

Hawthorn Manor Limited

# Hawthorn Manor Residential Home

## Inspection report

369 Maidstone Road  
Gillingham  
Kent  
ME8 0HX

Tel: 01634263803

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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 carried out this inspection on the 10 and 11 February 2016. It was unannounced.

Hawthorne Manor is a care home providing accommodation and support for up to 37 older people who require assistance with personal care. The accommodation was provided over two floors and there is chair lift available to access the first floor.

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 provider, 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 were given individual and group support to take part in their preferred activities and interests. There were no planned trips out of the home, currently as people did not like going out in the cold weather. However the staff were looking into facilities of different locations locally where people may like to visit once the weather improves.

Medicines were stored, administered and disposed of safely. Only trained staff administered medicine. Staff had received training and their competency to administer medicine this had been checked. Audits of medicines made sure people received the medicines they had been prescribed.

The environment was suitable for the people who lived there and looked well maintained.

People spoken with all said that they were very pleased with the care and support that they received at the home.

There were systems in place to obtain people's views about the service. These included formal and informal meetings with people using the service and their families and annual surveys.

There was a complaints procedure on the homes notice board. The registered manager explained that all people and their families had been given a copy of the complaints procedure. People told us that they would know how to complain but that they had no need to. They were confident that any complaint would be taken seriously by the registered manager.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. As the people living in this home have mental capacity and there was no deprivation of liberty there had been no reason to make an application. The registered manager and staff understood why and when an application should be made. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

Staff had received safeguarding training and knew how to protect people. They knew the action to take in the event of any suspicion of abuse towards people. Staff also understood the whistle blowing policy. Staff said they were confident raising any concerns with the registered manager or outside agencies if this was needed.

People and their relatives were involved in planning their own care, and staff supported them in making arrangements to meet their health needs. The registered manager and staff contacted other health professionals for support and advice when necessary.

People were provided with diet that met their needs and wishes. Menus offered variety and choice. People said they liked the meals offered and that at residence meetings they were asked for suggestion for the menu. Staff made sure that people had plenty of drinks offered through the day. We observed lunch being served and people were happy with their choices.

Staff were recruited using procedures designed to protect people from being cared for by unsuitable staff. Staff were trained to meet people's needs and their performance was discussed during one to one supervision and their annual appraisal. Staff were supported to carry out their roles.

There were risk assessments in place for the environment, and for each person who received care. Assessments identified people's specific needs, and showed how any risks could be minimised. There were systems in place to review accidents and incidents and make any relevant changes to reduce further harm.

There were quality assurance processes were in place to make sure people received a service, which maintained their health and wellbeing. People and their family's views were sought through surveys and meetings to monitor and improve the service being offered.

The staff were fully aware and used in practice the home's ethos for putting people at ease so that they feel happy and comfortable, whilst maintaining people's independence, respect and dignity.

## 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 was appropriate medicine procedures being followed to make sure people received their medicines as required and prescribed.

People told us that they felt safe living in the home, and that staff cared for them well. Staff had received training on how to recognise the signs of abuse.

Staff were recruited safely. There were enough staff deployed to provide the support people needed.

### Is the service effective?

Good ●

The service was effective.

People said that staff understood their needs and staff appeared trained to meet those needs.

The menus offered variety and choice and provided people with a well-balanced diet.

Staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Staff ensured that people's health needs were met. Referrals were made to health professionals when needed.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

Staff were supportive, patient and caring. The atmosphere in the home was welcoming.

People were involved in making decisions about their care and

staff took account of their individual needs and respected their preferences

### **Is the service responsive?**

The service was responsive.

People were supported to maintain their own interests and hobbies, however there were no organised trips out of the home currently because people said they did not want to go out in the cold weather. However, the staff are now planning short trips out.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with the people.

People and families were given information on how to make a complaint. People were confident that the registered manager would take any complaint seriously and deal with it appropriately.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Quality assurance processes were in place to make sure people received a service which maintained their health and wellbeing.

