Mrs S J Nesarajah

The Pines

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 11 April 2017 and was unannounced. This inspection was carried out by two inspectors.

The Pines is registered to provide care, support and accommodation for up to eleven people who are living with dementia and have a learning disability. At the time of our visit nine people were living at the service.

A registered manager was 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.

At our inspection in April 2016 we made a recommendation that the registered provider follows the guidance and recommendations of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards when making specific decisions in people's best interest. During this inspection we found the provider had addressed this. We found that decisions were made in people's best interest and there was evidence that the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards were being followed in daily practice. Records of the procedures to be followed when people did not have the capacity to make specific decisions were clear.

At our last inspection we made a recommendation that the registered manager must ensure that all staff talk using the English language when with people as they had become upset not knowing what staff were saying. During this inspection we found that the registered manager had taken action to improve this. Staff were being provided with English lessons paid for by the provider. During this inspection we did not hear any staff talking in a different language.

People told us they felt safe living at the service. Staff had received training in relation to safeguarding adults and staff were able to describe the types of abuse and processes to be followed when reporting suspected or actual abuse. Information about keeping people safe was displayed in the home. The provider had carried out recruitment checks to help ensure that only suitable staff worked with people at the home. People were cared for by a sufficient number of staff to meet their care needs safely.

Medicines were managed in a safe way and recording of medicines was completed to show people had received the medicines they required. Risks to people had been identified and documentation had been written to help people maintain their independence whilst any known hazards were minimised to prevent harm.

Staff had received training and regular supervision meetings that helped them to perform their duties. New staff received a full induction to the service which included the mandatory training as required. Regular resident and staff meetings took place with the registered manager where people could put forward any

suggestions about the home.

People's care and health needs were assessed and they were able to access all healthcare professionals as and when required such as the doctor, dentist and psychiatric support.

People's nutritional needs had been assessed and people were supported by staff to eat and drink as and when required. The menus provided a variety of meals and people were able to choose a meal that was different to the menu. People and their relatives were complimentary about the food provided.

People were treated with dignity and respect. Staff were observed supporting people with their personal care needs in the privacy of their bedrooms. People and relatives we spoke with were positive about the care provided and that their consent was sought by staff. People were positive about the caring culture of the home and all the people we spoke to said that they liked living at the home. Staff interacted with people in a caring manner spending time with them and supporting them to take part in their chosen activities.

Documentation that enabled staff to support people and to record the care and treatment they had received was up to date and regularly reviewed. People's preferences, likes and dislikes were recorded and staff were knowledgeable about the care needs of people.

People and relatives told us they thought the home was well run and they were able to have open discussions with staff. People told us they felt able to raise concerns and make complaints if they needed to.

Quality assurance processes were in place to help drive improvement at the home.

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.

Staff were aware of the signs of abuse and the process to be followed if they suspected or witnessed abuse.

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

Risks to individual people had been identified and written guidance for staff about how to manage risks was being followed.

Accidents and incidents were recorded and monitored by staff at the home to help minimise the risk of repeated events.

The provider had carried out appropriate checks to ensure staff were safe to work at the service.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Where people's liberty was restricted or they were unable to make decisions for themselves. DoLS applications had been submitted.

Staff received appropriate training and had opportunities to meet with their line manager regularly.

People were involved in choosing the food they ate and their preferences and dietary requirements were met.

People had involvement from external healthcare professionals as well as staff to support them to remain healthy.

Is the service caring?

Good

The service was caring.

Staff showed people respect and made them feel that they

mattered.

Staff were caring and kind to people.

People were supported to remain independent and make their own decisions.

Relatives and visitors were welcomed and able to visit the home at any time.

Is the service responsive?

Good

The service was responsive to people's needs.

Staff responded well to people's needs or changing needs and care plans were written with people and their relatives.

People had opportunities to take part in activities that interested them.

Information about how to make a complaint was available for people and their relatives.

Is the service well-led?

Good

The service was well-led.

