Care Quality Commission

Wyncroft Care Limited

Wyncroft House

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This was an unannounced inspection that took place on 10 and 11 March 2015. This is the first inspection of this home under the new ownership.

Wyncroft House can provide accommodation for up to 38 people who require nursing and personal care. People lived in one of three units within the home. On the day of the inspection we were advised that there were 27 people living in the home with nursing needs, 10 of these beds were identified as 'short stay recuperation' beds for the care of people leaving hospital. There was a separate unit for nine people living with dementia. This unit was called 'The Lodge'.

There was a registered manager in post. 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.

People told us that they felt safe in the home. Families told us they were confident that their relatives were kept safe in the home. Staff were aware of their roles and responsibilities in respect of keeping people safe and were able to tell us what they would do if they witnessed or suspected abuse.

Summary of findings

People told us that staff worked hard in the home. A number of relatives commented that they didn't think there were always enough staff available which may result in people having to wait longer than was acceptable in order for staff to respond to their requests for assistance.

Medicines were stored and secured appropriately. People told us and their relatives confirmed that medicines were provided in a safe way. However, we found systems and processes needed to be improved and that the auditing of the home's medicines was not robust.

People and their families spoke positively about the care and support they received in the home. Staff told us they were well trained and that if they required any additional training, they only need ask and the manager would look into this for them. Staff told us they received regular supervision and were able to contribute to the running of the home in staff meetings.

Staff obtained consent from people before they provided care. The registered manager and staff understood the principals of the Mental Capacity Act (2005) and we saw evidence that mental capacity assessments were undertaken where it was thought people were unable to make their own decisions.

People were supported to eat and drink enough to keep them healthy. People were supported to make their own choices at mealtimes and if they didn't want what was on offer, an alternative was provided.

People were supported to access a variety of health care professionals to ensure their health care needs were met.

People living at the home and their relatives told us they thought the staff were supportive and caring.

People had not always been involved in the planning of their care due to their capacity to make decisions. However, families spoken with told us they had been involved in the planning of their relative's care and they were always kept informed of any changes in their care needs.

Staff were aware of people's likes and dislikes. However, some people and their relatives commented to us that there was very little going on during the day. The registered manager was also aware of these concerns and was looking into developing the activities available to people living in the home.

People and their relatives told us that they were aware of who to raise any concerns or complaints with and were confident that if they needed to, they would be listened to and responded to appropriately.

People and their relatives told us that they were happy in the way the home was managed. They were complimentary about the registered manager and the deputy. The registered manager felt supported by the new owners.

The registered manager had put in place a number of audits to assess the quality of the care delivered in the home. However, not all of these systems were effective in recognising shortfalls in care delivery.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not consistently safe.

People told us they felt safe.

Staff had an understanding of different types of abuse and what they should be looking for in order to prevent abuse and harm.

The systems in place to audit medicine administration had failed to identify and deal with discrepancies.

Requires improvement

Is the service effective?
The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to support people appropriately and safely.

People were supported to have enough food and drink and staff understood people's nutritional needs.

The registered manager and staff understood the principals of the Mental Capacity Act 2005 (MCA) and where people had the capacity to make their own decisions and choices on a daily basis this was documented.

Good

Is the service caring?
The service was caring.

People spoke positively about the care they received.

Staff were aware of people's likes and dislikes.

People were treated with dignity and respect.

Good

Is the service responsive?
The service was not consistently responsive.

People were involved in the planning of their care prior to moving into the home.

Staff did not always respond to people's requests for assistance in a timely manner.

People were asked about their hobbies and interests but there was a lack of activities available to people during the day.

Requires improvement

Is the service well-led?
The service was not consistently well led.

Requires improvement

Summary of findings

People, their relatives and staff were very complimentary about the overall service and felt the registered manager was approachable and listened to their views.

We saw there were a number of audits in place to assess the quality of the care delivered in the home. However, not all of these systems were effective in recognising shortfalls in care delivery, for example medication audits.

Wyncroft House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 11 March and was unannounced. The inspection was undertaken by two inspectors.

