HC-One Beamish Limited

Melbury Court

Inspection report

Old Dryburn Way
Durham
County Durham
DH1 5SE

Tel: 01913830380
Website: www.hc-one.co.uk

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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

Summary of findings

Overall summary

This inspection took place on 23 and 27 June 2017 and was unannounced. This meant the staff and provider did not know we would be visiting.

Melbury Court provides care and accommodation for up to 87 people with nursing or personal care needs. On the day of our inspection there were 81 people using the service.

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

We last inspected the service in 16 February 2015 and rated the service overall as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the safe administration and storage of medicines.

The home was clean, spacious and suitable for the people who used the service and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff to make sure they were suitable to work with vulnerable adults.

Staff were suitably trained and received regular supervisions and appraisals.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in respect of Deprivation of Liberty Safeguards (DoLS).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported to attend visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at Melbury Court.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible. Care plans were in place that recorded people's plans and wishes for their end of life care.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person-centred way. Person-centred is about ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

The provider had an effective complaints procedure in place and people who used the service and family members were aware of how to make a complaint.

The provider had an effective quality assurance process in place. Staff felt supported by the management team and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Melbury Court

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 23 and 27 June 2017 and was unannounced. One adult social care inspector, a specialist advisor in nursing and an expert by experience formed the inspection team. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 used this information to inform our inspection.

During our inspection we spoke with nine people who used the service, three family members and two visiting healthcare professionals. We also spoke with the registered manager, deputy manager, area director, nurse, three care staff, one domestic staff member and the activities coordinator.

We looked at the care records of six people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff and records relating to the management of the service, such as quality audits, policies and procedures.

We carried out observations of staff and their interactions with people who used the service. 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 may not be able to talk with us.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe at Melbury Court. They told us, "I do feel safe here", "I feel safe that's for sure" and "Most certainly [feel safe]." Family members told us, "Definitely [safe], I know she feels safe, it is important to me" and "She is safe here, she has someone to look after her."

We discussed staffing levels with the registered manager and looked at staff rotas. Staffing levels varied depending on the needs of the people who used the service and the registered manager used a dependency tool to calculate the number of staff required. We asked the registered manager how staffing absences were covered. They told us the service had its own bank staff and that permanent staff, including the registered manager and deputy manager, covered shifts when required. Agency staff were used at the home but only as a last resort.

We asked people who used the service about staffing levels at the home. Some people told us it sometimes takes a while for staff to come when they are called. For example, "At times it takes a while for them to answer the buzzer" and "It depends on the time of day, lunch time or bed time when I can wait ten or twenty minutes." We did not find any evidence to support these lengthy time delays during our inspection. The majority of people we spoke with were happy with staff response times. For example, "It is excellent they come and help me" and "They always come when I call." Our observations during the two days of our inspection visit were that call bells were answered promptly and there were sufficient numbers of staff on duty to look after people safely.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed staff to ensure staff were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. Nursing and Midwifery Council (NMC) checks for nursing staff had been carried out and we saw all nurse registrations were up to date.

The home was clean, spacious and suitable for the people who used the service. No odours were present during our visit and we saw environment and infection control audits were regularly carried out. A family member told us, "It is clean there are no problems. It is like a five star hotel here."

Accidents and incidents were appropriately recorded and analysed to identify any issues or trends. Statutory notifications for any serious incidents were submitted appropriately to CQC. Risk assessments were in place for people who used the service. These described potential risks and the measures in place to reduce the risk. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44

degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014). Equipment was in place to meet people's needs including hoists, shower chairs and wheelchairs. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

Electrical testing, gas servicing and portable appliance testing (PAT) records were all up to date. Risks to people's safety in the event of a fire had been identified and managed. For example, fire alarm and fire equipment service checks were up to date, and fire drills took place regularly. People who used the service had Personal Emergency Evacuation Plans (PEEPs) in place. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

The provider had a whistleblowing policy in place to protect people who made a disclosure [whistleblowing] about any action by the provider or an employee. We saw a copy of the provider's safeguarding policy, which included definitions of abuse, how to make a safeguarding alert, investigating an allegation of abuse, and responsibilities of management and staff. We found the registered manager understood safeguarding procedures and had followed them, statutory notifications had been submitted to CQC and staff had been trained in how to protect vulnerable people.

