Care Quality Commission

Sentinel Health Care Limited

Fordingbridge Care Home

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?	**Requires Improvement**

Overall summary

We inspected Fordingbridge Care Home on 21 and 29 January 2015. This was an unannounced inspection to check the provider had made the improvements necessary to meet the breaches of regulations we had previously identified.

At our inspection in June 2014 we found the provider to be in breach of a number of the regulations. These were regulations relating to; Respecting and involving people; Consent to care and treatment; Care and welfare of people who use services; Safeguarding people who use services from abuse; Cleanliness and infection control; Management of medicines; Staffing; Supporting workers; Assessing and monitoring the quality of services and records. We issued enforcement notices against the provider in relation to respecting and involving people who use services and the management of medicines and made compliance actions for the remaining areas of non-compliance.

We carried out a follow up inspection in August 2014 to check the provider had made improvements to comply

Summary of findings

with the enforcement notices we had issued. We found they had met the enforcement notices. However they remained in breach of the regulation for the management of medicines.

At our inspection in January 2015, we found the provider had made improvements in all areas.

Fordingbridge Care Home is registered to provide nursing care for up to 60 older people, some of whom live with dementia. There were 41 people living at the home at the time of our inspection. The home has three floors but the top floor had not yet opened.

The service had a registered manager in place. 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.

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 and worked with advocacy agencies, healthcare professionals and family members to ensure decisions made in people's best interests were reached and appropriately documented.

Staff were knowledgeable about the deprivation of liberty safeguards (DoLS). People were not unlawfully deprived of their liberty without authorisation from the local authority.

People were protected from possible harm. Staff were able to identify the different signs of abuse and were knowledgeable about the home's safeguarding processes and procedures. They consistently told us they would contact CQC and the local authority if they felt someone was at risk of abuse. Information and contact details were available for people and relatives to use if they wanted to raise a concern outside of the home.

Staff received training appropriate to people's needs and were regularly monitored by a senior member of staff to ensure they delivered effective care. Where people displayed physical behaviours that challenged others, staff responded appropriately by using redirection techniques and only used physical intervention as a last resort.

Staff interacted positively with people and showed respect and compassion when they delivered care and people's privacy and dignity was respected. Relatives told us staff engaged with people effectively and encouraged people to participate in activities. People's records documented their hobbies, interests and described what they enjoyed doing in their spare time.

Records showed staff supported people regularly to attend various health related appointments. For example to visit their GP or attend hospital appointments and to have other assessments to support their care, such as speech and language assessments.

People received support that met their needs because staff regularly involved them, or their relatives in reviewing their care plans. Records showed reviews took place on a regular basis or when someone's needs changed.

The service had an open culture where people and their relatives told us they were encouraged to discuss what was important to them. Surveys were sent out every year to people and relatives to obtain feedback and the results were analysed to form an annual service development plan which we saw was a working document.

The management team was visible and encouraged staff to participate in developing the service. Changes to staff routines had been implemented by the registered manager as a direct result of staff feedback and we were told this had improved the way in which care was provided to people.

Audits were undertaken across a range of areas such as infection control, medication and support plan documentation. However, these audits were not always effective as they did not consistently identify issues of concern. When we raised this with the registered manager and director of care they acted immediately to address the specific issues and told us they would put measures in place to ensure future audits were effective.

We have made a recommendation that the provider reviews and monitors their auditing processes.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe. People were cared for by staff who knew how to report any concerns and took appropriate action. Potential risks to people's health were assessed and care plans put in place to manage any identified risks.

There were arrangements to manage the risks associated with the management and administration of medicines.

Staffing levels were adjusted to reflect the needs of people.

Good

Is the service effective?
The service was effective. Staff were supported to develop their knowledge and skills to meet the needs of the people. People were supported to maintain their health and had access to healthcare professionals when required.

Where potential restrictions on people's liberty had been identified, appropriate applications had been made to the local authority under the Deprivation of Liberty Safeguards.

Good

Is the service caring?
The service was caring. Staff were caring, patient and kind to people who lived in the home.

People were supported to make choices and their dignity and independence respected.