Quality assurance checks were completed to help ensure the care provided was of good quality. There was a system in place to ascertain the views of people about the care and support they received from the service.

There was a registered manager in post and a staff structure where everyone was aware of their roles.

Staff felt supported by the registered manager who had an open door policy. Staff and people were empowered to contribute to improve the service. Staff and people told us they were able to influence how the service was run and how to improve the quality of life for people through regular meetings.

The Pines

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 11 May 2017 and was unannounced. The inspection was undertaken by two inspectors.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by Care Quality Commission (CQC) which included notifications, complaints and safeguarding concerns. A notification is information about important events which the service is required to send us by law. On this occasion we did not ask the provider to complete 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.

During our inspection we had discussions with four people who used the service, some of which were limited due to their individual needs. If people were unable to express themselves verbally, we observed the care they received and the interactions they had with staff. We also spoke with one relative, three staff and the registered manager, who is also the registered provider. We observed how staff cared for people and worked together. We read care plans for three people, medicine administration records, mental capacity assessments for people, five staff recruitment files, supervision and training records, audits undertaken by the provider, minutes of resident and staff meetings, and a selection of policies and procedures.

At our previous inspection of the 7 April 2016 where we made two recommendations in relation to the Mental Capacity Act 2005 and respecting people's dignity. We found during this inspection that the registered provider had made the necessary improvements.

Good

Is the service safe?

Our findings

People felt safe living at the home. One person told us, "I do feel safe living here." Another person told us, "Oh yes, I am very safe here." People told us they would report all their concerns to the registered manager or staff. They told us they had never been mistreated whilst living at the home. A relative told us they believed their family member was safe and any issues would be attended to. They told us, "They [family member] are extremely clean when I see them."

People benefitted from a safe service where staff understood their safeguarding responsibilities. Staff had access to training in relation to keeping people safe. Staff told us that they had training every year about safeguarding people and the processes to follow when reporting suspected or actual abuse. One member of staff told us, "I would report all concerns to the registered manager." Another member of staff told us, "If I did not think that action had been taken about a safeguarding incident I would report it to the local authority safeguarding team." Staff were clear about the types of abuse and told us they would not hesitate to report any concerns. People had access to information about safeguarding and how to stay safe. There was a safeguarding policy at the service that linked up with the local authority procedures. Information about abuse and the telephone contact details for the local authority safeguarding team were clearly displayed at the home.

People were kept as safe as possible because potential risks had been identified and assessed. Staff knew what the risks were and the appropriate actions to take to protect people. Care plans contained risk assessments and included risks, such as non-compliance with personal care, diabetes, falls, moving and handling and accessing the community. Risk assessments provided clear guidance for staff about what to do when a person became exposed to a risk. For example, one risk assessment was for road safety and leaving the home. It stated staff should supervise trips to the shops. It also said staff should support the person whenever they express a desire to 'leave' the home '. It stated staff should use verbal de-escalation techniques and call the office if concerned in the community. It also stated staff should call police if necessary.

People were cared for by a sufficient number of staff to meet their care needs safely. We observed that staff were able to take time to attend to people's needs. When people asked for help staff were able to respond quickly. People told us there were enough staff at the home. One person told us, "Staff are always here to help us when we need it and they are available when we want to do activities out of the home." A relative thought there were enough staff at the home. The registered manager told us that there were four members of staff on duty throughout the day and two waking night staff every night. This was confirmed during discussions with people, staff and viewing the previous four weeks of rotas. We observed these staffing levels during our visit. The registered manager told us that they were supernumerary to the duty rota and they were at the service every day. Extra staff were deployed when people required one to one support to attend external activities or healthcare appointments. One member of staff supported two people with an external activity. Another member of staff arrived at the home to cover their absence.

