

SR Care Limited

The Chestnuts

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 23 August 2016 and was unannounced.

At our last inspection carried out on 19 March 2015 the provider was not meeting the requirements of the law in relation to safeguarding service users from abuse and improper treatment, safe care and treatment, good governance and notification of incidents.

Following that inspection the provider sent us an action plan to tell us the improvements they were going to make.

During this inspection we looked to see if these improvements had been made. We found that they had.

The Chestnuts provides care and support for up to 14 people who have mental health needs, learning difficulties or autistic spectrum disorders. On the day of our inspection there were nine people living at the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who were able to talk with us told us they felt safe living at The Chestnuts. Relatives we spoke with agreed. The staff members we spoke with had received training in the safeguarding of adults and knew what to do if they were concerned that someone was at risk of harm.

Risks associated with people's care and support had been assessed when they had first moved into the service. These assessments provided the registered manager with the opportunity to properly manage the risks presented to both the people using the service and the staff team.

People's care and support needs had been identified before they had moved into the service. This was so that the registered manager could be sure that their individual needs could be met. From the initial checks, plans of care had been developed. These plans provided the staff team with the information they needed in order to support the people using the service in a way they preferred.

Checks had been carried out when new members of the staff team had started work. This was to check that they were suitable to work at the service. An induction into the service had been provided for all new staff members and ongoing training was being delivered. This provided the staff team with the knowledge they needed in order to meet the needs of those in their care.

We asked the people using the service if they felt that there were enough staff on duty to meet their needs.

Whilst the majority of the people thought there were, some felt that more staff would enable them to get out more. The registered manager told us that they would monitor the staffing levels so that appropriate numbers of staff were deployed on each shift.

People received their medicines as prescribed and in a safe way. Medicines were being appropriately stored and the necessary records were being kept, though there were minor inconsistencies when recording if a person had been assisted with the application of their cream.

People's nutritional and dietary requirements had been assessed. People had been fully involved in the development of the menus that were in place and these catered for their individual needs and preferences.

People were supported to maintain good health. They had access to relevant healthcare services such as doctors, dentists and opticians and they received ongoing healthcare support.

The staff team involved people in making day to day decisions about their care and support and understood their responsibilities within the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards.

The people using the service told us that the staff team knew them well and knew what help and support they needed. They told us that they were friendly and caring and observations during our visit confirmed this.

Meetings for the people using the service and for the staff team had been held. Monthly newsletters had also been developed and distributed to the people using the service and their families. These ways of communication enabled people to be involved in how the service was run.

Staff members we spoke with felt supported by the registered manager. They told us that they had the opportunity to meet with them on a one to one basis to discuss their progress. They also told us that there was always someone available for support and advice should they need it.

People using the service knew what to do if they were worried about anything. A formal complaints process was in place and people were regularly reminded of this so that they could be supported if they needed to use it.

There were systems in place to monitor the quality and safety of the service being provided. Regular audits on the documentation held had been completed. Regular checks on the environment and on the equipment used to maintain people's safety had been carried out. A business continuity plan was available for the staff team to follow in the event of an emergency or untoward event.

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.

The staff team knew their responsibilities for keeping people safe and free from avoidable harm.

An appropriate recruitment process was on the whole followed, to make sure only suitable people worked at the service.

Staffing numbers were being monitored so that the registered manager could satisfy themselves that people's healthcare and social care needs were being met.

People received their medicines as and when they needed them.

Is the service effective?

Good ●

The service was effective.

The staff team had the knowledge and support they needed to be able to meet the needs of those in their care.

People's consent had been obtained before their care and support was provided and staff members we spoke with understood the principles of the Mental Capacity Act 2005 (MCA).

People were involved in the planning and preparation of their meals and menus catered for their individual needs.

People were supported to access healthcare services when they needed them.

Is the service caring?

Good ●

The service was caring.

People's privacy was respected and their care and support needs were met in a friendly and caring way.

The staff team made sure that people were offered choices on a daily basis and involved them in making decisions about their care.

The staff team knew the people they were supporting well. They knew their likes and dislikes and knew their personal preferences.

Is the service responsive?

Good ●

The service was responsive.

Information on people's needs was always obtained prior to them moving into the service.

People had been involved in deciding what care and support they needed.

People had plans of care in place that reflected their personal care and support needs.

There was a complaints process in place and people knew what to do if they were unhappy or concerned about anything.

Is the service well-led?

Good ●

The service was well led.

People using the service knew who the registered manager was. The registered manager encouraged open communication with everyone involved with The Chestnuts.

The staff team working at the service felt supported by the registered manager and were aware of the provider's aims and objectives.