People and their family's views were sought to monitor and improve the service being offered.

The staff were fully aware and used in practice the home's ethos for putting people at ease so that they feel happy and comfortable, whilst maintaining peoples independence, respect and dignity.

**Good** ●

# Hawthorn Manor Residential 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 registered manager 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 the 10 and 11 February 2016, it was unannounced. The inspection was undertaken by one inspector.

We spoke with eight people, three relatives and two health and social care professionals. We looked at personal care records and support plans for five people. We looked at the medicine records; activity records; and three staff recruitment records. We spoke with the registered manager and three members of staff. We observed staff carrying out their duties, such as giving people support to eat a meal.

Before the inspection we examined notifications sent to us by the manager about incidents and events that had occurred at the service. A notification is information about important events which the registered manager is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

At the previous inspection on 3 September 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

## Is the service safe?

### Our findings

People told us that they felt safe living in the service. One person told us, "Yes I do feel safe the staff look after me very well here". Another said, "Have had a couple of falls but they were my fault, the staff do look after me". Other people told us, "The staff look after me well I have no concerns for my safety". and "Oh, yes I do feel safe the staff are very accommodating and they take good care of me". A relative we spoke with said, "I feel we have been very lucky finding such a home, I am very confident that staff keep my mum safe".

There were suitable numbers of staff to care for people safely and meet their needs. We saw the staff duty rotas which showed how staff were allocated to each shift. The rotas demonstrated there were enough staff on shift at all times during the 24 hour period. The registered manager said, "If a member of staff telephones in sick, the manager in charge would ring around the other staff to find cover". This showed that arrangements were in place to ensure enough staff were made available at short notice. The registered manager told us staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly. We observed that it was not difficult to find staff to assist people and people in most small lounges were not left alone for more than a few minutes.

Staff who administered medicines had received training and their competency had been checked. Staff we spoke with had a good understanding of the medicines systems in place. A policy was in place to guide staff through ordering, administering, storing and disposal of any unwanted medicines. The medication policy and procedures had been reviewed last in 2015. Medicines were booked into the home by staff and this was done consistently with the homes policies. Medicine records seen had been completed with the correct and required information. Although there was a policy and procedure for people to self-administer their own medications people living at the home preferred the staff to do this for them. Therefore people whose medicines were administered by staff received their medicines as prescribed.

The registered manager operated safe recruitment procedures. Staff recruitment records clearly showed that all the necessary checks had been carried out. Staff told us they did not start work until the required checks had been returned and were satisfactory. These checks included proof of identity, satisfactory written references and a Disclosure and Barring Service (DBS) criminal record check. These processes made sure recruitment was safe and prevented unsuitable candidates from working with people living at the home

Staff were aware of how to protect people from abuse and the action to take if they had any suspicion of abuse. Staff were able to tell us about the signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team. Staff had received training in protecting people from abuse, so their knowledge of how to keep people safe was up to date. The registered manager was aware of their role and responsibilities in safeguarding people from abuse and the processes to follow if any abuse was suspected. The registered manager and staff had access to the local authority safeguarding policy and protocols and this included how to contact the safeguarding team. Staff understood the whistle blowing policy. They were confident they could raise any concerns with the registered manager or outside agencies if this was needed. People could be confident that staff had the knowledge to recognise and report

any abuse.

Risk assessments were completed for each person to make sure staff knew how to protect them from harm. We found that risk assessments were being reviewed. These included for example risks associated with mobility and falls. One person told us, "I often forget to use my frame, staff are very good at reminding me to use it, I know they are right I would hate to fall and end up breaking my leg". A risk assessment was in place and it told staff to remind them.

Accidents and incidents were clearly recorded and monitored by the registered manager to see if improvements could be made to try to prevent future incidents. For example, one person had lost their balance and had fallen several times, they had been referred to the falls clinic. In this way the staff were able to reduce the risk of the person having a fall.

