay support for people who then return home. 'Intermediate care' was also offered. This is for people who have completed care in hospital and need further support and rehabilitation before returning home. The GP involved in the management of people on intermediate care said Chase Hays provided a particularly effective service as people could also be referred directly from home so that a period of support might avert a hospital admission.

People we spoke with, relatives and health care professionals were aware that staff had the skills and approach needed to ensure people were receiving the right care.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) [MCA]. This is legislation to protect and empower people who may not be able to make their own decisions.

People told us the meals were particularly good and well presented. We observed and spoke with people enjoying breakfast. We were told that breakfast was flexible and there was always choice available with all meals.

We asked people if they were treated with dignity, respect, kindness and compassion. One person we spoke with had just completed a stay of respite are. We were told, ''Everybody has been lovely; the food is great and I've really enjoyed my stay.'' Staff were particularly noted as kind, helpful and caring.

We made observations at times throughout the inspection. The interactive skills displayed by the staff when engaged with people were excellent and people's sense of wellbeing was very evident.

We found that care plans and records were individualised to people's preferences and reflected their identified needs from admission and during their stay. There was evidence that care plans had been discussed with people so they felt involved in their care.

Social activities were organised. One person said, ''Activities are organised every day. They are interesting and enjoyable''. A recent development in the home had been the introduction of a Wi-Fi system. This was in

Summary of findings

response to people requesting to bring IT equipment in for their stay. This was an example of the service listening to people's requests and it helped to increase people's independence and avoid feelings of social isolation.

We spent time talking to the manager and asked them to define the culture of the home and the main aims and objectives. These are exemplified in the information provided before the inspection which stated: 'A relaxed professional atmosphere is encouraged by senior staff to encourage a friendly and welcoming atmosphere for service users and visitors'.

A well-developed process was in place to seek the views of people living at the home and their families. The manager was able to evidence a series of quality assurance processes and audits carried out. These were fairly comprehensive and helped ensure standards of care where maintained consistently as well as providing feedback for on-going development of the service.

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.

People told us they felt the home provided safe care.

Medicines were administered safely. Medication administration records [MARs] were maintained in line with the home's policies and good practice guidance. People told us they got their medicines on time.

There was a good level of understanding regarding how safe care was managed. Care was organised so any risks were assessed and plans put in place to maximise people's independence whilst help ensure people's safety.

Staff understood what abuse meant and knew the correct procedure to follow if they thought someone was being abused.

There were enough staff on duty at all times to help ensure people were cared for in a safe manner. Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

The mix of intermediate care and respite services worked effectively to provide good outcomes for people.

People living at the home had been assessed as having capacity to make decisions regarding their care. We saw that the manager and staff understood and were following the principals of the Mental Capacity Act (2005) and knew how to apply these if needed.

We saw people's dietary needs were managed with reference to individual preferences and choice.

Staff said they were supported through induction, appraisal and the home's training programme.

Is the service caring?

Good

The service was caring.

We made observations of the people living at the home and saw they were relaxed and settled. People spoken with where universally satisfied with support offered and said this was of a high quality.

We observed positive and caring interactions between people staying at the home and staff. Staff treated people with privacy and dignity. They had an in-depth understanding of people's needs and preferences.

People we spoke with and relatives told us the manager and staff communicated with them effectively about changes to care and involved them in any plans and decisions.

Health professionals working with the home spoke highly of the staff's caring attitude and how this was applied in daily care.

Summary of findings

Is the service responsive?
The service was responsive.

People's care was planned so it was personalised and reflected their current and on-going care needs.

A process for managing complaints was in place and people we spoke with and relatives were confident they could approach staff and make a complaint if they needed.

Good

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

The registered manager provided an effective lead in the home and was supported by other key personnel. This provided a good base for effective liaison between the home and supporting health care practitioners, who told us the home worked well with them and supported people's on-going health and social care needs.

We found the manager and staff to be open and caring and they spoke about people as individuals. This was evidenced throughout the interviews conducted and the observations of care and records reviewed.

There were systems in place to get feedback from people so that the service could be developed with respect to their needs and wishes.

Good

Sefton New Directions Limited - Chase Heys Resource Centre

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.

This was an unannounced inspection which took place on 1 April 2015. The inspection team consisted of an adult social care inspector.

As part of the inspection we accessed and reviewed the Provider Information Return (PIR) as we had requested this of the provider before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the home.