Prior to the inspection we looked at information we held about the home. A Provider Information Report (PIR) was requested to obtain specific information about the service. This was completed and returned to us. The PIR is a form that asks the provider to give some key information about their service, how it is meeting the five questions and what improvements they plan to make. We also looked at any notifications that had been received from the provider about deaths, accidents and incidents and any safeguarding alerts which they are required to send us by law.

During the inspection we spoke with six people who lived at the home, the registered manager, the provider, the deputy manager, a nurse, three care staff, the cook and two relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Following the inspection we spoke with three relatives over the phone and a Commissioner from the local hospital.

We looked at the care records of people living in all three units of the home, staff files, training records, complaints, accident and incident recordings, medication records, minutes of meetings for staff, the home rotas, staff supervision records and quality audits.

Requires improvement

Is the service safe?

Our findings

People who lived at the home and their relatives told us they felt safe. One person told us, "I feel safe here". When asked if they felt their relative was safe at the home, one person replied, "Without doubt, I am full of confidence in all of the staff here, they are very caring", a second relative told us, "Carers are very good, exceptionally good" and a third told us, "I'm happy [person's name] is safe, with regards to their care all is ok".

The care and nursing staff we spoke with, had an understanding of the types of abuse and the signs they should be looking for when at work. They were able to tell us what they would do if they witnessed or suspected abuse. Not all of the staff were aware that they could report any issues to the police or CQC if they did not want to report to the registered manager or provider. The staff spoken with confirmed they had recently had training in the protection of vulnerable adults. We raised this with the registered manager, who told us that during this training all staff were given the details of other agencies they could contact in the suspicion or event of abuse. The registered manager confirmed they would provide staff with these details again.

We looked at the care records of people across the three units. We saw that in some records, there were risk assessments in place that included information on what the risks were and what actions staff were to take to minimise any risks. We saw on one file that risks had been regularly reviewed and were generally updated with any changes. We saw that all the equipment detailed in the person's plan for pressure relief was in place. It was noted that this person's plan for ensuring they did not get sore skin stated they should be repositioned 'no less than two to three hourly' the repositioning charts that staff were completing did not reflect this. We raised this with the registered manager. We were told that this person moved themselves around a lot so regular repositioning was not necessary. The registered manager confirmed that the risk assessment would be updated to reflect this.

We observed staff using wheelchairs to move people around the home without footrests in place. This is unsafe practice as people's feet drag on the floor and can become trapped under the chair causing injury. The practice of moving people around the home without footrests was also raised in the last inspection report. We raised this with the manager who acknowledged that this was unsafe practice and advised that she would be speaking to staff regarding this directly.

We received mixed views about the staffing levels at the home. One relative commenting on the staffing on the dementia unit (The Lodge) told us, "Sometimes they only have two staff on, but just of late they have had three staff there and it's much better, they seem to cope fairly well". A relative we spoke with told us, "Some days they seem short staffed, weekends they use agency staff. They run on a tight quota with staff." Another relative commenting on the staffing in the nursing unit told us that they didn't feel there were enough staff on duty. They acknowledged that staff worked hard but added, "I've heard the buzzer ring and it seems to take ages for them to answer". They added that their relative had been ill during a visit and they had rang the buzzer and it had taken "3-4 minutes" for staff to respond. One staff member told us, "(staffing levels) are ok for now but will need more if they extend." They were referring to future plans to increase the number of registered beds at the home. We saw there were short periods of time when people were left unsupervised in the lounge. This could leave people more at risk of falls when trying to move around the lounge. We saw that one person had to wait at least ten minutes to be taken to the toilet. They asked one staff member who said they would tell the care staff. No one responded to this, the person concerned was becoming more unsettled as time went on. They then asked another staff member who went to find care staff. When they did return they said they were busy but would be with the person soon. When staff did arrive they did apologise for the wait but this did cause the person some distress. We discussed staffing levels with the registered manager. She confirmed that there were some staffing issues which had resulted in the nursing staff not having their supernumerary hours available to them to enable them to support staff members with writing files and assist with doctor's visits. The registered manager confirmed that this had had an impact on the home and that she had been covering shifts herself where possible or using agency staff. The registered manager confirmed that she was currently in discussion with the owners regarding this and hoped that the situation would be resolved shortly.