People using the service, their relatives and the staff team had been given the opportunity to have a say on how the service was run.

Monitoring systems were in place to check the quality of the service being provided.

The Chestnuts

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 August 2016 and was unannounced.

The inspection team consisted of an inspector and an expert by experience. 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 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.

Before our visit we reviewed the information we held about the service. This included notifications. Notifications tell us about important events which the service is required to tell us by law.

We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people using the service. We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had any feedback about the service.

At the time of our inspection there were nine people using the service. We were able to speak with all nine people living at The Chestnuts. We also spoke with the registered manager and two members of the staff team.

We observed care and support being provided in the communal areas of the service. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not people were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included two people's plans of care. We also looked at associated documents including risk assessments and medicine records. We looked at three staff recruitment and training files and the quality assurance audits that the registered manager and the provider's quality and compliance officer had completed.

Following our inspection visit, relatives of three of the people using the service were contacted by telephone so that we could gain their views of the service being provided.

Is the service safe?

Our findings

At our last inspection we found that the registered person had not always protected the people using the service from the risk of abuse. This was because incidents of challenging behaviour between the people who lived there had not been referred to the appropriate authorities. There were shortfalls within people's risk assessments and inconsistencies in how staff responded to people's behavioural difficulties which had placed them and others at risk. We found this to be a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment and Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment. The provider sent us an action plan telling us the actions they would take to address this.

At this inspection we looked to see if people had been protected against abuse and in proper treatment and provided with safe care and treatment. We found that they had.

People we spoke with told us that they felt safe living at The Chestnuts. When we asked one person if they felt safe, they nodded and said, "Yeah, yeah." Another said, "I do, I do."

Relatives we spoke with agreed and told us that their relative was safe living at the service. One told us, "Yes [their relative] is safe, we visit regularly and we have never seen anything that has concerned us." Another explained, "I know [their relative] is safe, we have no worries about that."

Staff members we spoke with were aware of their responsibilities to keep people safe from avoidable harm. They told us that they had received training in the safeguarding of adults and the training records we saw confirmed this. We noted that this training was being refreshed on an annual basis. This meant that the staff teams knowledge and understanding of how to keep people safe was kept up to date. One staff member we spoke with told us, "If I saw anything, I would tell the manager straight the way, she would deal with it."

The registered manager knew their responsibilities for keeping people safe from harm. They knew the actions they needed to take if they suspected that someone was being harmed in any way. This included referring any concerns to the relevant safeguarding authorities and notifying the Care Quality Commission (CQC). The providers safeguarding policy had also been updated since our last inspection to show the correct procedure for the staff team to follow should a concern for someone's safety be identified.

The staff team had been provided with a copy of the provider's whistleblowing policy and they were confident that any concerns raised in this way would be dealt with appropriately.

A process for assessing the risks associated with people's care and support was in place. Risk assessments had been completed and these had been monitored and reviewed on a monthly basis, or sooner if deemed necessary. Risk assessments seen in people's plans of care included those associated with people's mobility, people's behaviours and the risks associated with the health conditions that people lived with. The completion of these documents made sure that risks to people's health and welfare were, wherever possible, minimised and the people using the service kept safe from harm.

Where people's behaviours had presented a possible risk to themselves and others, proactive guidelines and strategies had been put in place for the staff team to follow. This enabled the staff team to support both the person displaying such behaviours and the other people using the service to keep them safe.

Checks had been carried out on both the equipment used to maintain people's safety and on the environment. Fire safety checks and fire drills had been carried out and the staff team were aware of the procedure to follow in the event of a fire. There were emergency evacuation plans in place in people's plans of care. These showed how each person should be assisted in the event of an emergency. The provider also had a business continuity plan in place for emergencies or untoward events such as fire or flood. This meant that the staff team had a plan to follow to enable them to continue to support the people using the service should these events ever occur.

An appropriate recruitment process was in place. We looked at the files belonging to three staff members to check whether this process had been followed. We found that on the whole it had. People's previous employment had been explored, references had been obtained and a check with the Disclosure and Barring Scheme (DBS) had been made. DBS checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce. We did note that one person's records showed us that they had started work approximately four weeks prior to their DBS being returned. The registered manager acknowledged this error but assured us that the staff member had not worked alone until their DBS had been returned.