The registered manager, who is also the provider, carried out appropriate recruitment checks which helped

to ensure they employed suitable staff to work at the home. The provider had obtained appropriate records as required to check prospective staff were of good character. The provider obtained references, proof of identity, proof of address and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Medicines were administered, recorded and stored safely. Medicines were securely stored in a locked medicines trolley that was secured to a wall. There was also a lockable fridge for the appropriate medicines. Staff at the home monitored the temperature of the fridge to ensure that these medicines were stored at the correct temperatures. All medicines received in the home were recorded. Peoples' medicine records contained of them, this ensured that staff knew who they were administering medicines to. They also provided information about how people preferred to take their medicines. This ensured that staff knew who they were administering medicines to and how they liked to take their medicines. People received their medicines as they were prescribed by their GP. People told us they always got their medicines when they needed them. One person told us, "I always get my medicines on time and I know what they are for." Another person told us, "I never miss my medicines."

We observed the lunch time medicine round. The member of staff asked people's permission prior to administering their medicines. The member of staff waited to ensure the person had swallowed their medicines before signing the medicine administration record sheets (MARs). We looked at the MARs for people living at the home and noted that there were no omissions. Records were maintained each time a person was administered PRN medicines. This is medicines to be given only 'when required.' For example, pain relief medicine such as paracetamol. Each person had a PRN protocol in place that provided information about the medicine and the maximum dose to be administered over a 24 hour period. The service had a medicines returns book. This was used to return unused medicines to the dispensing pharmacy so they could be safely destroyed. The pharmacist had signed the book for each return.

Where people had accidents and incidents staff aimed to learn and improve from these and to reduce the likelihood of reoccurrence. These records were reviewed by the registered manager to identify any trends and the actions taken to minimise harm. No accidents had occurred since our last inspection visit. Incidents were clearly recorded and included the actions taken to support people at these times. For example, one person had displayed behaviour that challenged staff. It was recorded that staff had used de-escalation techniques as recorded in the person's care plan for this type of behaviour. An ABC behaviour chart had been completed. Staff told us they discussed incidents during staff meetings so lessons could be learnt from them.

Interruption to people's care would be minimised in the event of an emergency. There was a continuity plan in place that documented the procedure to be followed in the event of an emergency such as fire, flood and loss of utility services. Staff carried out fire safety checks and fire drills were held regularly. There was a fire risk assessment in place and staff had attended fire training. The fire alarm system and firefighting equipment were professionally inspected and serviced at regular intervals. Each person had an individual personal evacuation emergency procedure that clearly detailed the person's mobility and the support they would require to be safely evacuated from the building in case of a fire.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they thought they were skilled enough to meet their needs. One person told us, "Staff have helped me a lot, and they seem to know what they are doing. They must have had training."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. One member of staff told us, "I have had all the mandatory training." They told us they had an induction when they commenced working at the home. The registered manager told us that new staff were currently undertaking the Care Certificate training. The Care Certificate is an identified set of standards that health and social care workers adhered to in their daily working life. It covers the learning outcomes, competences and standards of behaviour that must be expected of support workers in health and care sectors and replaces previous common induction standards. The work folders for this training were maintained in the office. Other training staff had received included diabetes, managing challenging behaviour and nutrition and diet. Some staff had obtained the National Vocational Qualifications (NVQ) levels 2 and 3. The registered manager told us the training was mainly e learning, however, they showed us a booking form for an external training agency to deliver both theory and practical training to staff in relation to moving and handling and first aid. The training provided enabled staff to deliver effective care to people.

After our inspection in 2016, we made a recommendation that the registered provider follows the guidance and recommendations of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards when making specific decisions in people's best interest. During this inspection we found the provider had addressed this.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals is 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.

Care plans contained evidence of compliance with the Mental Capacity Act (2005). Mental capacity assessments had been undertaken and they were decision specific. For example, where a person was unable to leave the building without staff support. Best interest meetings had been held with families, relevant social care professionals, the GP and staff from the home. DoLS application forms had been completed and sent to the local authority for approval.