We checked how medicines were managed. Medicines were stored in a locked trolley. We observed a medicines round and saw the trolley was locked when not in use. The provider used an electronic medicines recording system and medicines were administered individually with time and explanations given to the people when receiving medicines.

There were three clinical rooms in the home, which were kept locked, clean and at an appropriate room temperature. Refrigerator temperatures were also checked daily to ensure medicines were stored at the correct temperature.

Medicines audits were carried out regularly and staff received medicines competency assessments. We found appropriate arrangements were in place for the safe administration and storage of medicines.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. People who used the service told us, "Yes, they [staff] are wonderful and all lovely", "They have the right staff, they are also very pleasant", "The carers are absolutely handpicked" and "Even at the end of a twelve hour shift they ask, 'Is there anything else I can do?'"

Staff were supported in their role, regularly appraised and received regular supervisions. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Supervisions at Melbury Court included discussions on health and wellbeing, objectives, things that went well and things that could have gone better, training needs, and any team issues. A different subject was also discussed at each supervision. These included documentation, charts, food and fluids, continence, safeguarding, and oral care.

The majority of staff mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely and included basic life support, fire safety, health and safety, infection control, moving and handling, and safeguarding vulnerable adults. The registered manager showed us a copy of the provider's training matrix. Where gaps had been identified, training was planned and booked. Additional training was provided as required and staff were able to tailor their individual learning requirements to what they wanted. The training matrix allowed the registered manager to run reports so they could monitor what training was due.

New staff completed an induction to the service, which included the completion of a workbook that was designed to incorporate the requirements of the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

People who used the service were supported with their dietary needs. All the people who used the service were weighed regularly depending on their individual needs and had up to date malnutrition universal scoring tools (MUST). MUST is a screening tool used to identify whether people are at risk of malnutrition.

We observed lunch on both days of the inspection and on one of the days we carried out a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who may not be able to talk with us. The dining environment was clean, spacious and welcoming. Staff were attentive, unrushed and gentle with people. There was a choice of food, which was well presented. The utensils and condiments were clean and user friendly. Kitchen staff and the cook were on hand to hear comments and suggestions.

We spoke with people at lunch time and all who could speak with us had positive comments to make. For example, "The food is quite nice", "The food is excellent. I am a fuss pot when it comes to food I get choices and if there isn't anything I like. They [staff] ask 'Is there anything you would like us to get you?'" and "The food is generally pretty good. The sandwiches and salad are great. The chef we have now varies what we get to try and tempt us." Most people finished their meals and obviously enjoyed them. Menus with choice were

prominently displayed. Meals were taken to people who chose to dine in their rooms and a choice of cold and hot drinks were provided.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager maintained a DoLS matrix, which enabled them to monitor when DoLS were due, when they had been applied for and when they had been authorised. Mental capacity assessments had been carried out for people as required and decisions made in people's best interests were documented. A visiting healthcare professional told us, "The staff have a very good grasp and understanding of capacity issues."

Some of the people who used the service had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place. DNACPR means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). Records we saw were up to date.

People who used the service had 'Emergency healthcare plans' in place, had access to healthcare services and received ongoing healthcare support. The aim of emergency healthcare plans is to provide hospital staff with important information about them and their health when they are admitted to hospital. Care records contained evidence of people being supported to attend visits to and from external specialists including GPs, dentist, chiropodist, optician and dietitians.

The design of the premises was appropriate for the people who lived there. Corridors were wide to accommodate wheelchair users and communal areas, including bathrooms and toilets, were spacious.