The registered manager explained that staffing numbers were based on people's needs. At the time of our visit there were three staff members on duty each morning (including the registered manager), three staff members on duty each afternoon/evening and one waking and one sleeping staff member at night. The staff members on duty at the time of our visit felt that this was sufficient to meet the current needs of the people living there. One of the staff members told us, "I never feel rushed." We observed people using the service during our visit. We did note particularly in the early part of the morning, that people were left to their own devices with little interaction from the staff team. This resulted in one person watching the television for a long period of time, another person colouring and three people left to stroll around the home and gardens. Interactions between the people using the service and the staff team were much improved when the staff members had completed their care and support tasks. We discussed this with the registered manager. They told us that staffing levels were being monitored to make sure that appropriate numbers of staff were deployed on each shift to make sure people's needs were met.

We looked at the way people's medicines had been managed. People had received their medicines as prescribed and medicine administration records (MAR) had been completed. We looked at the MAR's. We saw that a photograph of the person was in place to aid identification. This reduced the risk of medicines being given to the wrong person. We also noted that the MAR's included information about people's allergies and how their medicines should be administered. This meant that the staff team had the information they needed to support people with their medicines safely and in a way they preferred.

When people had medicines on an 'as required' basis, such as pain relief, protocols were in place. These provided the staff team with information they needed on when, why and how these medicines should be administered.

We checked to see whether the creams and eye drops that the staff team assisted people with had been dated when opened. Dating creams and eye drops when they are opened is recommended to make sure that they are not used for longer than the recommended guide lines. We noted that all but one had. We also noted that there was some inconsistency with regard to the staff team recording where someone had been

assisted with their creams. We shared this with the registered manager so that this could be addressed.

There was an appropriate system in place for the receipt and return of people's medicines and audits were carried out to ensure that people's medicines were handled in line with the provider's policies and procedures. Only staff members who had been appropriately trained were able to administer people's medicines. We saw that competency checks had recently been carried out to make sure that the staff team only provided people with their medicines as required and in a safe way.

Is the service effective?

Our findings

People we spoke with felt that the staff team knew their care and support needs and were satisfied with the care and support they received. When we asked one person if the staff team knew them they told us, "It's improved since I first came here. Yes they [the staff team] do know me well."

Staff members we spoke with told us that they had received an induction when they had first started work at the service and training had also been provided. The staff training records confirmed this. One staff member explained, "I had an induction, I had previous experience in care but I still had an induction."

When we looked at the training records kept it was evident that appropriate training had been provided. This included training in food hygiene, first aid, safeguarding and challenging behaviour. It was also evident that the staff team had been provided with yearly refresher training on topics such as moving and handling, medicine management and fire safety. This made sure that the staff team had the up to date knowledge they needed to properly support those in their care.

The staff members we spoke with told us that the registered manager was supportive and was available if they needed any help or advice. One staff member told us, "[The registered manager] is always available; she is very approachable and very fair." They told us that they had been given the opportunity to meet with the registered manager to discuss their performance and any issues they may have. One staff member told us, "I've had two supervisions now, communication is very good."

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. At the time of our visit no one using the service required an authorised DoLS to be in place and everyone had the capacity to consent to their care and support.

From the training records we looked at we could see that members of the staff team had either completed training on the MCA and DoLS or were enrolled to complete this training. The staff members we spoke with confirmed that they had received this training and understood the principles of this legislation. One staff member told us, "It's about people's capacity to make certain decisions, simple decisions can be made, but

bigger decisions may need to be made for them in their best interest."

We saw that people had been involved in making day to day decisions about their care and support and the staff members we spoke with gave us examples of how they obtained people's consent to their care on a daily basis. One staff member told us, "I always go in [to the person using the service] and explain what I'm doing and I ask, 'what do you want to do today, get up for breakfast or have breakfast in bed'. Today they had breakfast in bed." Another told us, "Everybody has the choice of whether to get up and I always ask people's permission before doing anything. For example, I will say, "Do you mind if we help you."

People using the service had been involved in deciding the daily menus and were supported to eat and drink a variety of foods. Alternatives to the meals served were always available and once a week people had the opportunity to have a takeaway meal. We asked people what they thought of the food served at The Chestnuts. One person told us, "We have a menu and take it in turns when choosing food." Another person explained, "There is more than one option, pie and chips or fish and chips or salad. I like to cook chicken stir fry." The main meal of the day was around 5pm in the afternoon and the people using the service had allocated days when they were able to assist the staff members with this task. One of the people using the service told us, "I like cooking, helping out on Thursday and in the evening." When we asked what they liked to make, they told us, "Jacket potatoes, kiev's and spaghetti bolognese."

The records we looked at showed us that people had a variety of choices at meal times and were supported to prepare their own meals whenever possible. Hot and cold drinks were available throughout the day and snacks were also readily available.