During the visit we were able to speak with six of the people who were staying at the home. We spoke with one visiting family member. As part of the inspection we also spoke with, and received feedback from, two health care professionals who work with the home to support people on 'intermediate care'. People receiving intermediate care have been in hospital for a period of treatment and are receiving follow up care at the home.

We spoke with eight staff members including care/support staff and the registered manager as well as other visiting managers who worked for the provider. We looked at the care records for three of the people staying at the home including medication records, three staff recruitment files and other records relevant to the quality monitoring of the service. These included safety audits and quality audits, including feedback from people staying at the home, visiting professionals and relatives. We undertook general observations and looked round the home, including some people's bedrooms, bathrooms and the dining/lounge area.

Good

Is the service safe?

Our findings

When we spoke with people staying at Chase Heys they told us they were settled and felt safe at home. All of the people we spoke with commented on consistently high standards of care. People said, ''Staff are very obliging and it's very well organised'', ''I feel so relaxed and safe here.''

We asked about staffing at Chase Heys. To support the 18 people accommodated at the home on the day of the inspection was normally a minimum of five care staff. These worked on both respite and intermediate care. We saw from the duty rota that this staff ratio was consistently in place to provide necessary and safe care. The care staff were supported by a registered manager as well as ancillary staff such as a chef /cook, domestic staff and administrative staff. People told us there were plenty of staff to provide support. One person said, ''There's always enough staff around to help, nights as well – It's really well covered.''

We spent time in the lounge and dining area. We saw staff constantly present to support people. We saw people receiving support to mobilise [for example] and staff were not hurried and took their time to ensure people's safety and wellbeing.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We looked at three staff files and asked the manager for copies of appropriate applications, references and necessary checks that had been carried out. We saw these checks had been made so that staff employed were 'fit' to work with vulnerable people.

We found Chase Heys were good at managing risks so that people could be as independent as possible. An example of this was the way people were assessed regarding the management of their medication when they are admitted for their stay. We saw that people were given the choice and that a risk assessment was carried out to help assess whether they could manage their medicines safely. We saw care records that contained routine risk assessments for people being admitted such as falls risk and a moving handling assessment to help ensure safe mobility.

These measures helped ensure the person retained their independence but remained safe as possible.

We spoke with two health care professionals who supported people in the home. They felt that staff managed people's care needs well and this included ensuring their safety. One professional told us, I have no concerns; the staff are very proactive and careful and will report any changes [to people's health].''

When asked about medicines, people said they were supported well. Some were prompted by staff to ensure they took medicines on time; others were given medicines at appropriate and correct times by staff. We saw part of the morning medication round and this was carried out safely so people got their medicines and they were recorded as per the home's policy; following each individual administration the records were completed by the staff. This helped reduce the risk of errors occurring.

We saw medicine administration records [MAR] were completed to show that people had received their medication. We saw that people's medicines were reviewed on a regular basis. Records confirmed this. The health care professionals [GP and pharmacist] supported people on intermediate care and medicines were reviewed daily if necessary. People on respite care arrived with a current list of medicines from their GP and this was checked on admission.

The competency of staff to administer medicines was formally assessed to help make sure they had the necessary skills and understanding to safely administer medicines. We spoke with staff who told us that competency checks were made by the manager or deputy and updates around medication administration were also organised.

We discussed other areas of medication administration. We were told that many of the people staying at the home had 'capacity' to make their own decisions about their medicines. Self-medication was actively encouraged as people were staying at the home for short periods before returning home so supporting people to manage their own medicines promoted continued independence.

We looked at how medicines were audited. The manager carried out regular checks on stocks of medicines in the home and these were supported by audits by the supplying pharmacist. Additionally there were some medication audits from visiting senior managers in the organisation. These continual checks helped ensure safe practice. We discussed how the audit could be improved to include

Good

Is the service safe?

some areas that we found to be less consistent. For example not all 'give when needed' [PRN] medicines were supported by a care plan to help ensure consistency of administration. The manager advised us this would be discussed and actioned.

The staff we spoke with clearly described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training. All of the staff we spoke with were clear about the need to report through any concerns they had.

