J W C Dunn

Grove Hill Care Home

Inspection report

Grove Hill
Highworth
Swindon
Wiltshire
SN6 7JN

Tel: 01793765317

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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

We undertook an unannounced inspection of Grove Hill Care Home on 19 January 2017.

Grove Hill is a residential care home providing care and support for up to 27 people. The home is situated in Highworth near Swindon and the accommodation is arranged over three floors. The home's owner is also the registered manager. On the day of our inspection 23 people were living at the home.

At the last inspection on the 8 December 2015 we found the Mental Capacity Act (2005) (MCA) principles were not being followed in line with the MCA code of practice. This was a breach of Regulation 11 Health and Social Care Act (Regulated Activities) Regulations 2014.

We also found records were not always detailed with enough information to ensure people's safety and well being and there was not an effective system in place to monitor the quality and safety within the service. These concerns were a breach of Regulation 17 Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection we found the home had made significant improvements to address the areas of concern and bring the service up to the required standards.

Staff understood the Mental Capacity Act (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected, this included people who were deprived of their liberty.

Records in relation to people who used the service were complete and accurate. The manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

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.

We were greeted warmly by staff at the service who seemed genuinely pleased to see us. The atmosphere was open and friendly.

People told us they were safe. Staff understood their responsibilities in relation to safeguarding. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

People were supported by staff that were extremely knowledgeable about people's needs and provided support with compassion and kindness. People received high quality care that was personalised and met their needs.

Where risks to people had been identified, risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicines as prescribed.

There were sufficient staff to meet people's needs. Staff responded promptly where people required assistance. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

The service responded to people's changing needs. People and their families were involved in their care and how their care progressed and developed.

Staff spoke extremely positively about the support they received from the registered manager. Staff supervisions and meetings were scheduled as were annual appraisals. Staff told us the registered manager was very approachable and supportive and that there was a very good level of communication and trust within the service.

The service sought people's views and opinions. Relatives told us they were confident they would be listened to and action would be taken if they raised a concern.

People had sufficient to eat and drink. Where people required special diets, for example, pureed or fortified meals, these were provided by kitchen staff who clearly understood the dietary needs of the people they were catering for.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments were in place to reduce the risks and keep people safe. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and understood and applied its principles.

Is the service caring?

Good

The service was caring

People benefitted from caring relationships with staff.

Staff were very kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and gave clear guidance for staff

on how to support people. Staff were motivated and committed to delivering personalised care.

People and their relatives knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make sure their needs could be met. Support needs were regularly reviewed.

Is the service well-led?

Good

The service was well led.

The registered manager led by example and empowered and motivated their staff. Staff's actions and attitudes mirrored this example.

The service had systems in place to monitor and improve the quality of service.

The service shared learning and looked for continuous improvement.

Grove Hill Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 19 January 2017 and was unannounced. The inspection was carried out by two inspectors 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.

We spoke with 10 people, four relatives, four care staff, the assistant manager and the registered manager. We looked at five people's care records, seven staff files and medicine administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on their care.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

Good

Is the service safe?

Our findings

At our last inspection on 8 December 2015 records did not always contain clear guidance to manage risks. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found significant improvements had been made.

People's care records included risk assessments. Where risks were identified there were plans in place that guided staff how to support people to manage the risks. Risks identified included: pressure damage; choking; moving and handling; nutrition and anxiety. For example, one person was at risk of pressure damage. The care plan identified the person required a pressure relieving cushion when sitting in their chair and a pressure relieving mattress when in bed. The person also required repositioning every two hours when in bed. We saw the person was using a pressure relieving cushion in their chair and there was pressure relieving mattress in place. Records showed the person was repositioned in line with their care plan when in bed.

Another person was at risk of falls and the person's ability to mobilise had deteriorated. Staff were guided to support this person using a 'standing hoist' and 'slide sheets if required'. Staff were aware of and followed this guidance and records confirmed the person had not fallen.

People told us they felt safe. Comments included; "I feel very safe and never have any worries because I am well looked after", "It is a good safe place to live because there is always someone on hand if you need them", "Very pleased with the way this home supports me, I'm safe 100%" and "Very definitely safe, if anything was wrong, people (staff) come to help straight away and that is reassuring".