Good

Is the service responsive?
The service was responsive. Care plans were detailed and reflected people's needs and choices so staff could meet people's needs in a way they preferred.

Care plans were reviewed regularly to ensure they continued to meet people's needs.

The registered manager and the provider were responsive to concerns raised.

Good

Is the service well-led?
The service was mostly well-led. The culture within the home was open and transparent. Staff felt supported by the management team who were visible and often worked alongside staff.

Staff, relatives and people were provided with a range of opportunities to provide feedback, and to be involved in developing the service.

Audits were not always effective in identifying issues of concern or for improvement.

Requires Improvement

Fordingbridge 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 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.'

The inspection took place on 21 and 29 January 2015 and was unannounced.

The inspection team consisted of 3 inspectors and a specialist adviser who had experience of working with older people living with dementia.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is when the registered manager tells us about important issues and events which have happened at the service. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during inspection.

We spoke with eight people who use the service and four relatives who were visiting. We spoke with six care staff, two nurses, a chef and a senior manager as well as the registered manager. We also spoke with the provider who was present on both days of the inspection. We carried out observations throughout the day in both the upstairs and downstairs lounges and dining rooms. We reviewed seven people's care plans and pathway tracked three people's care to check that they had received the care they needed. [Pathway tracking shows us what treatment people received and the outcome for the person. We do this by looking at care documents to show what actions staff had taken and who else they had involved such as a GP.] We looked at other records relating to the management of the service, such as medication, quality assurance and health and safety audits, and six staff recruitment, training and development records.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person said "I don't feel at risk here and I understand what you mean by that". Another person said "It's never worried me being here". Relatives told us "Yes it's safe here. We can come in at any time we want to and because it's bright and open you can see what's happening around you", and "They are very well looked after here".

A relative explained that their relative was living with dementia and was often restless and liked to move around. We observed that the person had their walking frame with them and moved around the home safely and went out into the garden. This freedom was very important to the person and their relative commented that this was a real positive in the home. This was a good example of positive risk taking as people's independence was promoted.

A person who's relative was unable to communicate verbally and required hoisting said "They [The staff] coped surprisingly well from day one, I felt confident every time I came in" (usually daily). They went on to describe safe moving and handling arrangements for their relative and said "All staff know what they are doing when hoisting and explain what they are doing".

People and their relatives commented positively on the safety of the environment. One relative said "The facilities are very good and clean, they are always cleaning and it's nice to have an en-suite shower room". Another person said "It is pleasant and clean". Another relative said "It's bright and open and because my relative has macular degeneration which affects their peripheral vision that helps them get around".

The home was clean and tidy and there were house-keeping staff working through-out the home. The procedures for handling the laundry had been improved since out last inspection. We spoke with a member of the laundry staff. They had received training in safe laundry procedures and wore personal protective items such as gloves and aprons when handling soiled laundry. They were able to tell us about how they managed risks associated with soiled laundry and showed us how they kept soiled and general laundry apart. There was a dirty and clean area within the laundry room to avoid any cross contamination. Posters were displayed to remind staff of how to process different types of laundry such as wash cycles and temperatures.

Staff confirmed they had safeguarding training and were able to explain how they would identify and report suspected abuse. Staff knew about the safeguarding policy and who they could report concerns to outside of the home if they needed to. They said they had daily contact with the managers and felt confident they would act. Staff understood whistleblowing and one staff member said if they felt unable to raise a concern with the home that "I have the telephone number of a person who talked to us about whistle blowing in training and I would ask them". Training records confirmed that safeguarding training had been provided to staff. The home had an up to date safeguarding policy which included contact details of external agencies for staff to report any concerns to. This information was also displayed around the home for people, their relatives and staff. Where people displayed physical behaviours that challenged others, staff responded appropriately by using redirection techniques and only used physical intervention as a last resort.

Arrangements were in place to manage and administer people's medicines. Medicines were kept in a locked medicine cabinet and controlled drugs (CDs) were stored in a secured cupboard. Controlled drugs are medicines that must be managed using specific procedures, in line with the Misuse of Drugs Act 1971. Nurses were observed dispensing medicines to people with a caring and gentle approach. They took time with each resident to explain what the medicine was and also what it was for. They ensured fluids were available to assist people to take their medicines. Medicine administration records (MAR) were signed after each medicine was successfully dispensed. Where one person had been reluctant to take their medicine, the nurse returned a little later and the person was happy to have their medicine.