Staff were knowledgeable about the MCA and the processes to be followed. Staff told us they would never do anything without obtaining people's consent. One member of staff told us, "We assume that all people have the capacity to make decisions unless it has been proved otherwise. We ask for their permission before we help them, for example, if they would like us to help them with showering." Staff told us that people decide what food they want to eat, the activities they want to do and the clothes they wish to wear. This was confirmed during discussions with people who told us they always made their own choices. Staff told us, and records confirmed that they had received training in relation to the MCA and DoLS.

Staff were effectively supported by the management. People were supported by staff who had supervision (one to one meeting) and an annual appraisal with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, "We have regular supervisions where we discuss how we are doing, the people we work with and any training we require." We viewed records that confirmed appraisals and supervisions had been provided to staff.

People were supported to have a meal of their choice by organised and attentive staff. People and relatives were very complimentary about the food provided at the home. Comments from people included, "The food is always freshly cooked" and, "The food is very good, there is plenty of choice." One person told us that they can have bacon and crumpets for breakfast whenever they wanted to.

People's dietary needs and preferences were documented and known by staff. People's nutritional needs and preferences were clearly recorded in their care plans. One person's care plan informed that they were a diabetic. There was clear information recorded about how the person would like staff to support them, in particular to ensure they had regular meals and snacks. Another person was assessed as at risk of choking. A speech and language therapist (SALT) had visited the person and recommended pureed foods for them. They also recommended their meals were supervised to reduce the risk of choking. We saw staff adhering to this person's care plan during our inspection. Staff remained in the dining room during lunch and observed at a distance. Staff were aware about the care plan and the risk of choking and the action to take when required.

The menus were displayed on a noticeboard in the dining room and were in picture format to enable people to know what was on offer. The menus included freshly cooked meat, fish, pasta and vegetables. People told us if they did not like what was on offer, or they changed their mind about the meal they had chosen, that the staff would not mind and an alternative meal would be provided. One person said "They provide anything you ask for." Whilst people and staff told us that alternative meals were always provided, we did not see alternative choices included on the menus displayed. We discussed this with the registered manager who told us this would be done immediately.

People had access to health and social care professionals. People told us that they always saw the GP, chiropodist, dentist and other healthcare professionals when they needed to and records maintained at the home confirmed this. One person told us, "I see the doctor when I need to and the dentist." A relative told us that staff always kept them informed when any healthcare appointments had been arranged and any changes to their family member's health. The relative stated that staff were very good at keeping them informed. Records of contacts with relatives showed that they were kept updated on appointments and any health concerns.

Care records contained evidence of people's healthcare needs being met. For example, one person who was diabetic had appointments arranged with the diabetic nurse. Records of these visits were maintained. The person was able to take their own blood sugars and administered their own insulin. This was very clear for

staff in the person's care plan and a risk assessment was in place for this. Staff had also received training in relation to diabetes and insulin so the person could be supported by staff should the need arise.

Good

Is the service caring?

Our findings

People told us they enjoyed living at the home and that staff were caring. One person told us, "The staff are very good and they help us when we need help." Another person told us, "They [staff] have helped me with my difficulties since I have been here." A relative told us, "The staff are nice, pleasant and charming and they always answer the telephone in a nice manner."

At our last inspection we made a recommendation that the registered manager must ensure that all staff talk using the English language. This was because people had become upset not knowing what staff were saying. During this inspection we did not hear any staff member speaking in another language. The registered manager told us that they had paid for staff to attend English lessons every week. This had been discussed with staff during supervisions and about the importance for staff to use plain English when on duty.

The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. Staff were very caring and attentive with people. People were supported by staff that knew them as individuals. People and staff interacted with each other in a jovial and polite manner. One member of staff was waiting to take people out on an external activity. One person decided that they did not want to attend the activity. This was accepted by staff who told the person, "That is ok, it is your choice." They were just about to leave for the activity when the person changed their mind again and decided they would like to attend the activity. Staff and the other people waited for the person to get ready patiently.