The staff team monitored people's weight on a monthly basis and where necessary, referrals to healthcare professionals such as the Speech and Language Team had been made. People also had access to other relevant health professionals such as doctors, dentists and community nurses. One of the people using the service told us, "Staff sort out all my doctor's or dentist's appointments." A relative stated, "They get the GP when needed and they always let us know, they keep us well informed." Records showed us that the staff team took people's health and welfare seriously and supported people appropriately.

Is the service caring?

Our findings

People we spoke with told us that the staff members knocked on their door before entering their room. This promoted people's privacy and dignity. Observations during our visit confirmed this.

We observed the staff team supporting the people using the service throughout our visit and we saw that support was carried out in a friendly and caring manner. We observed good interactions between the staff team and the people using the service. This was particularly evident during the latter part of the morning and afternoon, once the staff members had completed their support tasks. Staff had a good understanding of people's needs. People were treated well and support was provided in a good-humoured manner.

The staff members we spoke with gave us examples of how they maintained people's privacy and dignity when they supported them with personal care. One staff member told us, "To maintain people's dignity, I always shut the door and curtains." Another explained, "Approach is everything, making people feel comfortable and at ease with you is important."

We looked at people's plans of care to see if they included details about their personal history, their personal preferences and their likes and dislikes. We found that they did. The staff team knew what people liked and disliked. For example they knew that one person loved to watch soap operas on television, but only those on ITV, not BBC. When we checked their plan of care this information was included. Another person's plan of care stated that they liked yogurt, and porridge or Weetabix for breakfast. The staff members we spoke with were aware of this preference.

The staff team supported the people using the service to make decisions on a day to day basis. This included when to get up, what to wear, what to eat and when to go to bed. Although at the time of our visit all of the people using the service were able to make decisions about their care and support, advocacy services were available to them. This meant that people had access to someone who could support them and speak up on their behalf should they need it.

Relatives told us that they could visit at any time. One person told us, "We visit all the time and we are always made welcome by the staff." Another explained, "Whenever we visit we are made welcome and they always keep us up to day with information. The staff are wonderful."

There were processes in place to ensure that information about people was treated confidentially and respected by the staff team. For example, a confidentiality policy which staff had to adhere to was in place and a copy had been given to each member of the staff team. Information about people was shared on a need to know basis. People's plans of care were kept secure and the registered manager's computer was password protected. The room in which people's records were kept was also kept locked when not in use. This showed us that people's personal information was safely stored.

Is the service responsive?

Our findings

People using the service told us that they had been involved in deciding what support they needed. When we asked one person if they had been involved in the planning of their care and in choosing their support they told us, "Yes."

The registered manager explained that an assessment of people's care and support needs was always obtained prior to them moving into the service. This was because they wanted to satisfy themselves that the person's needs could be properly met. Relevant information had also been obtained from people's relatives and other support agencies involved in the person's care and support. From the assessment, a plan of care had then been developed.

We looked at two people's plans of care. This was to determine whether the plans of care accurately reflected the care and support that people were receiving. We found that on the whole, they did. We did note however that for one person who had an hour's bed rest after their lunchtime meal, this was not recorded in their plan of care. We informed the registered manager who told us that the plan of care would be amended to reflect this.

The plans of care were detailed and had personalised information about the people in them including information about their history and preferences in daily living. A document entitled 'All about me' was within the documentation held. This included information on what the person loved to do. One person's showed us that they loved to go on holiday with the staff team to Skegness. We saw that a holiday to Skegness had been arranged for September 2016.

The staff members we spoke with told us that they had read people's plans of care. They had a good knowledge of people's care needs and were able to describe in detail the support that people needed and preferred. One staff member explained, "We know what they [people using the service] like, It's all in their care plan for example [person using the service] likes doing crosswords and loves films, its person centred here."

People's plans of care had been reviewed on a regular basis and where changes in people's health had occurred, the appropriate action had been taken. This included contacting a person's dentist when they had suffered a bout of toothache and a referral to an occupational therapist when a person's mobility had deteriorated.

The people using the service met with a member of the staff team on a monthly basis to discuss their care and support and to make sure that they remained happy with the support they received. One person told us, "Once a month [they meet with a member of staff] and I am involved."

Monthly meetings were also held which everyone using the service attended. We saw the minutes of the last meeting held in July 2016. Things discussed included a holiday to Skegness which had been arranged for some of the people using the service, things that had happened since their last meeting and activities that

people would like to partake in. Suggested activities included, bowling, a picnic in the park, walks out and meals out. We asked the registered manager whether any of these activities had taken place. We were told that so far some people had been out for lunch and out for walks. This was confirmed when looking at people's records. We also noted that one person had recently been to the cinema which they thoroughly enjoyed.