We saw that people were supported to take their medicine when they needed it. We reviewed how medicines were stored, administered and handled. We noted that

Requires improvement

Is the service safe?

medicines were stored securely and appropriately. People and their relatives told us they felt their medicines were provided in a safe way, at the appropriate time. One person told us, **"**Staff are very kind, they give me my pain killers when I need them". Another person told us, "I only have an aspirin a day. I've heard others asking for painkillers and they get them".

We looked at the records and medicines for three people and found the stock of some of each person's medicines did not match the administration records. We saw that for one individual, a particular medicine had run out and this meant this individual did not have their prescribed pain relief for seven days. We spoke to the nurse in charge who confirmed this was the case. We saw evidence that the nurse in charge on returning to work had identified this error and had requested a prescription but this was after the medicines had run out. We immediately raised this with the manager who advised that she would be conducting an investigation into the matter.

We noted that one person had been prescribed medicine that was to be given 'as and when required', for example for when they became anxious. We spoke to the nurse in charge regarding this individual and they were able to provide us with detailed information as to what steps to take to calm this person before considering administering the medication. However this information was not written down in the care records which meant that this medicine could be administered inconsistently, particularly when temporary staff, who did not know the person, were providing care.

The last medication audit had taken place on 20 January 2015 and was completed by the pharmacy that supplies the home. This audit had identified that there were odd gaps in medication records. The registered manager had also instructed staff to carry out a monthly random count of medicines in boxes [not blister packs]. This was completed on 17 February 2015 and this had identified a number of discrepancies. We noted that MAR (medication administration records) charts did not always have a 'carry forward' figure on them from the last delivery. This meant it would be difficult to carry out an audit of medicines given and would also make it difficult to ensure the correct orders are in place.

Good

Is the service effective?

Our findings

People who lived at the home and their families spoke positively about the care and support they received. One person told us, "It is very good, staff are ok", a second person told us, "It's extremely nice, staff are good, everyone is so happy. I can choose what time I get up and go to bed – depends what's on television!". A relative told us, "They know [person's name] better than we do, know their moods, when they get tired, how to deal with them, know their little foibles."

People who lived at the home and their families told us they thought staff were well trained and were happy with how their care needs were met. Staff were able to tell us about the needs of people they looked after and how they ensured people received effective care and support.

Staff members spoken with were able to tell us about their training and the support they received. They told us the registered manager kept them up to date with their training and they were satisfied they had access to all the necessary training they needed to be competent in their roles. They also told us that if they wanted any additional training to help them meet the needs of the people who lived in the home the registered manager would look into this for them. Staff told us the home had changed hands and previously they did a lot of training on line. We discussed this with the registered manager. The registered manager told us she tried to avoid e-learning where possible and concentrated on delivering the training herself. We saw that the registered manager had developed questionnaires based on current practice and asked staff to complete these at the end of each training session. This information was then discussed at supervision.

We spoke with one member of staff who had recently started working at the home and was able to tell us about their induction training. They told us they had a mentor who supported them with their learning and we saw that they had a progress record in place that was being completed during their probationary period to evidence they were competent in their role. We spoke with their mentor who explained how they passed onto other shifts which duties this member of staff could perform and those they couldn't in order to ensure safe delivery of care was maintained.

Staff spoken with told us they had regular supervision sessions with managers or senior staff. They told us they had supervision every six months but they could ask for extra supervision any time. We noted that not all staff had received supervision as frequently as others. The registered manager explained that this was due to staff covering absences but that plans were in place to carry out group supervisions to discuss particular issues.

The registered manager and staff understood the principals of the Mental Capacity Act (2005). We saw documentation that indicated mental capacity assessments were undertaken where it was thought people were unable to make their own decisions. One person had a mental capacity assessment for their activities of daily living as they were not able to express their choices and staff would have to act in the person's best interest at these times. They had attempted to consult with family members about these decisions. It was clear from the best interest plan the areas that were covered by the assessment these included, personal care, moving and handling and social inclusion.