Some of the people who used the service were living with dementia. We looked at the design of the dementia unit and saw that communal bathroom and toilet doors were clearly signed. Corridors were decorated with items and photographs to provide people with visual stimulation. These included a flower stall, mechanic's workshop and a corridor decorated with photographs and quotes from famous movie stars. People's bedroom doors had large signs that included the person's name, room number and photograph. The deputy manager told us family members had been asked to provide photographs of people when they were younger as some people could identify with these more easily. Corridors were clear from obstructions and well lit, and handrails were painted in a colour to contrast with the walls. This helped to aid people's orientation around the home.

Good

Is the service caring?

Our findings

People we saw were well presented and looked comfortable in the presence of staff. Staff spoke with people in a polite and respectful manner and staff interacted with people at every opportunity. People who used the service knew the names of the care staff and appeared to trust and value them. Appropriate humour and a comforting hand on the shoulder or hand were seen and heard. For example, we overheard a member of staff say to a person in a wheelchair, "Come on my best friend. Let's get you into your room." We spoke with care staff who were able to tell us about the people they supported, their histories, likes and dislikes, families and life's achievements.

The registered manager provided examples about how staff had shown their caring nature. For example, staff had come into the home on their days off to support people or see if the service needed any staffing assistance. Another example was of a person who wanted to go out of the home often. The registered manager had contacted family members to ask for their support and discuss what was best for the person. Staff had built up a good relationship with the family and agreed to come in to work on their days off to support the person in the community. A local taxi driver was also involved and drove the person wherever they wanted and waited until they were ready to go back to the home. The person was now more interactive and confident in accessing the local community.

Visiting healthcare professionals had nominated the home's clinical lead for the provider's 'Kindness in care award' and we saw the member of staff had been presented with this award at a recent residents' and relatives' meeting. The manager showed us copies of correspondence from a family member, praising the quality of the care at Melbury Court. Comments included, "I'm so very grateful for your kindness" and "I won't forget your kindness."

People who used the service told us, "The staff are wonderful, they will do anything to help", "The staff are very pleasant and kind", "These girls have seen me through a lot, they have been there for me. I couldn't fault them", "Most of them [care staff] are brilliant, they talk with you and laugh as if they are friends" and "If you are having a bad day you can ask to talk to the minister and they will arrange this."

The service had a 'Meaningful moments' file, which included details of when staff had observed occasions when people who used the service had taken part in an enjoyable or positive experience. For example, one person had really enjoyed a visit by the fire service and was able to tell the fire service staff about their previous experiences and the record included a photograph of the person in a fire service uniform.

The registered manager showed us the 'My three wishes for 2017' file, which included a card filled in by each person who used the service that was used to plan activities. People were asked what they would like to do during 2017 and included comments such as, "Would love a shopping trip to Durham", "Go to the pub for a pint" and "Trip to the seaside with my husband." The registered manager told us the person who had made this last comment had recently celebrated their wedding anniversary and staff had prepared a candle lit meal for her and her husband to celebrate.

People's individual preferences, and likes and dislikes were clearly documented in the care records. For example, "[Name] enjoys a bath rather than a shower", "[Name] enjoys a cup of tea with a lid", "[Name] enjoys visits from her family", "[Name] is not comfortable with a crowd and often prefers to take her meals in her bedroom" and "[Name] loves bananas and tomatoes but dislikes fish, milk puddings and turnip."

Staff respected people's privacy and dignity. We saw staff knocking on bedroom doors and asking permission before entering people's rooms, and staff closed bedroom doors while carrying out personal care. The home employed a 'Dignity lead' and had several 'Dignity champions', who led on dignity in the home. A person who used the service told us, "They do treat you well, they are very good and lovely." A family member told us, "Absolutely [respectful]." This meant that staff treated people with dignity and respect.