People, relatives and staff were positive about staffing levels. One relative said sometimes staff "Were a bit stretched" but could not identify any examples of their relatives needs not being met.

Other comments included "The matron is usually sat at the table with the residents and there seems to be enough

Good

Is the service safe?

staff, there are always staff in the lounge". During the inspection we saw there were always staff present in the lounge areas and records showed staff visited people in their rooms regularly.

One person told us "I'm not aware of waiting for things, I don't feel frustrated by a lack of attention and I haven't personally noticed any shortage of staff, I'm clean, food comes on time, there is no trumpet blowing but things get done". Another person commented "You press the buzzer and someone comes, they seem to look after us very well here."

There were enough staff to support people with their lunch and this included the activities worker who said they helped out at lunch time. One person was assisted by their relative who told us "it's my choice to come in at lunch time they are not relying on me". We observed lunch time in both the upstairs and downstairs dining rooms and saw that all people were served within 15 minutes of the food arriving. Staff were allocated to individually assist people in the dining rooms when they required support to eat their meal, and two people were assisted to eat their meal in their rooms. A staff member said "If we are a full team it's alright and normally it is alright. If we are short the routine is damaged but for sure people are clean, dry, fed and have drinks, basic needs are met".

Good

Is the service effective?

Our findings

People and their relatives felt their needs were met by staff who knew what they were doing. One relative said "There are some very good records held about mum. For example, she likes to go to bed at 7pm at night, which she does and this is written in her care plan. We went through all the sheets and I read through everything and it was documented. From what was written you would know mum, providing it is kept updated". People said they were regularly involved in their care planning. One person told us "I think they are well trained and can make an assessment themselves of my needs, I think I get looked after well".

Staff told us there were lots of opportunities for training which took place in the classroom and by watching training DVDs. One staff member told us "We are always going on training" which included specific training to meet individual people's support needs such as safe holds (restraint) and percutaneous endoscopic gastrostomy (PEG) feeding. This is when people receive food directly into their stomach via a tube. When asked, staff were able to explain how they used safe holds during personal care and the importance of recording this information which meant the training had been effective. Training records confirmed that staff had attended required training. There was an annual training plan in place for 2015 for staff to refresh their knowledge which included training in topics such as the Mental Capacity Act 2005, safeguarding adults, moving and handling and dignity and respect. The provider had developed links with Bournemouth University to provide support and guidance to staff in developing their knowledge of dementia.

Staff received regular supervision with their line manager. One staff member explained there was an open agenda so this gave them an opportunity to discuss the things they wanted to discuss, such as any concerns, training needs or ideas for improvements to the service. Staff told us they received an annual appraisal during which they reviewed their performance with their line manager and identified any areas for development and objectives for the year. The provider had an annual schedule of appraisals planned for each member of staff and these were being completed according to the schedule. New staff were required to complete an induction period and this included completing a Learning and Development training workbook. Areas covered in the induction included the philosophy of care, safeguarding, basic life support and mental capacity. Each staff member was required to evidence their learning by answering a series of questions which were then signed off by a manager. This demonstrated that staff were supported to develop skills and knowledge necessary to support people in their care.

Staff sought consent from people before providing any care, support or treatment and people confirmed that staff respected their decisions. Throughout our inspection we saw that staff asked people before providing any support or care. For example, a staff member asked a person if they could move their walker to one side so they could place a table in front of them to put their drink on.

One member of staff explained they were about to provide personal care to someone who had initially refused assistance but had accepted the offer later in the day. The staff member had earlier respected their decision to refuse care. Other staff said "I always ask first; would you like? If someone says no, then no is no and we will ask again later. I offer choices such as; biscuits, clothes etc" and "We (staff and residents) are in conversation all the time and although the speech of some residents is very limited a smile or a touch tells you what they want". At lunchtime staff asked people if they wanted their food cut up and when giving medication asked "are you ready for your tablet?"