Relatives told us people were safe. Their comments included; "Quite happy that she (person) is safe", "[Person] is very safe, so well looked after. He is happy and that's the main thing", "Absolutely safe because he is very well cared for" and "Brilliant here. They look after mum safely. They all adore her".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their manager or the senior person on duty. Staff were also aware they could report externally if needed. Comments included; "I would report anything straight away to my manager. We have a new flow chart and I can go to our new auditor for support and can go to CQC (Care Quality Commission)" and "I'd report any concerns to my manager, no question". The service had systems in place to investigate concerns and report them to the appropriate authorities.

There were sufficient staff on duty to meet people's needs. The registered manager told us staffing levels were set by the "Dependency needs of our residents". Staff were not rushed in their duties and had time to sit and chat with people. Where people's behaviour indicated the person needed help staff responded in a timely manner to prevent the person suffering anxiety. People were assisted promptly when they called for assistance. Staff rota's confirmed planned staffing levels were consistently maintained. One member of staff told us, "Staffing here is very good. They have never used agency staff in all the time I have been here". (The member of staff had worked at the service for 12 years).

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

Medicines were managed safely and people received the medicines as prescribed. Medicines were stored in a locked trolley secured to the wall to ensure they were stored safely. Systems were in place to ensure stocks of medicines were managed and were safe to administer. For example, medicines dispensed in liquid forms were marked with a date of opening to ensure they were administered within the date required.

Medicine records included a medicine profile that showed a photograph of the person, a list of the medicines prescribed and what condition the medicine was prescribed for. Medicine administration records (MAR) were completed fully and accurately. Staff administering medicines signed the MAR to confirm people had taken their medicines.

Where people were prescribed 'as required' medicines there were protocols in place that detailed when the person may require the medicine. Protocols guided staff in the support that may alleviate anxiety prior to administering PRN medicines. For example, one person was prescribed a medicine to be administered when they became anxious and gave clear guidance of the behaviours the person could present that indicated an anxious state. The protocol for the medicine stated the person enjoyed music and could play a musical instrument. Staff were guided to engage the person in a musical activity to reduce their anxiety. We saw this guidance was followed several times during the inspection and the distraction techniques calmed the person and prevented the need for medicine to be administered.

Good

Is the service effective?

Our findings

At our last inspection on 8 December 2015 we found the Mental Capacity Act (2005) (MCA) principles were not being followed in line with the MCA code of practice. The 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. This issue was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found significant improvements had been made.

People's care plans included mental capacity assessments which identified the decisions people lacked capacity to make. Care plans detailed how people should be supported in their best interests. For example, one person's care plan identified they lacked capacity to make decisions relating to their finances but were able to make decisions related to their daily living. People's care plans identified where representatives had legal authority to make decisions on people's behalf and copies of the authority were available.

The registered manager carried out assessments to determine if people were subject to any restrictions in relation to their care. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Where restrictions were in place the registered manager had made DoLS application to the supervisory body. People's care plan detailed the restrictions in place and how people were supported to ensure any restrictions were the least restrictive.

Staff had completed training in MCA and DoLS. Staff had a clear understanding of their responsibilities to support people in line with the principles of the Act. One member of staff told us, "We must always think of people's best interest, their safety and how to support their choice".

People spoke with us about their choices and decisions. Comments included; "Never been stopped from doing anything I want to do. Like being outside when it's warmer. I help with the garden", "I can get up or have a lay in, go to my room when I want, have dinner where I want, sometimes in my room, depends how I feel" and "They don't push you to do anything, lots of choices".

People told us staff had the skills to support them effectively. People's comments included; "Good people who know what they are doing. They help me up and make sure I am ok" and "Never any problems. They have helped with this and that they know how to look after you". One relative commented, "Well trained staff and gentle, they know what they are about".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they had received an induction and completed training when they started working at the service. Staff training was linked to Skills for Care Common Induction standards and the Care

Certificate. Induction training included fire, moving and handling, dementia and infection control. Staff were positive about the training they received and were supported to attend regular updates to ensure their skills and knowledge were kept up to date. Staff comments included; "We can ask for any training. It is good training". Staff had the opportunity to complete national qualifications in social and health care. Staff had the opportunity to develop their skills and had all completed qualifications in health and social care to diploma level two or three. Training records evidenced all planned training for 2016 had been completed.