There had been one safeguarding incident that had occurred since the last inspection involving a person who had experienced a fall. The home had liaised with the local authority safeguarding team and agreed protocols had been followed in terms of reporting and ensuring any lessons had been learnt and effective action had been taken. This approach helped ensure people were kept safe and their rights upheld. We saw that the local contact numbers for the Local Authority safeguarding team were available and a policy was available for staff to follow.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed on a regular basis where obvious hazards were identified. Any repairs that were discovered were reported to the maintenance person and the area needing repair made as safe as possible. We saw some documented evidence that regular checks were made including nursing equipment and fire safety. For example a 'fire risk assessment' had been carried out and updated at intervals. The manager explained the attention that had been paid to ensuring effective evacuation of the premises in case of an emergency and these had been tested through fire drills. Although there were forms for personal evacuation plans [PEEP's] available these had not been completed for the people resident in the home. The manager explained that the fire authority was satisfied with current safeguards but they would consider individual plans for people on admission [these had been used in the past].

Good

Is the service effective?

Our findings

We observed staff provide support and the interactions we saw showed how staff communicated and supported people as individuals. Staff were able to explain each person's care needs and how they communicated these needs.

There were two models of care running together at Chase Heys. The 'respite' service offered short stay support for people who then return home. 'Intermediate care' was also offered. This is for people who have completed care in hospital and need further support and rehabilitation before returning home. The care plans for the people on intermediate care are drawn up with specific rehabilitative aims. The GP involved in the management of people on intermediate care said Chase Heys provided a particularly effective service as people could also be referred directly from home so that a period of support might avert a hospital admission.

We spoke with health professionals who supported this service and they told us that Chase Heys was particularly effective in supporting people on intermediate care programmes. The care staff were described as 'really caring' and the atmosphere in the home as 'homely'. We were told care staff worked well with professionals to achieve good outcomes for people.

We looked in detail at the support for one person who had been staying at the home for intermediate care. The person's care file included evidence of input by a full range of health care professionals. There was a detailed care plan which showed evidence of the person's involvements [it was signed]. There were daily notes from the care staff which detailed how care had been carried out.

Care staff showed us the range of equipment used for rehabilitation purposes which was kept in a room which was easily accessible for people. Rehabilitation included the use of a kitchen facility where care staff ran a 'breakfast club' for people who may need practice and support to regain some independence in this area before discharge home.

People who were supported by this approach told us they felt confident in the ability of staff to support them. We heard from a person prior to our inspection who told us, ''Everyone is warmly welcomed, reassured and encouraged to do their exercises in the gym, ensuring a quick and confident return home.''

People we spoke with, relatives and health care professionals told us that staff had the skills and approach needed to ensure people were receiving the right care. We looked at the training and support in place for staff. The manager supplied a copy of the staff training matrix which identified and plotted training for staff in 'statutory' subjects such as health and safety, medication, safeguarding, infection control and fire awareness. Staff told us they had other training such as recent sessions covering the Mental Capacity Act 2005 and its application in the care setting.

The manager told us that many staff had a qualification in care such as NVQ [National Vocational Qualification] or Diploma and this was confirmed by records we saw where over 70% of staff had attained a qualification. Other staff were being signed up to start this training. Staff spoken with said they felt supported by the manager and the training provided. They told us that they had had appraisals by the manager and there were support systems in place such as supervision sessions and staff meetings. One staff member told us that staff meetings were open and constructive. We saw the agenda and notes for three recent staff meeting which was well structured under various headings. We noted that the meeting had been attended by a high proportion of staff.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) [MCA]. This is legislation to protect and empower people who may not be able to make their own decisions. People being supported at Chase Heys had the capacity to make decisions regarding their care. We saw examples where people had been supported and included to make key decisions regarding their care. For example all of the admission assessments were signed by people showing they had been consulted and their consent had been agreed.

We discussed examples of where people might lack capacity to make decisions for themselves with the manager. A recent example of a person that had a fall and how this had been assessed was provided. We saw that consideration had been given to the person's mental capacity. The manager showed us an assessment tool which could be used to assess and measure mental

Good

Is the service effective?

capacity with respect to the person's ability to make a specific decision regarding their care and treatment if needed. We saw this followed good practice in line with the MCA Code of Practice.

Because of the nature of the care being delivered [for short periods of time] the home did not support anybody who was on a Deprivation of Liberty Safeguards authorisation [DoLS]. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We found the manager and senior staff knowledgeable regarding the process involved, however, if a referral was needed.