Staff confirmed they had received training on the Mental Capacity Act 2005 (the Act). Staff understood the principles of the Act and what this meant in relation to the support they provided to people. A staff member told us "Mental capacity is a description about the person's ability to make decisions whether they are big or small, important or not important". They said "We must look for the best interests of the person in decision making when they can't decide, but mostly on a day to day basis we say; do you want to eat or not; do you want to wear this or that; and give people a choice". Staff described mental capacity as "Assessing whether people have the ability to make their own decisions in certain areas". They stated that "You would always assume capacity."

Each person had a mental capacity assessment for every type of care delivered, such as mental wellbeing, nutrition, skin care, personal care and continence. The person's mental state and cognition were reviewed on a monthly basis to ensure the most up to date information was

included. Mental capacity was also assessed when a specific decision needed to be made. This was important because mental capacity can fluctuate and can be different for different types of decisions. Where people didn't have capacity it was recorded in their support plan under "support plan involvement." A Mental Capacity assessment for consent to the contents of their support plan was present in each person's support plan. Records of best interest decisions were in place where necessary. Where best interest decisions had been made, these had been in discussion and agreement with relatives and other people involved in the person's care such as their GP.

The manager had made some Deprivation of Liberty Safeguard (DoLS) applications for people living at the home. For example, when a person did not have the capacity to make a decision about where they lived and consent to the arrangement. The DoLS was to ensure they resided in a place of safety and received care in their best interest. The registered manager told us they were waiting for the local authority to authorise the DoLS applications.

People were supported to maintain their health and had access to healthcare professionals when required. One relative told us "Mum had a couple of UTIs (urinary tract infections) and they had her in hospital before you could say Jack Robinson and they always tell me if anything is wrong." Staff observed people's health regularly. One staff member said "If I have concerns about a person's health I go to the matron or the sister in charge, they act very quickly and we have visiting occupational therapists, chiropodists and doctors". Information relating to people's changing health care needs was passed on during staff handover and each staff member had a copy of the handover notes to refer to during their shift. People's health care appointments, such as dental appointments and GP visits, were recorded in the diary at the nurse's station to remind staff.

People said they liked the food and there was a choice of what to eat. A person told us "I like the food very much, they talk to me about it and I can choose. It's very good". Their relative commented "chef asks them what they want". A relative of a person who was not able to communicate verbally said "I filled in a form about my relative's likes and dislikes for eating." This person was given a pudding with a design on it. Their relative told us puddings were always decorated for their relative to encourage them to eat. Another relative said "my dad is eating very well". They told us their relative was asked which meal they would like and "they said both so they gave him both!"

People were having lunch in one of two dining areas in smaller groups so they were less likely to become anxious or distressed and present behaviours that challenge. People who required assistance were being supported individually by staff and others were being prompted. People's dietary needs were catered for such as pureed and soft diets and a staff member explained that staff understood how best to encourage people with their meals, by offering different foods and providing reassurance and encouragement.

Two people were assisted to eat in their rooms. The food was hot and promptly served. It looked appetising and included fresh vegetables. One person was being assisted by a staff member who continually stroked their hand gently and encouraged them to eat. A person who became slightly agitated and called out to staff "hello- can someone help me please" was responded to immediately. Lunch was served fairly quickly after people were seated in the dining room so they did not have to wait for long.

People described mealtimes as 'social and friendly' and we observed people chatting and reading in the dining room. Everyone said they had enough to eat and snacks, such as cake and biscuits, were offered. Tea and coffee was brought around throughout the day and cold drinks were also available. This was important to prevent people becoming under nourished or dehydrated.

People who were at risk of being under nourished or dehydrated had a food and fluid chart which staff monitored. Records showed people were offered, and consumed food and fluids at regular intervals throughout the day. The chef was very knowledgeable about people's needs and likes and dislikes. They described several people's needs and said "I try to speak to new residents and if it's possible I get information from them or their family and then pass it on" (either verbally or in their communication book to assistants). The communication book contained details of people's dietary needs such as 'diabetic' or 'celiac'.

Good

Is the service caring?