Staff told us, and records confirmed they had effective support. Staff received regular supervision. Supervision is a one to one meeting with their line manager. Supervisions and appraisals were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. One member of staff told us, "Of course I'm well supported, that's why I'm still here". The member of staff had worked at the home for ten years.

People had access to food and drink to meet their needs. Where people had specific dietary requirements this was detailed in their care plan. People received food and drink in line with the guidance. For example, one person required a 'pureed diet' due to the risk of choking. We saw this person being supported with a meal that was of the correct consistency. Menus were prominently displayed and staff assisted people with their meal choices. The chef told us he was aware of those people with specific medical conditions such as diabetes or those losing or gaining weight. He said, "I take steps to ensure that their nutritional needs are met".

We observed the midday meal experience. This was an enjoyable, social event where the majority of people attended. Food was served hot from the kitchen and looked 'home cooked', wholesome and appetising. People were offered a choice of drinks throughout their meal. People were encouraged to eat and extra portions were available.

People told us they enjoyed the food. Comments included; "You can have what you like for breakfast, cooked if you want. The rest of the food brilliant", "Lovely food, I really enjoy eating here, hot, tasty and as much as you want", "Always good meals, nothing I don't like" and "Lovely tasty meal today". One relative said, "He (person) lost lots of weight in hospital but since he has been here he has put on weight and is so much better".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GP, care home support service (CHSS) and speech and language therapist (SALT). Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans. For example, one person had been referred to the speech and language therapist (SALT) as they had problems with swallowing. The care plan stated the person required thickened fluids. The person received fluids thickened in line with SALT guidance. Staff we spoke with knew the correct consistency required. One healthcare professional we contacted stated 'Grove Hill continues to be one of my favourite homes to visit and work with. They went on to say they thought the service was 'outstanding'.

Good

Is the service caring?

Our findings

People told us they enjoyed living at the home and benefitted from caring relationships with the staff. People were extremely positive with their praise for staff. Comments included; "The girls (staff) are very, very good carers", "I'm looked after well by caring people", "It is an alright place to live. I look after myself mainly but they will help me if I need anything thing doing", "Like one big family", "I mostly see the same staff. Some have been here a long time so we know them and they know us" and "Top rate care, excellent, nothing is too much trouble. Even a lady who calls out constantly gets attention every time"

Relatives were also keen to praise the service and the staff. Comments included; "Excellent care, staff actually do care", "They look after me as well. If am still here at teatime they give me tea and sandwiches", "The way in which they look after people is above and beyond" and "A very good home, we looked at lot before coming here. I'm impressed by the care".

People were supported by a dedicated staff team who had genuine warmth and affection for people. Staff comments included: "I love the residents, I am dedicated to them. It is so important that they are loved and cared for" and "I love the residents, we have a family feel here".

People were cared for by staff who were knowledgeable about the care they required and the things that were important to them in their lives. Staff spoke with people about their careers, families and where they had lived. During our visit we saw numerous positive interactions between people and staff. For example, one person required the support of two care staff and a hoist to transfer into their wheelchair for lunch. Staff spoke discreetly to the person before fetching the hoist. Staff explained what was going to happen and reassured the person in a kind and caring way throughout the move. The person smiled at the staff supporting them and was clearly reassured by the staff's approach.

We observed staff communicating with people in a very patient and caring way, offering choices and involving people in the decisions about their care. People were given options and the time to consider and choose. For example, one person came into the lounge and staff asked them where they would like to sit. The person considered this for a moment before pointing at a particular chair. They were then supported to their choice of chair and made comfortable by staff.

People were given choice about all aspects of their care and choices were respected. Where people had difficulty understanding the choices available, staff patiently reworded the question or used gestures and showed people the choices to enable them to make their own choice. For example, when people were offered food and drinks they were shown the food available. The staffs caring approach was clearly evidenced by our observations.

People's independence was promoted. For example, during the lunchtime meal we saw people being encouraged to eat independently. Staff only intervened when the person needed or requested support. We also saw one person walk independently into the dining room. They were however, a little unsteady on their feet. A staff member walked with the person, offering encouragement but ready to support the person if

necessary. This promoted the person's independence to walk independently.

People's dignity and privacy were respected. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. We saw people were treated with dignity and respect throughout our inspection. People were addressed by their preferred name and staff knocked on people's doors before entering. One relative commented on how staff spoke respectfully to a person. They said, "Fantastic the way they speak to him. They have a lovely way to get through to him".