The premises were well maintained and suitable for the people who lived there. The staff made sure that any maintenance issues regarding the building were recorded and passed on to the registered manager who made sure these were actioned. These included replacing light bulbs, checking that call and fire alarm systems were working correctly. The grounds were also maintained and there was a pleasant seating area in the court yard which was safe for people to use. At the rear of the property there was also a large garden which people could enjoy, however it was not very accessible for people with mobility problems.

Equipment checks and servicing were regularly carried out to ensure the equipment was safe. Risk assessments for the building were carried out and for each separate room to check the home was safe. Internal checks of fire safety systems were made regularly and recorded. Fire detection and alarm systems were regularly maintained with an external contract. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills.

Risk assessments of the environment were reviewed and plans were in place for emergency situations. The home had devised a PEEPs' (personal Emergency Evacuation Plan) for each person with the instructions for staff of how to support the person in an emergency.



## Is the service effective?

### Our findings

People told us that their health needs were well met at the home. One person said, "Staff are good at looking after us, they make arrangements with the GP to call if that is necessary". Another person told us, "I do have a lot of health issues which the staff know about, if they see I am unwell they tell my husband and get the doctor in, if that's what is needed". We saw records of health and social care professional visits to the home; we saw how plans were changed to reflect any instructions given. A relative told us, "I find the manager and the staff very good, the communication is very good, they always let me know if there are any issues".

We spoke with a health care professional during our inspection. They told us, "I visit most days, the staff are very helpful and very knowledgeable about the people they care for. The staff also call us as soon as they feel something needs our attention".

People spoken with were positive about the home cooked food served from the homes kitchen. One person said, "The meals are very nice and there is always plenty of choice, I find they listen to us and we are asked if we would like to see new things on the menu". The registered manager told us they use fresh vegetables and fruit and most meals are made from scratch. Other people commented, "I am asked to choose what I want, there are different things choose from". The staff make sure you like what you have in front of you and we are offered drinks" and, "The meals are always nice, I really enjoy my meals, and you'd never go hungry". At lunch time we heard people being offered a glass of sherry or a beer. People were enjoying the experience as they were smiling., Quite a few had a glass of beer or sherry, there was also water and squashes available. We observed drinks being offered throughout the day. We saw staff support people who need support such as cutting up food or assisting people to eat the meal. Staff weighed people monthly and recorded the weights. The information was monitored to make sure people were not losing or gaining too much weight which may affect their wellbeing. Any significant weight gains or losses had been referred to the doctor. Staff recorded what and the amount of food that people ate; in this way they monitored people to make sure they were eating a sufficient and well balanced diet.

There were effective systems in place to manage risks to people's safety and welfare in the environment. The registered manager contracted with specialists companies to check the safety of equipment and installations such as gas and electrical systems and the chair lift to make sure people were protected from harm. We saw that following an inspection by the Food Standards Agency they received a 5 star award for food hygiene.

Staff told us that they had received induction training, which provided them with the knowledge to provide peoples care safely. The registered manager and a newer member of staff explained that new staff would shadow experienced staff for some time, and not work on their own until they have been assessed as competent to do so. The registered manager was also aware of the new training to support new staff through the new care certificate recommended by skills for care. This course once completed satisfactorily will provide evidence toward their next vocational award. We saw that the most recent staff starting at the home already had qualifications above this so did not need to undertake this specific training. Some staff

had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. This helped staff to deliver care effectively to people at the expected standard. Staff received refresher training in a variety of topics such as moving and handling and food safety. Staff were trained to meet people's specialist needs such as diabetes. This training helped staff to recognise if a person's blood sugar was too high or had gone too low. So the staff knew what the appropriate action was in these cases.

Staff were being supported through individual one to one supervision meetings and yearly appraisals. The registered manager undertook supervision of all staff every six to eight weeks. They supported staff to access necessary training and courses to further their skills and knowledge. The registered manager was supervising all staff but it is anticipated that once senior care staff have the required training and skills they would take over some of this supervision. All staff had received an annual appraisal and the next one had been planned. This was to provide opportunities for staff to discuss their performance, development and training needs, which the registered manager was monitoring.