We saw that staff obtained consent from people before providing care, when asked about this, a relative told us, "They will try and get [person's name] up in the morning and if they say 'No' then the staff won't push – they will respect that and won't go against their wishes". We saw that where people had the capacity to make their own decisions and choices on a daily basis this was documented. There were forms in place to confirm people had been consulted about the use of bed rails, having their photographs taken and that they consent to their care plans.

The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. We saw that the registered manager had previously submitted an application for a DoLS for one particular person living at the home. We saw that restrictions had been put in place for another person that meant they could not wander out of their bedroom during the night. When we asked staff about this we were told it was to ensure the safety of the person and other people whose bedrooms they may enter. We asked the registered manager if a DoLS had been applied for as this was a form of restraint. The registered

Good

Is the service effective?

manager acknowledged that a DoLS application should have been put in place but that it had not been done. The registered manager made the appropriate application on the day of the inspection.

People told us that they enjoyed their meals in the home. One person told us, "The food is good – steak and kidney pie yesterday, it was very nice. When you've been here a while the chef gets to know you and if you have a liking for something they know how to do it", another person commented, "The food is excellent". One relative told us, "When we visit [person's name] we always ask if they enjoyed their lunch and they always say it was 'lovely'". Another relative told us, "They don't go hungry, it's like Sunday lunch every day".

We saw that people were asked what they would like to eat and there were choices available on the menu. We spoke with the cook who was able to tell us what diets they catered for, for example, fortified diets, pureed diets and diabetic diets. We saw that people could eat in the dining room, lounge or their bedrooms and that staff were available to help people where necessary. People appeared to enjoy their food. Staff spoken with thought the food served at the home was good and people were given choices. One staff member did think people there could be offered more choice.

We saw that nutritional assessments and care plans were in place for the majority of people. These detailed people's specific needs and risks in relation to their diet. Where people were unable to eat and drink by mouth and received their nutritional intake via a tube, we saw that their feeding regime was clearly detailed and was overseen by the nursing staff at the home. When talking about their family member's feeding regime, one relative told us, "They manage it well". We saw that where necessary people had been referred to the dietician and speech and language therapists for guidance and advice. For example, records showed that staff were concerned about one person's feeding regime. We saw that the dietician had been contacted for guidance and advice. Plans were in place to help people gain weight and to reduce the risk of choking. Staff spoken with were able to tell us about people's dietary needs. What they told us was confirmed in people's care plans. However, we saw that one person who had been in the home almost two months did not have a completed nutritional assessment. This could leave them at risk of not having their nutritional needs met.

People told us that they could see the doctor if they felt unwell. A relative told us "They have a fantastic relationship with the doctors surgery, if they are poorly they get the doctor straight out".

Records showed that people received support from a variety of health care professionals, these included, doctors, district nurses, speech and language therapists and dieticians. We saw records that confirmed where people had a health care need these were responded to quickly.

We noted that in most cases people's ongoing health concerns were detailed in their care records. Staff spoken with were aware of people's health care needs and how these were to be met.

Good

Is the service caring?

Our findings

People who lived at the home told us that the staff were caring, one person told us, “They are all very caring”, another person described the staff as, “Extremely nice”. Families also spoke with warmth when describing the staff in the home, one person told us, “Without doubt, I am full of confidence about all the staff here, they are very caring”, another person told us how their relative had been taken ill and had to be admitted to hospital, they added, “They were absolutely golden and the staff visited [person’s name] in hospital as well, which I think is fantastic”. A relative visiting the home told us the staff were welcoming and caring. They told us they were able to visit at any time.

We observed positive interaction between staff and people who lived at the home and saw people were relaxed with staff and confident to approach them for support. A relative commented about the staff, “They love [person’s name] – they are always giving them hugs, not just my relative but other residents as well”.

It was evident from the staff we spoke with that they knew the people who lived at the home well and had learned their likes and dislikes. They were able to tell us what people were able to do for themselves and what they needed assistance with. Staff were also able to tell us what people liked to talk about and do in their leisure time, for example, one person loved to talk about their working life and look at their photographs. We observed one member of staff discussing with one person their life history and making a note of their responses. We also observed two members of staff hoisting one person. During this procedure, one member of staff chatted to the person being hoisted about the Cheltenham Gold Cup. This conversation helped to distract the person from what was happening and they remained calm throughout the process.