We discussed with staff and the people living at the home how meals were organised. People told us the meals were particularly good and well presented. We observed and spoke with people enjoying breakfast. We were told that breakfast was flexible and there was always choice available with all meals. One person said, "I like the food, you get a choice for breakfast and tea. There's enough to eat.'' We saw that meals were served appropriately and the portion size was also appropriate. We saw that people who needed support to eat had sufficient staff time allocated and that staff took time to talk to and socialise with people. We spoke with the chef who explained about people on special diets and how these were organised.

Good

Is the service caring?

Our findings

We asked people if they were treated with dignity, respect, kindness and compassion. One person we spoke with had just completed a stay of respite care. They told us, ''I'd give it five stars – It's excellent. Everybody has been lovely, the food is great and I've really enjoyed my stay.'' These sentiments were echoed by the person's relative and also by all of the people we spoke with at the inspection. There were no suggestions as to how the service could be further improved. Staff were particularly noted as kind, helpful and caring.

Everyone we spoke to told us their privacy was maintained. The information sent by the manager prior to our inspection said, ''Staff acknowledge service users right to privacy, knocking on bedroom doors before entering and addressing service users in the way they prefer - open visiting times for respite service users.'' People we spoke with on the inspection agreed with these comments. One person told us: ''Staff are on hand but they don't infringe. They help were they need to and take their time with you.'' People told us they felt they were listened to and staff acted on their views and opinions. On the day of the inspection we met with visiting managers who were holding a focus group involving people staying in the home to ascertain their views about their stay. A board was left in place after the meeting so that people could record their views if they wished.

Staff told us that they did spend time 'talking' with people staying at Chase Heys. We made observations at times throughout the inspection. The interactive skills displayed by the staff when engaged with people were excellent and people's sense of wellbeing was very evident.

Throughout the inspection we observed staff supporting people who were staying at the home in a timely, dignified and respectful way. We saw the home was busy with lots of daily activity. We saw staff respond in a timely and flexible way so people did not have to wait if they needed support. Staff were always on hand. We noted there was positive and on-going interaction between people and staff.

We observed the interactions between staff and people staying at the home. We saw there was a rapport and understanding. Many of the people we spoke with had been for respite care on a number of occasions and knew the service well. We were told staff were consistent in their approach and always helpful.

There was a range of information available in the home for people. This included information on notice boards as well as leaflets and information guides available. Of particular note, we were told about the falls information packs that can be given, as appropriate to intermediate service users containing information on improving strength/balance and preventing falls in the home. Sessions were also held by therapy staff to cover those topics and they provided further advice on appropriate footwear and how to prevent slips and trips. This information was also available to people on respite along with dietary and allergy information that was displayed on the display stand in the dining room.

A leaflet we saw explained about 'advocacy' services and how these were available if needed. The leaflet said, 'There are a number of local, voluntary agencies who provided advocacy services'. We spoke with the manager who told us the home does not have a lot of contact with the advocacy service due to the turnover of people staying and the short time they stay. There were some practical examples of people having accessed the advocacy services however. These included the use of an advocacy service to represent views regarding the closure of a day centre used by people who had stayed at the home. Also, one person had been supported when requesting to complete a will and the local advocacy service provided help and advice to complete this.

Although some people only stayed for a short period we saw evidence in their care files that they were involved in care from admission and throughout their stay. We saw references in care files to individual ways that people communicated and made their needs known. We also saw examples were people had been included in assessments and care planning so they could play an active role in their care.

The staff we spoke with had a good knowledge of people's needs. The manager and senior staff told us of the value of building consistent relationships so there could be some continuity to the care provided.

Good

Is the service responsive?

Our findings

We asked people staying at Chase Heys how staff involved them in planning their care. People gave positive responses and said they felt involved in any decisions about their care. Even though some people had stayed previously for respite purposes they told us they were always asked about any changes regarding their health and care needs. The provider information sent before the inspection told us: 'Service users/carers/family members [are] involved in the care/support planning process on admission or pre admission visits. Personal preferences and choice are taken into account such as where to have meals, preferred times to retire to bed/get up and level of personal care required'. The manager explained that this is followed up each stay after a few days with a questionnaire [instigated and followed through by a designated staff member] to help ensure that care is being carried out satisfactorily.

We looked at the care record files for three people who lived at the home. We found that care plans and records were individualised to people's preferences and reflected their identified needs from admission and during their stay. We spoke with one person who had had an operation which meant they might have to stay for a longer period than they initially thought. They felt confident that they would be supported. The information from the provider told us: 'The duration of a stay is extended or shortened to fit the needs of the service user as requested'.