Staff told us that they had handovers between shifts, and this provided the opportunity for daily updates with people's care needs. They all felt that communication with in the home is good and they work well together as a team. In this way the staff made sure the people received the care and support they required. The electronic system for the capture of the care plan and daily notes had a facility to bring important information to staffs attention when they logged on to the system, this provided another means of good communication in the staff team..

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 services 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. Care plans for people who lacked capacity, showed that decisions had been made in their best interests. These decisions included do not attempt cardio pulmonary resuscitation (DNACPR) forms, and showed that relevant people, such as social and health care professionals and people's relatives had been involved.

The registered manager understood when an application should be made and how to submit them. Care plan records demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

Before people received any care or treatment they were asked for their consent. People smiled when staff spoke to them and were relaxed in staffs company. We heard staff ask people before assisting them with anything, they waited for a response and respected peoples' decision.

The manager had procedures in place to monitor people's health. Referrals were made for people to access health professionals including doctors and dentists as needed. Where necessary people were referred to other professionals such as a physiotherapist. All appointments with professionals such as doctors, nurses and chiropodists had been recorded. Future appointments had been scheduled and there was evidence of

regular health checks. Relatives told us that their family member's health and well-being had been discussed with them, that they had been kept informed of any changes in their relatives' condition.

## Is the service caring?

### Our findings

People told us that they like living at the home, they all said that they felt well cared for. One person said, "I find the staff very supportive, they are always around when you need them and they are all so caring". Another said, "I have a lot of health needs and I am not easy to look after, but they show me patience and they are very kind and caring always".

The relatives we spoke with also said how caring the staff are, "One said, "We are always made to feel welcome when we visit, I can see how well mum is cared for, she has improved so much since she came here, the staff are diamonds". Another said, "My mum has not been well but the staff got the GP, and they are caring for her, I find it hard when she is ill. I hate to see her confused but the staff are very understanding, they are brilliant". The smiles and laughter told us so much about the interactions between people and the staff. We could hear the good natured banter between the staff and people. People were obviously comfortable around the staff and there was a good atmosphere with in the home.

People told us they had been involved in writing their care plans, they said that they had been asked in the beginning about their likes and dislikes, what assistance they needed and their personal routines. The care plans were available on file but the staff accessed these on the computer system and this is where staff recorded people's daily records. The plans seen were very detailed and written in the first person and detailed what they wanted staff to assist them with. The daily records cross-referenced with the care plan, this showed that staff were providing the care as agreed with in the care plan.

Staff encouraged people to make choices throughout the day. Such as, what they wanted to eat, what time they got up, whether they wanted to stay in their rooms. We saw people had personalised their bedrooms according to their individual choice. For example with family photos and their own furniture. Changes in care and treatment were discussed with people or their representative before they were put in place. People and/or families were included in the regular assessments and reviews of their individual needs. People felt they could ask any staff for help if they needed it. People were supported as required but encouraged to be as independent as possible. In this way people were receiving the care that met their needs and preferences.

Staff supported people in a patient manner and treated people with respect. People said they were always treated with respect and their dignity was protected. Staff gave people time to answer questions and respected their decisions. They spoke to people clearly and politely, and made sure people had what they needed. For example, staff made sure that people had drinks within reach. People were asked if they needed any assistance to go to the toilet in a discreet way. Dignity was maintained for the person when assisted, and it was achieved smoothly. Staff chatted to the person during the walk to the toilet and staff checked that they were okay. When the staff were free they were seen talking to people in the lounge, they also visited people in their rooms as they knew it was important that these people did not feel isolated.

The hair dresser was in the home and many of the people had the hair done. The hair dresser comes every week, one person said, "I like my hair done every week," another said, "I am happy with once a fortnight". The staff were heard encouraging some people to have their hair cut, but they respected their decision not

to see the hairdresser.