Our findings

People and their relatives told us they thought that staff were caring. One person said " Staff are nice and kind and they do anything to help you" A relative said "I would say for staff who are coping with so many personalities and dementia changes in people, I would say they care". They went on to say "Mum has lovely hair and her nails are done nicely". Another relative said "Staff are very pleasant" and another person said "Staff are very good. We talk quite a bit. I've learned to rely on them." People told us they felt listened to and their wishes were respected. For example, one person did not have their teeth in. Their relative said "If she decides not to wear her teeth or a bra, what can you do, she's very much her own person". The person confirmed they did not want to put in their false teeth and they made their own choices about clothing.

Relatives commented that staff were polite and respectful. One relative said "Staff always introduce themselves by name and talk to my relative respectfully and with patience, for example they are always gently reminding him about his walker". Another relative said "I have been very impressed with their attitude". A relative of another person said "They treat her with politeness and respect".

People and their relatives said that people's privacy was respected and they were treated with dignity. One person said "I am quite happy, the place runs very smoothly and I am not overburdened with supervision, it goes along nicely without being too military; punctual, pleasant and clean". A relative said "Privacy is given for care and for visitors". Relatives confirmed they could visit at any time.

A staff member explained how they supported people's privacy and dignity. For example, "With women, male carers are never alone, we work in two's. I always close doors and curtains and prepare everything before giving personal care. People can become impatient so care may need to be done quickly and I have quiet conversations with people". Another staff member said "My relative came here so it must be good!"

Staff treated people with respect and addressed them by their proper name. We observed that staff supported people kindly and with patience. For example; encouraging people to eat, responding to people's requests promptly and offering support and encouragement. We observed staff understood how to cheer people up. A relative said "They know what she likes, for example she always responds well to music and they play her CD's in the lounge and in her room and she enjoys this".

Staff recognised the importance of spending time with people, and chatting as a friend. We spoke to a staff member about one person and they told us "The best care I can give to them is not the washing and dressing, it's just a chat and a cup of tea. Of course the personal care is important but the most important thing to them is a chat".

Good

Is the service responsive?

Our findings

People and their relatives told us they knew how to make a complaint or raise a concern although no one we spoke with had made a complaint. One person said "I am a critical person and I wouldn't be backward in coming forwards and I don't feel frustrated here". Another person said "I have never moaned about anything since being here". A relative said "I have been asked by the matron and the manager about my thoughts on the home and invited to raise any issues or concerns". Another relative said "I've spoken to [The Director of Care] a couple of times with questions but I've never had to make a complaint". A staff member said "If someone complained or raised a concern I would listen and hopefully answer it. If not I would go to the sister in charge or the matron. I have had to deal with minor concerns. When people come in it takes a little while to settle down".

We observed staff responding to people's needs in a way that demonstrated they knew their likes, dislikes and preferences. For example; staff knew how someone liked their tea, what food they liked, where they liked to sit. Staff told us about times people preferred to go to bed or have rest. A staff member told us that care plans helped them to understand people, especially when they were quite new to the home.

People and their relatives were supported to be involved in the planning and review of their care. Each person had an initial assessment of their needs before moving into the home and had a support plan which was written over the first few days and weeks following their admission. Support plans showed they had included a discussion with people about their care needs. People and their relatives were asked how they would like to be involved in on-going reviews, such as in a face to face meeting or by telephone. This was recorded in people's care records with a signature of the person or their relatives to demonstrate their involvement.

Staff completed daily records to show what care and support people had received. These included details of fluids intake, diet and food preferences, a turning chart where required, and a bath chart.

People's care plans included risk assessments and associated support plans for every type of care that was relevant for them. For example, a falls risk assessment and falls management care plan. Falls diaries were kept for people at high risk of falls. People's appointments with health care professionals, such as their GP or dentist, were documented in the daily diary at the nurse's station and the outcome was recorded in the person's care notes. Staff told us they had a handover from the previous shift so knew if someone had an appointment or if their care needs had changed. Each staff member had a copy of the handover records to keep for their shift so they could refer back to it for information if they needed it.