We saw independence was promoted as far as possible. For example, at meal times or whilst mobilising around the home. People who used the service told us, "Until recently I couldn't open the door to the garden [French door in the person's bedroom]. I have a key now. The staff have a control pad which they use to lock it at night, for security" and "I like to be independent and I get my clothes ready the night before." A family member told us, "They [staff] encourage [family member] to get herself ready." This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

Bedrooms were individualised, some with people's own furniture and personal possessions. We saw many photographs of relatives and social occasions in people's bedrooms.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. Contact details for a local advocacy service were made available to people on the home's notice board. However, the registered manager told us none of the people who were using the service at the time of our inspection visit had independent advocates.

End of life care plans were in place for people who required them and all the people had 'Future care preferences' plans in place. These described people's wishes for their end of life care, including where they wanted their care to be carried out, funeral arrangements, and who they wanted to be contacted. The registered manager told us the clinical lead at the home was working with the 'Gold standards framework' to help the service deliver the best standards in palliative care, and staff had just received training in 'Dignity and death' from a local funeral company.

A visiting healthcare professional told us, "The care here is very good and the handling of [end of life care] has been exceptionally well done with sensitivity and compassion."

Good

Is the service responsive?

Our findings

People's needs were assessed before they started using the service. This ensured staff knew about people's needs before they moved into Melbury Court.

Care records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. Care plans were in place and included mobility, communication, personal care, nutrition and hydration, continence management, skin integrity, oral hygiene, sleeping, podiatry, pain management, infection control, and future care preferences.

Care plans described in detail actions staff were to take to support the person with their care needs. For example, one person's care plan for skin integrity described how staff were to carry out positional changes, what hoisting and pressure relieving equipment was to be used, how often the person's skin integrity was to be checked and their skin washed, and who to contact if any concerns were identified. Records we saw, for example of positional changes, were up to date.

Care records identified people who had mobility issues and were at risk of falls, and risk assessments were in place where appropriate. People had Waterlow assessments in place that were reviewed monthly. Waterlow is used to assess the risk of a person developing a pressure ulcer. Records we saw were regularly reviewed and were up to date.

Daily records were maintained for each person who used the service. Records we saw were up to date and included information on the person's diet, sleep pattern, personal care and records of activities and appointments.

We found the provider protected people from social isolation. A weekly activities timetable was in place and included exercise and games, quizzes, church visits, mini bus trips, movie afternoons and visits by external entertainers. A monthly events programme was also in place and events in June 2017 included a summer show, Father's day celebrations, a 'Race night' and a 'Memory Lane dementia café'. This was an event held regularly and was open to family and friends. On the first day of our inspection we observed people enjoying listening to a singer and we saw people and staff joining in. On the second day of our inspection, the home was visited by a 'Pets as therapy' (PAT) dog, cat, and a pony. We observed people stroking and cuddling the animals and they clearly enjoyed the experience.

The registered manager maintained a file called, 'Melbury moments' which included photographs of people who used the service taking part in activities and events. For example, charity fund raising days, PAT dog visits, baking and outings.

People who used the service told us, "I do lots of activities", "They [staff] offer to take you to the activities, for example, painting. They have a physiotherapist to advise them regarding chair exercises, it is good", "We went to the seaside yesterday for ice cream I didn't get off the bus I chose not to. I have been to the singing, I enjoyed that and I have been to a quiz night too. They are having a race night next week" and "We went to

Seaton Carew and had a nice time yesterday."

The provider had an effective complaints policy and procedure in place. A copy of the provider's complaints policy was on the home's notice board in the corridor. This described the procedure for making a complaint and how long the complainant would expect to wait for a response.

We looked at the complaints record for 2017 and saw there had been five complaints recorded. The record included the date the complaint was made, who made the complaint, who investigated it, what the issue was, the date it was resolved, and whether any changes had been made to practice. All the complaints we saw had been satisfactorily resolved.

The registered manager kept a record of compliments made by visitors to the home. We saw recent compliments included, "My father has been a resident for over five years and has received the best of care and attention throughout this period", "They [staff] seem to genuinely care about doing the best for the residents, keeping them safe and comforted. This means the world to me" and "Cannot thank you all enough for the care and support shown to mam and our family during her short time at Melbury Court. We will be forever grateful to everyone concerned."