People's care reviews were documented and evidenced people and their relatives were involved in care. One relative told us, "I'm fully involved with all aspects of his (person's) care and fully consulted about changes in his plan".

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff and gave details of when and how information would be shared with other professional bodies once the person's consent had been obtained. Care plans and other personal records were stored securely. Care plans reminded staff to protect people's confidentiality. For example, if two people were involved in an incident we saw the 'second' person was not referred to by name. This protected people's confidentiality.

People's cultural needs were identified and people were supported to meet those needs. For example, there were religious services arranged for different faith groups. Where English was not people's first language staff understood that and took time to learn some key words in the person's own language to enable staff to communicate with the person.

People's care was recorded in daily notes maintained by staff. Daily notes recorded what support was provided and events noted during the day. These provided a descriptive picture of the person's day. For example, one staff member had noted in one person's care plan 'appears fine today and continues to eat and drink well'. Another record stated '[Person] had a lovely rest this afternoon and woke up happy'. This evidenced staff cared for the people they supported.

Where people had expressed a preference their wishes relating to 'end of life' care were recorded and respected. Advanced care plans recorded people's preferences and wishes. For example, whether people wished to be buried or cremated, funeral and family arrangements and their choice of music for funerals.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to admission to the service to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, one person liked music and this was used to reassure and calm them. We saw staff singing with this person throughout the day.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person had difficulty verbalising and could sometimes experience pain. A 'pain assessment/management' document guided staff on how to support this person and recognise when they may be experiencing pain. This included using the person's facial expressions, behaviours and any physical or physiological changes to assess the person. This enabled staff to assess the person's pain levels to allow them to provide appropriate pain relief.

Care plans and risk assessments were reviewed to reflect people's changing needs. Staff completed other records that supported the delivery of care. For example, where people needed topical creams applied, a body map was in use to inform staff where the cream should be applied. Staff signed to show when they had applied the cream and there was a clear record of the support people received. Where people's needs changed the service sought appropriate specialist advice. For example, one person required medicine for their condition. When their condition changed the service referred the person to the GP who prescribed a new medicine. Records confirmed the new medicine was being administered.

One relative explained how the service responded to a person's changing needs. They said, "They are very responsive and willing to learn. Mum had a severe stroke which meant that her vision was limited to one eye. I noticed that she was leaving half her meal because she could only see half of it. I spoke to the carers and made them aware of this. They ensured that the plate was turned round and now Mum has started to do this by herself".

The registered manager told about one person who entered the home. They said, When [person] first came in she was taking large amounts of medication. "We have worked to reduce this, and is now far more alive, with no pain". This was achieved through a review of the person's condition by the GP and staff following their guidance.

People received personalised care. This included, nutrition, moving and handling and emotional support. For example, one person's care plan identified the person could become anxious. The care plan stated, "Encourage [person] to verbalise her feelings, acknowledge how important her family are and show her photos of her children". We saw staff supporting this person and spending time talking with them about their family.

People were offered a range of activities including games, sing a longs, arts and crafts, keep fit, visiting

musicians and gardening. One person was interested in photography and they photographed activities and events within the home. The photographs were displayed around the home and in this person's room. Birthdays and wedding anniversaries were celebrated with cakes and a party. The photographs we saw showed people enjoying these events. Regular church services were held in the home four times a month and throughout our visit we saw staff interacting and taking an interest in what people were doing. The registered manager spoke with us about activities. They said, "Activities are about stimulation for people. I believe we stimulated people on a personal level as well as through group activities".

People told us they enjoyed activities in the home. Comments included; "There is quite a bit to do, like playing the old tambourine, fun", "Lots of things to do, singers come in. I enjoyed it at Christmas when the choir came in" and "I enjoyed our trips out. We went to the [name] pub and had a good meal".

People had been empowered to be involved in the running of the home. One person worked in the garden as they enjoyed the outdoors. Another person wanted to work in the kitchen and told us they liked, "Washing up and mopping the floor". Another person was the homes 'resident bingo caller'. This provided people with a sense of purpose.

The services complaints policy was displayed in the home and was given to people and their families when they joined the service. The policy also contained details of how to complain and contact details for the Local Government Ombudsman (LGO) and the local authorities. Records showed the service had not received any complaints. The registered manager told us, "We tend to deal with any issues long before a formal complaint needs to be raised". There was a system in place to record and investigate a complaint should one be received.