We saw that staff knocked on people’s doors before entering their rooms to ensure people’s privacy. We observed that people were asked discreetly about their personal care. The registered manager informed us that they hoped to appoint a member of staff as a dignity champion. The role of dignity champion would include working alongside the staff group in order to develop person centred care and then use this information to provide more meaningful activities for people who lived in the home.

Requires improvement

Is the service responsive?

Our findings

Families spoken with told us that prior to their relative moving into the home, they had met with the manager and had contributed to their relative's care plan. One person told us, "The manager sat down with us and went through quite a long questionnaire. We've been involved in reviews too". People spoken with and their families told us they were confident that their relative's care needs were being met and that they were being cared for appropriately. One relative told us, "They are very good, if you find anything that's wrong or want changed you only have to speak to them and they will do it". Another person told us how their relative had been ill with a virus, they told us, "The staff picked up [person's name] wasn't well and got the doctor the check them over. They knew they needed some help to eat and drink after that; a virus sets them back". Staff spoken with were generally aware of people's needs and were able to tell us what they liked and how they wanted to be cared for.

We observed that staff knew people well and had a good understanding of each person as an individual. People spoken with told us that they were cared for in the way they wanted.

We saw that people had care plans in place. The registered manager told us that the care plans in place for people who were in the transition beds were more of a 'resume'. One care file we looked at included only very brief details about the person's needs. However, the information did indicate this person was able to make all their own choices and decisions. We saw that where people were not able to contribute to their care plans staff tried to consult with families and friends where possible. Care files indicated that when people's needs changed their plans were updated. Other care files looked at from the nursing and dementia units were detailed and informative.

A relative spoken with told us, "I saw one person in the lounge who wanted to go the toilet and the staff would say, 'just a minute' and it's wrong if they keep you waiting". We also observed in the main lounge, another person becoming distressed. We spoke with their relative who told us that they had asked a member of staff for their relative to be taken to their room as they were upset. The relative was told they would have to wait for the end of staff handover for this to take place. We spoke to the nurse on duty regarding this. The nurse told us that this person liked to go to their room at a particular time of day and became distressed if this did not happen. We asked the question if staff were aware of this, then why did this person have to wait to go to their room. After raising this with the nurse, arrangements were made immediately for this person to be transferred to their room.

We asked people what activities they were involved in. One person told us, "There's very little going on in the day. They have one or two people in to do singing but I would rather watch television". A second person told us, "I'm fed up, there's nothing to do, I just sit here". One relative told us, "I have not seen any activities for a while. I don't think they have any mental stimulation." A second relative told us, "They take [person's name] out to the shops and the park in the week, if they can do it they will take [person's name] out and ask them first".

Staff were able to tell us what people were interested in and what they liked to do. However on the day of the inspection we did not see any activities taking place in the main lounge area for people. Most people sat in their chairs sleeping much of the time. The provider employed an activities co-ordinator but it was not clear from our observations what activities were facilitated on the day of the inspection. We asked staff about the activities available for people to take part in. One staff member told us, "There are some set activities but not many. There are no outside entertainers, there are no funds for this. No activity budget". Another staff member told us, "Activities could be better, only three days now. Often do nails, they have been to the park and Merry Hill, there is some one-to-one time for people. Entertainers do come in but we have to raise funds for that".

The registered manager told us that they had identified lack of activities as an issue and that this was being looked at. We saw that a meeting had taken place in January 2015 to discuss the 'activity strategy' for the year.

We saw that information on how to complain was on display within the home. People spoken with told us they were happy with their care but if they needed to complain they would speak to a member of staff or the registered manager. One person commented, "I certainly have nothing to complain about". Relatives told us they were aware of who to raise any concerns or complaints with, one person told us "I have made complaints in the past, they were managed ok". Another said, "I've never had to make a complaint, but would have no problem speaking to the

Requires improvement

Is the service responsive?

manager if I needed to". We saw that there was a system in place to record and investigate any complaints and that where complaints had been received they had been responded to appropriately and a satisfactory outcome was reached.