There was evidence that care plans had been discussed with people. We could see from the care records that staff reviewed each person's care on a regular [daily] basis; this was particularly so for people on intermediate care. Staff told us that all of the people staying were discussed daily and there was a daily entry recorded in people's care files regarding their care.

We looked at the daily social activities that people engaged in. We asked people how they spent their day. They replied, ''Activities are organised every day. They are interesting, enjoyable''. People on intermediate care have some social skills activity planned if needed such as the breakfast club. We saw a staff member engaging people in an activity during the day and this was observed to be a highly sociable occasion with people interacting freely. The information from the provider told us: 'Service users are encouraged to form new relationships with other service users, this has resulted in new friendships being made and service users keeping in contact with each other following their discharge back home'.

A recent development in the home had been the introduction of a Wi-Fi system. This was in response to people requesting to bring IT equipment in for their stay. This was an example of the service listening to people's requests and helping to increase people's independence and avoid feelings of social isolation.

We saw a complaints procedure was in place and people, including relatives, we spoke with were aware of this procedure. The procedure was displayed on the notice board and also in the admission information. We saw that any concerns or complaints made had been addressed and a response made [there had been an example of one complaint made a year ago].

Good

Is the service well-led?

Our findings

The service had a registered manager in post. We spent time talking to the manager and asked them to define the culture of the home and the main aims and objectives. These are exemplified in the information provided before the inspection which stated: 'A relaxed professional atmosphere is encouraged by senior staff to encourage a friendly and welcoming atmosphere for service users and visitors'. The manager told us they aim to provide good, safe care and to build a solid staff team.

From all of the interviews and feedback we received, the manager was seen as open and receptive. Staff told us they received positive and on-going support. They said this made them feel valued. One staff said, ''We aim to be 'home from home' and to have a really friendly environment. All staff spoken with told us they were supported well. One staff said, ''We have staff meetings and we can have our say and the manager will listen. You can speak to the manager and assistant manager at any time.'' This supportive philosophy was also evidenced in the Pre-Inspection information: 'The Manager is committed to on-going personal development and that of the team' and was further evidence by the fact that two senior staff were undertaking the Level 5 Leadership and Management Diploma which would be completed within the next twelve months.

A process was in place to seek the views of people who stayed at the home and their families. We saw the results and analysis of a 'service user' survey carried out between January 2014 and December 2014. This showed 570 people had been surveyed. The manager felt this high response rate gave good evidence of the way people felt about the home. High satisfaction rates [98% plus] were recorded in areas such as food, information given, enjoyment of the stay, and cleanliness. The report also highlighted negative feedback such as the quality of mattresses in some cases and the quality of lighting in some areas. We saw this has been addressed by the home. This shows the service not only listens to what people are saying but also acts on the information given to improve the service.

In addition to this the home had organised additional forums where people using the service at Chase Heys could provide additional feedback. For example on the day of our visit two managers from the provider had organised a small focus group [engagement meeting] with the idea of setting up a quality forum to be held every quarter. This would involve both staff and people using the service and would serve to gain feedback and input into quality initiatives. On a more immediate basis one of the staff in the home had been designated to ensure people were canvassed regularly on their stay and any issues they may have. These activities helped people staying at the home to feel more involved and included in the way the home was run.

We enquired about other quality assurance systems in place to monitor performance and to drive continuous improvement. The manager was able to evidence a series of quality assurance processes and audits carried out internally. For example we saw a full health and safety audit of the building carried out in October 2014. This was supported by comprehensive maintenance checks carried out regularly. We looked at how accidents and incidents were recorded and saw that these were also audited by the manager to see if any patterns existed or lessons could be learnt.

A 'QA monitoring report' was seen. This was carried out by a visiting manager from within the organisation and covered areas such as medications, care planning, records and people's feedback about the service. Other external audits were carried out by the local pharmacist [for example] which complimented the homes own internal medication audits. Environmental health had last inspected the kitchens in December 2013 and awarded '5 stars' [highest rating] for standards of hygiene and safety in the kitchen.

The provider information return told us: 'The organisation are active members of the National Care Forum NCF and have signed up to the Quality First Framework The organisation is signed up to the Social Care Commitment and this will be rolled out to all staff. We are signed up as Dignity Champions and follow the Dignity Charter in our practice'. Some of the audits we saw such as the QA monitoring report picked up themes from these forums so they could be reinforced in the home.