People spoke with us about complaints. One person said, "Nothing to complain about whatsoever. Never any problems but I could talk to staff or manager, good people". Another said, "Complain? I have nothing to complain about". People went on to tell us they were confident they would be listened to if they raised any issues.

The provider sought people's opinions through regular surveys. Records we saw demonstrated people were very positive about the service. People were also invited to place comments on an independent public website. Again, we saw results published from this website and they were all very positive and the service highly rated. People and their relatives could post comments online or use a free post survey that was readily available in the home.

Good

Is the service well-led?

Our findings

At our last inspection on 8 December 2015 we found there was not an effective system in place to monitor the quality and safety within the service. This concern was a breach of Regulation 17 HSCA RA Regulations 2014. At this inspection we found significant improvements had been made.

The registered manager monitored the quality of the service provided. A range of audits were conducted by an external auditor which covered all aspects of the service. The audits were aligned to the Care Quality Commission's (CQC) five domains. Action plans were created from these audits to improve the service. For example, one action highlighted the need for an engineer to inspect an appliance within the home. We saw that this action had been completed and an inspection had been carried out. The latest audit scored 'safe' at 85% and 'well led' at 98.5%.

The registered manager conducted internal checks and audits. For example; equipment checks, window restrictor checks, medicine audits and maintenance audits. These were conducted on a monthly basis and records were accurate and up to date. For example, equipment servicing dates were recorded and equipment was marked with the next servicing date. This ensured equipment was operational and safe to use.

Accidents and incidents were recorded and investigated. The registered manager analysed information from the investigations to improve the service. For example, one person had fallen but they were uninjured. The incident was investigated and the person's care plan and risk assessment reviewed to ensure they were safe and the person was referred to the care home support service. The registered manager also maintained an overview of falls within the home to look for patterns and trends.

People clearly knew the registered manager who was visible around the home throughout our visit. We saw them engaging with people who greeted him warmly with genuine affection. The registered manager knew people and called them by their preferred name. People and their relatives told us the service was well managed. One person said, "Nice atmosphere, everyone is lovely. It's a nice place to be, friendly". Relatives comments included; "Very good manager. Hands on and will do anything for the residents", "Manager is hands on and really does care" and "The manager is on the ball, he knows what's what".

Relatives told us about communication and how the registered manager kept them informed. Comments included; "Constant communication, if anything happens they tell us straight away", "I'm phoned if there is a problem" and "Any issues are communicated with me immediately".

Staff told us the registered manager was supportive and approachable. Comments included; "They (management) are very approachable, always listen and look for the benefits of everything for the residents"; "There is an amazing family feel and everyone is welcome. I bring my children into visit"; "I really love the place. We all get on. If we have a problem they (management) are very supportive" and "We are supported inside and outside of work. They are very supportive".

The registered manager valued and respected staff. All of the staff we spoke with had worked at the service for many years. One staff member told us they had worked for 15 years and "Loved it".

The registered manager led by example. Throughout the inspection the registered manager and deputy manager were available to people, visitors and staff. It was clear the management team led by example and created an open, caring culture that put people at the centre of all they did. The registered manager and deputy knew people, staff and visitors well. They took time to stop and speak with everyone, showing empathy and support for all. We saw staff mirrored this approach and maintained this positive culture that was embedded into the caring ethos of the home.

Visitors were clearly welcome in the home and we saw many interactions between people and visitors who were visiting others living in the service. There was a family atmosphere where everyone was valued and included.

Regular staff meetings were held and recorded. We saw staff were able to raise and discuss issues. The registered manager and staff also shared learning at staff meetings. For example, one person was subject to a DoLS authorisation. The registered manager briefed the staff on the circumstances and care implications of this authorisation.

The service displayed its 'vision statement' that was also available to people, their relatives and staff. It stated 'every resident at Grove Hill Care Home has the opportunities and the support to achieve their full potential. All residents are encouraged to participate in, and contribute to, all aspects of their life'. The core values of the service were listed as; accessibility, equality, integrity, professionalism, being respectful and working as a team. Throughout our inspection we saw the registered manager and staff working within these core values.

There was a whistle blowing policy in place that was available to staff around the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.