People were supported to attend a local disco each month and those who wanted to, swimming on a Thursday night. The registered manager had recently purchased a tablet and during our visit one of the people using the service was enjoying playing games on it with the support of a staff member.

For people who wanted to attend day services, they were supported to do so by the staff team. One person attended day services at the local resource centre five days a week, whilst another two people attended two days college. One of these people also volunteered at a local community café on a weekly basis. For the people who remained at the service we were told that the staff team supported them to participate in activities of their choice. On the day of our visit one person was provided colouring books to colour whilst another chose a word search to complete. When we checked their care records we saw that these were pastimes that they enjoyed completing. The remaining people however, were rather left to their own devices. Some people could go out independently and we saw them visit the local shops and another went out to visit their family. When we talked to the people using the service they told us that they would like to do more. One person told us that they would like to go to the pub, another told us that they would like to go to more places and a third told us they would like to go to the cinema. We shared this with the registered manager so that they could act on people's wishes.

People using the service knew who to talk to if they were unhappy about anything. One person told us, "[I] would tell staff." There was a formal complaints process in place. People using the service had been reminded of this during monthly meetings and a copy, which was available in easy read format, was displayed for people's information. We looked at the complaints records and found that the registered manager had followed proper process. Complaints had been acknowledged and an investigation had been carried out. Where it had been identified that changes to practice were needed, this had been actioned. This showed that people were able to share their concerns and these were taken seriously.

Is the service well-led?

Our findings

At our last inspection we found that systems designed to protect people from inappropriate or unsafe care were ineffective and poorly managed. We also found that the registered person had not notified the CQC of relevant incidents about abuse or allegations of abuse involving people using the service. We found this to be a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance and Regulation 18 of the CQC (Registration) Regulations 2009 Notification of other incidents. The provider sent us an action plan telling us the actions they would take to address this.

At this inspection we looked to see if the provider had appropriate systems in place to demonstrate good governance and whether notifications of other incidents had been made to CQC. We found that they had.

The people using the service knew who the registered manager was. During our visit we observed them chatting with the people using the service and to the staff team. It was evident from our observations that good relationships had been built between them, the people using the service and the staff team.

Staff members we spoke with told us that they felt supported by the registered manager. They explained to us that they felt able to speak with them if they had any concerns and they were always available. One staff member told us, "[Registered manager] is really approachable; you can discuss anything with her."

Staff meetings had been held. These provided the registered manager with the opportunity to update the staff team with any changes in the service being provided. It also provided the staff team with the opportunity to be involved in how the service was run. We looked at the minutes of the last staff meeting held on 6 July 2016. We saw that discussions had taken place around the needs of the people using the service, the provider's policies and procedures, DoLS and training opportunities.

People using the service were encouraged to share their thoughts of the service they received. Monthly meetings had been held enabling them to have their say. The minutes of the last meeting held in July 2016 showed us that discussions had taken place with regard to activities and the general day to day occurrences within the service.

The registered manager had also used surveys to gather people's views of the service provided. Members of the staff team had supported the people using the service to complete a survey and surveys had also been sent to their relatives. One relative told us, "I filled out a survey only a couple of months ago." A comment in one of the surveys returned stated, "The staff have worked hard over the last six months to meet [person using the service] needs, they show a lot of dedication at times in a very hard job, without them where would [person using the service] be." Another comment stated, "The staff I have had the pleasure of meeting are very courteous and polite." It was evident in some of the surveys returned, that not all relatives knew about the complaints process. Because of this, the registered manager arranged for a copy of the complaints process to be sent to all the relatives involved.

The registered manager had developed a monthly newsletter to keep the people using the service and their

families informed of what was happening. Information included in the July 2016 edition included information about the current staff team, details of the last CQC inspection and actions taken to address the shortfalls identified and home improvements that were being made to the service. This included the installation of a new kitchen. This showed us that the registered manager kept people involved in the running of the service.

There were monitoring systems in place to check the quality and safety of the service being provided. Both monthly and weekly checks had been carried out. These included checks on people's medicines and the corresponding records that were in place, people's plans of care, accidents and incidents and health and safety. Regular checks had also been carried out on the equipment that the staff team used and on the environment.

The provider had recently employed a quality and compliance officer to support the registered manager with the monitoring of the service. They were visiting on a three monthly basis and had audited areas of the service including checking the audits that the registered manager had completed. This further supported the registered manager in identifying and addressing any issues and assisted them to continually improve the service.

The registered manager was aware of and understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service.

A copy of the provider's aims and objectives were displayed at the service for people to view and the staff members we spoke with were aware of these. One staff member told us, "Our aim is to make it their home, to make sure we treat people as individuals and care for them to the best of our ability."