People's privacy and dignity was respected by staff. People and their relatives said they could have privacy when they wanted it and that staff respected this. We observed people were able to spend time on their own in their bedrooms. One person was listening to their favourite music CD and was singing along with the songs. People told us that when staff were helping them with personal care the staff closed their doors and curtains. During our inspection, staff attended to one person's personal care. They had closed the door and curtains to protect the person's dignity and privacy. One person had made it known to staff that they wanted to go to the toilet. Staff supported the person with their walking aid to the bathroom and then waited outside until the person was ready to come out.

People received care and support from staff who had got to know them well. Staff told us they got to know people through regularly reading the care plans and spending time with people. One member of staff was able to fully describe the care needs for one person, their likes and dislikes and how to attend to their personal needs. Staff knew people's individual communication skills, abilities and preferences and how each person communicated through body language and facial expressions. Care records contained information on how to communicate with people. For example, one person used a specific sign language to communicate. We observed staff communicating with the person using their preferred method of sign language. It was evident that staff knew the people they supported well, by the way they spoke with them and the conversations they had. Staff took their time when talking to people and waited for them to respond to any questions asked. Staff knew how to support people. One member of staff told us, "I got to know people through reading their care plans and talking to them." Staff got onto the same level as people and

made eye contact when talking with them. When people made requests they were attended to by staff. For example, one person had asked to go outside and have a cigarette. Staff responded to the request and went outside with the person.

People were encouraged to be as independent as they were able. Staff told us that they encouraged people to do as much as they were able to for themselves such as washing and dressing. One person told us, "Staff encourages me to look after myself like doing my own shower and hair." It was recorded in this person's care plan that they required encouragement to attend to their own personal care needs and staff were to offer praise each time the person had managed this. Another person told us they were able to do all things for themselves. They also told us, "I still cook meals for people, I enjoy cooking."

People were supported to maintain relationships with their friends and families. A relative told us they could visit the home and make telephone calls at any time. They told us there were no restrictions about this.

People lived in an environment that was homely and met their individual needs. People's bedrooms were personalised to them with televisions, photographs and personal belongings. The environment was very clean and had recently been re-decorated throughout. New lights had been installed that added to the ambience of the home. People had easy access to their bedrooms and communal parts of the home.

Good

Is the service responsive?

Our findings

People had access to a range of activities many of which focussed and promoted people's well-being, physical and mental health. For example music, domestic chores, and visits to the local community, relaxation, swimming, puzzle games, gym and attending day centres. People were also enabled to have their own free time. People told us they enjoyed the activities they did and they each had their own weekly activity chart in their bedrooms. One person told us, "I enjoy doing the activities, but I can choose not to do them if I did not feel up to it." Information about people's interests and hobbies were recorded in their care plans. For example, for one person it was recorded that they liked to attend the gym twice a week. This person confirmed that this takes place and it was something they very much enjoyed. Throughout our inspection we observed people taking part in activities. One person was doing a jigsaw puzzle which they told us they enjoyed doing. Other people attended external activities and were keen to leave the home to attend them. One person's care plan showed that they enjoyed foot massages, music, relaxation, outings and listening to the talking news. There was a timetable in place including these activities.

People had been assessed before they moved into the service to ensure that their needs could be met and care plans had been developed from these assessments. Care plans included information about people's views, their preferences and interests, their likes, dislikes and the contact details of family and people that were important to them. Guidance about how people preferred their personal care needs met was recorded for staff to follow. For example, it stated staff should encourage one person through praise and talking to them about their planned activities for the day, remind them to have a shower or bath regularly and encourage them to choose what clothes they wished to wear. Care plans also included goals people wanted to achieve. For example, one person had expressed a goal to move into their own flat by September 2017. This was confirmed during discussions with the person who told us they were working towards this. Care plans were reviewed regularly. Reviews were comprehensive and involved people and staff as well as relatives and information from healthcare professionals. One person told us they had been involved with their care plan and in the reviews. A relative told us they were kept informed about their family member's care plan and of any changes.