## Is the service responsive?

### Our findings

People told us they received care or treatment when they needed it. They said they had no complaints about the service and staff respected their choices. One person said, "I can pretty much please myself, but when I need assistance the staff are always around". Other people told us, "I have days that are sometimes better than others, this means sometimes I can do more for myself, but the staff know and only step in when I need help". "I get up when I want to, I go down stairs for meals but I like to stay in my room most of the day, staff do pop in just to make sure I am OK".

The registered manager carried out pre-admission assessments to make sure that they could meet the person's needs before the person moved in. People and their relatives had been involved in these discussions and encouraged to visit the home and talk to people and staff. One person told us, "I came here to have a look around; obviously I would rather had gone home, but I knew in my heart I needed help". A relative said, "Mum was in hospital, I knew it would not be safe for her to go home. When I visited this home I could tell from the atmosphere and the residents chatting that this was the right place".

The staff said that they are made aware of any changes to care plans, when they log on to the computerised system it alerts them of these. We saw that the registered manager was able to use the system to remind staff about issues. For example, while we were at the home we picked up that there was not always enough detail recorded in the daily records. The second day of inspection we saw that all staff on duty including the night staff had been made aware of this and had already started by recording the extra detail needed. Staff handovers made sure that the staff were always aware of the care and support a person needs at the start of every shift. Changes in care and treatment were discussed with people before they were put in place. People were included in the regular assessments and reviews of their individual needs. The staff recorded the care and support given to each person in an individual daily report. Staff were able to describe the different levels of support and care provided to people and also when they should be encouraging and enabling people to do things for themselves. Support was individual for each person. We saw that people could ask any staff for help if they needed it. Staff understood the needs and preferences of the people they cared for.

There was a variety of different activities including quizzes, bingo, craft and gentle exercise to music. We saw that people were asked about the hobbies and interests that people liked on admission to the home. The information was used to make sure that where possible that people were still able to follow interests and hobbies. The registered manager also had entertainers booked to come into the home; these involved singing which people enjoyed joining in with. On the day of the visit one of these entertainers came in. At dinner time people were reminded and people were planning to being back in the dining area early to get a seat at the front. There were outings planned, so people did had the opportunity to be involved in the local community. The registered manager explained people are not keen on going out in the winter months, but in the warmer weather people are more likely to go on a trip. The home has a large courtyard garden which is sheltered from the wind, several people told us they like to sit out there in the summer. The staff said that in the better weather people may like to visit a garden centre and help choose the plants for the tubs and baskets. One person told us "I like to hibernate in the winter, I'll go out when the weather warms up".

There was a complaints and complement file. The complaint section showed there had not been any complaints in the last year. We did see that there had been some compliments made they included one which said, 'The care, compassion and patience shown to her during her stay with you is immeasurable and it has been difficult to find anywhere to compare. I also want to give every member of staff my most grateful thanks for the warm welcome and continued kindness and thoughtful service'. People and their families confirmed they were given information on how to make a complaint. People and their family were also given the opportunity to raise any concerns they may have at reviews or when visiting the home. All visitors spoken with said they would be confident about raising any concerns. One person's family member said, "I know how complain, but I have found the need to do so, if there are any issues I find a chat with staff resolves it. Staff and the registered manager do listen and they want the best for residents". The registered manager said that any concerns or complaints were regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. People also told us they knew how to raise any concerns and were confident that the registered manager would deal with them appropriately quickly. In the complaints file we saw no complaints had been recorded. The registered manager said that if people tell them about something that needs to be looked into then this is done straight away. So formal complaints have not been necessary.

There were no restrictions on visiting. A relatives commented, "I always feel welcome, we pop in several times a week, mum is very happy here". Another said, "I can in often at all different times, staff are always welcoming, and they always know where mum is".