Activities for the day of the inspection were a ball exercise and the art therapy group, where people were working on a woodland theme introducing spring flowers into their work. The therapist was helping people mix different shades of blue. People were actively engaging with the activity. One person was taken out by a care worker from an external support agency. The person said they took him out every week. A relative said "When I come there is quite a lot of stuff going on. You can feel that the atmosphere is good and we can mix in with activities. I find them very good at that".

People were involved in making decisions about activities within the home. Minutes of last residents meeting in December 2014 were displayed on the noticeboard. Discussions included upcoming activities such as making shortbread for Burns night; making a table decoration and a Chinese lantern for the Chinese New Year. Notices showed that the Alzheimer's society visited the home to provide music groups.

There were arrangements in place to help people maintain their independence. People had memory boxes outside their rooms to aid with recognition of their room. Not everyone used them, but examples included photographs and ornaments that meant something to the person. There were several reminiscence areas where people could sit which included a forest glade, a classic car parked in the forest and an old fashioned railway carriage.

Requires Improvement

Is the service well-led?

Our findings

People told us they thought the home was well run and the atmosphere was good. For example a relative said "From directors to cleaners they are all very respectful and loving" and "In general the staff appear happy". Another relative told us "It's about the level of care not the location. I wouldn't trade it for anything seeing how happy he is".

Staff told us the home was well led, the culture in the home was open and managers were approachable. One staff member said "We have discussion in staff meetings and can raise concerns. I am listened to. They want to hear what you have to say." Other staff members said "I am very happy being here and our director is very good and they know what to do" and "There are no concerns in the staff team, I am quite happy here; I wouldn't work here if I wasn't".

The Registered Manager, Quality Manager and Director of Care carried out audits, for example, to check support plans, risk assessments and medication records and audit infection control procedures. However, audits were not always effective in identifying issues. Some care records missed important information that had not been highlighted though the records auditing process. For example, sometimes guidance was missing, or inconsistent guidance was in place, and an audit of controlled drugs had not highlighted a controlled drugs recording error. When we brought issues to the attention of the Registered Manager they were, however, addressed immediately. The Registered Manager and Director of Care stated they would put in place additional measures to ensure that future audits were more effective and we saw this had begun to be implemented when we returned on the second day of our inspection.

We recommend that the service reviews and monitors its auditing processes to ensure these are consistently effective in identifying areas of concern.

There were systems in place to gain feedback from people and relatives about the quality of the service. Surveys were sent out to people and their relatives asking for feedback on the quality of the service provided. The latest survey completed in 2014 had been analysed to identify areas for improvement and an annual development plan had been written. Residents and relatives meetings took place and minutes were displayed for people to see. The most recent meetings took place in December and covered topics such as the laundry and activities. The Chef attended the meeting to talk to people about a new law about food allergens and the importance of having information about people's allergies. There were posters displayed on notice boards to remind people and relatives to discuss any concerns about allergies with the staff.

The registered manager assessed the staffing needs of the home, based on feedback from staff and people's needs. They had recently changed the morning routine and put staff into two teams which had resulted in a more even workload for staff and this would be reviewed after two weeks. Staff told us this was working much better. "They've changed the whole routine and it works. We were pushed up to a month ago then we were split into teams and it now works with time to spare". One staff member said "It's picked up a treat, the changed routines really work for people; there are sufficient staff and sufficient time for people".

Minutes from the most recent staff meeting were available and showed that topics for discussion included feedback from the relatives meeting, staff training, feedback and learning from the last Fire Drill and new legislation relating to food allergens.

The management team had responded in a timely way and put in place a number of remedial actions following our inspection in June 2014 which identified a number of concerns. For example, staff had been required to complete additional training and policies had been put in place to guide staff in the handling of cytotoxic medicines. The service had other policies and procedures in place, such as a Quality Assurance Policy, and these were reviewed each year and updated where required.

The home's mission statement was displayed on the notice boards for people, their relatives and staff to see. Information about how the home was run was included in an information pack which was given to each person when they moved in to the home. This included a statement of the home's aims and objectives, the values (including privacy, dignity and respect and people's right to make choice), the complaints procedure, health and wellbeing such as chiropody and hairdressing, and practical information such as transport. Staff understood the home's values and promoted these when supporting people.