Care plans provided evidence that the care provided was responsive to people's needs. For example, one person had developed an eating issue and a referral was made to a speech and language therapist (SALT). A feeding regime for the person had been developed by the SALT and discussed with staff. There was clear information about this in the kitchen and the person's care plan. It detailed the support the person required with their feeding that included one to one support, the type of pureed food and to ensure that the person was allowed the time to enjoy their food. We saw staff adhered to this during our inspection visit.

People and their relatives knew how to raise concerns or make a complaint. The home had a complaints procedure that included the timescale for responding to complainants and the contact details for the local ombudsman. Each person had a copy of this document in their bedrooms that had been adjusted to their needs. For example, pictures, symbols and key words had been used. People told us they knew how to make a complaint. One person stated, "I would talk to the registered manager but I have not needed to make a complaint. Everything is OK here." A relative told us they would talk to the registered manager but

they had never had to make a complaint.

Staff told us they would report all complaints to the registered manager so they could be investigated appropriately. Staff told us some people could not tell them if they wanted to make a complaint. They stated that they could tell if people were unhappy through their body language, physical appearances and change in behaviours. There had not been any complaints received since our last inspection in April 2016.

Good

Is the service well-led?

Our findings

People and relatives told us that the home had a positive culture. One person told us, "It is friendly here. Staff tell us what is happening and they always talk to us." A relative was complimentary about how the home was run and all the staff who supported their family member. A relative told us, "The registered manager is lovely and they always have a good chat with me. They tell me everything." Staff were complimentary about the registered manager. One member of staff told us, "The registered manager is always hands on and is involved in the day to day running of the home. They are open and approachable." Another member of staff told us, "We talk to the registered manager all the time and they are always here every day of the week." The registered manager monitored the culture of the service. The registered manager is also the registered provider and told us they were at the service every day, the exception being when they were on annual leave. The registered manager told us they felt supported by the deputy manager.

Staff and people were empowered to contribute to improve the service. Staff told us they were able to influence how the service was run and how to improve the quality of life for people. For example, there were regular staff meetings that also included people at the home. Topics discussed included staffing, meals, care plans, reporting of incidents and training. Staff told us the registered manager listened to them and acted on what they said. One member of staff told us they had suggested the hiring of a minibus so all people, if they wanted to, could go to the coast for a day's outing and this was being looked into. Another member of staff told us they had put forward ideas for the menu which had been acted on. People had talked about where they wanted to go on holiday this year and it had been agreed that they would all go to Wales together. This was confirmed during discussion with the registered manager that this had been booked.

Quality assurance systems were in place to monitor the quality and running of service being delivered. Records of audits undertaken included medicines, infection control, the environment, accidents and incidents, health and safety records and people's care plans. In addition to these the home has external professionals visiting to undertake audits. For example, a pharmacist audited medicines and an external company carried out a six monthly audit. Action plans were developed to make the required improvements. For example, one identified issue related to the monitoring of the room temperature where medicines were stored. The registered manager had purchased a thermometer that recorded the minimum and maximum temperatures every day. Another identified concern was that the photographs of people required updating as they had been taken quite some time ago. This had been actioned. The registered manager also maintained daily and weekly cleaning schedules that helped to monitor infection control at the home.

There was a management structure in place that included the registered manager, deputy manager, senior carer and carers. This led to a structure where everyone knew their own roles and were accountable for their performance.

People, staff and relatives told us they had completed a survey for the home. We saw a sample of these forms. Comments on the forms were positive about the care people received, the meals and the environment.

There was a set of values that included the aims and objectives, principles, values of care and the expected outcomes for people. This was displayed at the service. We observed staff putting these into practice. For example, respecting peoples' privacy and caring for people with compassion.

The registered manager was aware of their responsibilities. Registered bodies are required to notify us of specific incidents relating to the home. We found when relevant, notifications had been sent to us appropriately. For example, in relation to any serious accidents or incidents concerning people which had resulted in a serious injury.