## Is the service well-led?

### Our findings

People and relatives spoke very highly of the staff. We heard positive comments about how the service was run by the registered manager and providers. People told us the registered manager was very approachable. People said, "The staff and management worked well together". They promoted an open culture by making themselves accessible to people, visitors, and staff. We were told by visitors that the atmosphere in the home was really welcoming. Staff worked well together as a team and seemed to really enjoy their work. People said staff were never far away and that they were always happy to help. One said, "Staff don't take long when I call them, I never had to wait long". We spoke to people and their families was about whether the home was well run., They all said it was. One person said, "We are all well looked after, the manager comes around to see us most days, she listens to us and make sure everyone is alright". A relative said, "I like the fact that there always seems to be enough staff, any issues with the building such as dud light bulbs, leaky taps are sorted out quickly".

People were asked for their views about the home in a variety of ways. These included formal and informal meetings; and annual surveys. People and their families told us that there was good communication with the staff, registered manager and providers. This meant that people were being asked about their experiences of the service, to improve and monitor quality of the service.

The last annual survey was sent out to four health and social care professional involved with the home regularly and they all responded positively. They all agreed the home was a homely place for people to live. One said that the residents always happy and well looked after. Staff were survey, they gave out 29 and 14 staff replied. They all responded positively and agreed the way the home was run benefited the residents living there. All 35 people responded positively to the survey one person did say 'I would rather have their gravy in a small jug rather than being put on their meal'. The registered manager confirmed this has happened and other were also asked if they would also like the gravy this way. Relatives were also asked to complete a survey, only seven responded, they gave positive feedback, for example one relative said that they were made to feel extremely welcome when visiting the home.

The registered manager explained that the residents meetings were important as it the resident's home and they need to decide what they want to happen in their home. When talking to one person she said, "We are due a meeting and I am going to talk about the menu as there are a few things I would like changed. They told us about the previous meeting and how the owners were going to put a ramp in the back garden so all residents will be able to access the back garden.

There were systems in place to review the quality of all aspects of the service. The systems had been reviewed and changed where necessary to ensure they captured all the information needed. Monthly and weekly audits were carried out to monitor areas such as infection control, health and safety, care planning and accident and incidents. Appropriate and timely action had been taken to protect people and ensure that they received any necessary support or treatment. Care and support plans had been reviewed effectively monthly or more often if required. People confirmed that they had been asked about the care they received each month. One person said, "They always check I am happy with what the staff do for me".



New assessments were undertaken when people's needs had changed dramatically. People's needs had been reassessed with them at least yearly, with regular reviews were being undertaken to make sure that the plans remained up to date. In this way they made sure people received the care and support to meet their individual needs.

The registered manager also audited the systems to make sure staff had completed the quality audits correctly. They also checked the premises to identify any shortfalls or areas for improvement. The findings were discussed with the providers and where necessary action plans were put in place to make sure improvements were made. For example, The registered manager said that they are now going to have a passenger lift fitted into the home when other building work is undertaken at the home as the chair lift has not been suitable for all the people living in the home.

Staff understood the management structure of the home, their roles and responsibilities in providing care for people and who they were accountable to. Communication within the service was facilitated through the computerised care system, regular meetings, handovers and supervision. Minutes of staff meetings showed that staff were able to voice opinions and these were listened to and acted upon.

Staff told us about the ethos of the home. They told us it was important to remember this is the resident's home, that we do things the way they want us to. We make sure residents are always encouraged to make choices and remain in control of the way we care for them. They also said they encouraged people to improve or at least maintain their independence. One staff member told us, "Residents should feel this is their home that they feel able to do what they want to do, they should feel we respect them and that we protect their dignity in the way we care for them". One person said, "I like the freedom here, I get to choose, where to sit, when to get up, go to bed, whether to join in activities, and where to eat my meals.

There were a range of policies and procedures governing how the service needed to be run. These were being reviewed at least annually, and were available to staff.

The manager was aware of when notifications had to be sent to the Commission. These notifications would tell us about any important events that had happened in the home. Notifications had been sent to tell us about incidents and accidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the manager understood their legal obligations.