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. We spoke with the registered manager about what was good about their service and any improvements they intended to make in the next 12 months. They told us they would like to set up regular GP clinics at the home and were looking in to how they could improve the dementia unit.

The registered manager told us they received support from the area director, who visited every month and was in regular telephone contact. The registered manager attended monthly meetings with the provider and other managers to discuss best practice and receive any updates or developments from the provider.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring people's personal information could only be viewed by those who were authorised to look at records.

The service had a positive culture that was person centred, open and inclusive. Staff we spoke with felt supported by the management team. A member of staff told us, "The [registered manager] is a breath of fresh air, supportive, knowledgeable and kind." The deputy manager told us, "The manager and I are mutually supportive and she is a very approachable person. I love this home it has a family feel to it, I care about its reputation and maintaining the highest standards of care, support and quality of life for all residents." People who used the service told us, "I know the manager by sight, she is friendly" and "It is well managed here, they are doing very well." Family members told us, "I can go to her [registered manager]" and "I have not had any reason to complain, she [registered manager] is helpful and approachable."

A visiting healthcare professional told us, "There is a very collaborative and motivated team here. Of the 13 homes we cover this is one of the best. Skilled staff and very compassionate."

Staff were regularly consulted and kept up to date with information about the home and the provider. Staff meetings took place every month. These included updates on new policies, training, health and safety, infection control, dignity, home business, and any other business. Nurses and senior team meetings, and kitchen team meetings were also held regularly. The registered manager held a 'Flash meeting' every morning with senior staff to discuss any issues and receive updates from each of the senior staff. Twice daily 'huddles' were also encouraged where staff could get together to keep each other up to date on any developments.

Support sessions were held every week for staff completing the Care Certificate, development programmes or training. A staff satisfaction survey was due to take place in July 2017.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. The provider's quality manager visited the home every two months to carry out an audit and spend time talking to people who used the service and staff. An action plan was put in place following the visit and

provided to the registered manager via the provider's electronic portal.

The registered manager and the senior staff carried out a number of regular audits. These included, health and safety, infection control, environment, care plans, medicines, food and food service, mattress and equipment, and monthly reviews of weights management. A minimum of 12 care plan audits were carried out each month and additional '48 hour care plan audits' were carried out within 48 hours of admission.

The registered manager carried out twice daily walkarounds that checked people's care, infection control, the dining experience, cleanliness, and feedback from people and visitors. Any identified issues were allocated to staff to action. For example, on the morning of the second day of our inspection an odour had been detected in one part of the home. This had been allocated to staff to resolve and the odour had gone by the time we visited. The registered manager and senior staff also carried out unannounced observations of staff around the home.

Annual surveys were carried out for people who used the service and their family members. The most recent surveys had taken place in March 2017 and we saw the results had been analysed and a report provided to the registered manager. People and their family members were asked to feedback on the environment, lifestyle, décor and maintenance, staffing, dignity and respect, complaints, and management and communication. 100% of the 54 people who returned the survey said their overall impression of the home was 'Good' or 'Very good'. 92% of the family members who returned the survey said their overall impression of the home was 'Good' or 'Very good'. Where any issues were identified, these had been investigated and responded to. For example, two family members had complained about the food. The provider had responded by saying they had changed supplier and a new chef had been employed since the survey had been carried out.

Residents' and relatives' meetings took place regularly and dates for the meetings were advertised on the home's notice board. These included discussions about the home, kitchen, housekeeping, maintenance, activities and any other business.

The home had a monthly newsletter that updated people who used the service and visitors on news and events at Melbury Court. It included a list of birthdays of people who used the service, photographs and information on recent activities, and a 'What's coming up' section for future events.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources.

The service had good links with the local community. People accessed a 'Dementia swimming' session at a local pool and were supported by specialist coaches, local choirs and churches visited the home and local emergency services visited the home on open days. The service also had good links with a local school and nursery school and pupils visited the home, for example, at Christmas.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.