Requires improvement

Is the service well-led?

Our findings

People who lived at the home and relatives spoken with told us they were happy with the way the home was managed. One person told us, "I know who the manager is, I see her every day. I think it's well run, it's not bad at all". A second person said, "They [the staff] are all very nice. I don't know who the manager is they all seem to pull together they are well organised". One relative told us, "I know the manager and the deputy and I see both of them. I think it is well organised. They make me feel very welcome when I come in". A second relative told us, "Staff are on first name terms with us and are really friendly – they go that extra mile. The manager will stop and have a conversation with you and finds time and stays a few minutes with you to discuss your relative". A third relative told us, "The staff are incredible really, I can't give them a high enough name".

We spoke with a commissioner from the local hospital who was responsible for purchasing beds at the home. They spoke positively of the registered manager, saying she worked well with them and that they had no issues with regard to the continued purchasing of beds at the home.

The registered manager had been employed at the home for a considerable amount of time and was knowledgeable about the needs of the people living there. They told us that they received a lot of support from the provider and added, "The owner's philosophy is we work in their [the resident's] home, not they live in our work place".

The registered manager told us their biggest challenge had been dealing with three different owners in the last three years, each doing things differently. In the last 12 months they had set up all new care recording systems in the home as the previous documentation had been removed by the former owners. They had created new systems and shared these with staff. The registered manager told us that they now felt confident that they had a system in place that was liked by both care and nursing staff. The registered manager acknowledged that there was still had more work to do when it came to developing systems within the home, they told us "We need to get things more streamlined – we are working on it".

One relative told us they thought the environment had improved since the new providers had taken over the home. They said, "I think it's improved since the new owners, décor, new bin in the toilet, just little things."

Another relative commented, "I know they have decorated The Lodge and I believe they have changed some other areas. They seem to be investing in the home". We discussed the environment with the registered manager. She advised us that the new owners were now in a position to review the budget for spending on the environment. She also confirmed that in terms of asking for medical equipment, for example profiling beds, there had been no issues and these had been purchased when requested.

We asked people living at the home if they had been involved in any meetings which would enable them to give their views and be consulted on the running of the home. One person told us, "They occasionally have residents meetings but I choose not to go". Other people and their relatives told us they were not aware of any meetings for people who lived at the home. We also asked staff if there were any meetings for the people living at the home. One staff member said, "No residents meetings." Another staff member said, "Not been residents or relatives meeting for a long time". We discussed this with the registered manager who confirmed that there were no meetings taking place for people living at the home. However, the registered manager had recently arranged for one of the activity co-ordinators to speak to each person individually to gain their views on the home and this information was currently being looked at. Relatives told us that they had last attended a relative meeting in October 2014 when they had been introduced to the new owners. One relative told us, "We met the new owner – they were very nice and told us what they aiming to do. They seem to be investing in the home". A second relative told us, "When they do have meetings, you only get to know by reading the notice on the board and not everyone sees this". The registered manager told us that they were in the process of planning another relative's meeting. They may want to consider other ways of advising relatives that meetings are going to take place in order to give as many people as possible the opportunity to attend.

All conditions of registration were met. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law. We saw evidence of monthly analysis of any accidents and incidents that were logged and action plans in place to address any issues raised.

The registered manager and the deputy were on duty on the day of the inspection. The deputy manager told us they

Requires improvement

Is the service well-led?

were the business deputy but they did provide supervision for some of the staff group. Both the registered manager and the deputy had a visible presence within the home. All staff spoken with told us the registered manager was approachable. They told us they had no concerns about speaking to her if they had any concerns and they felt listened to. We saw that a number of staff meetings took place. Staff told us that meetings were held occasionally where they could put ideas forward and these were listened to. The registered manager had plans in place to develop staff meetings in order to give staff the opportunity to have their voice heard and to play a role in the development of the home.

We saw there were a number of audits in place to assess the quality of the care delivered in the home. However, not all of these systems were effective in recognising shortfalls in care delivery, for example medication audits. We noted not all care plans looked at had reviews in place and we saw that some improvements were needed to ensure all care planning documentation was completed and agreed by people wherever possible.