

Westlive Limited

Farthings Nursing 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?	Good	

Overall summary

This inspection visit took place on 06 October 2015 and was unannounced.

At the last inspection on 23 July 2014 the service was meeting the requirements of the regulations that were inspected at that time.

The Farthings Nursing Home is registered to accommodate 60 people for nursing and personal care. It is a large purpose built building that provides passenger lift access to both floors. There are a number of lounge areas on each floor and dining rooms located on the

ground and first floor. There are 58 single bedrooms and one double, the majority of which have en-suite facilities. There is a large parking area at the front of the property. At the time of our inspection visit there were 51 people who lived there.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices. People we spoke with told us they felt safe and their rights and dignity were respected.

We found recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. Staff spoken with and records seen confirmed a structured induction training and development programme was in place.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

We looked at how the service was staffed. We found sufficient nursing and care staff levels were in place to provide the support people required. We saw the deployment of staff throughout the day was organised. We saw staff were available to support people when needed and call bells were answered quickly. One person we spoke with said, "The staff do not leave me waiting when I request help. I know they will be with me in no time when I use my call bell."

Care plans we looked at confirmed the registered manager had completed an assessment of people's support needs before they moved into the home. We saw people or a family member had been involved in the assessment and had consented to the support being provided. People we spoke with said they were happy with their care and they liked living at the home.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care being provided.

Visiting healthcare professionals told us they were happy with the care being provided. They told us staff were always receptive to advice given and worked closely with them.

People were happy with the variety and choice of meals available to them. Regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. The cook had information about people's dietary needs and these were being met. People who had been identified as being at risk from poor nutrition had a care worker allocated to assist them to eat their meals.

The environment was well maintained, clean and hygienic when we visited. No offensive odours were observed by any members of the inspection team. People who lived at the home said they were happy with the standard of hygiene in place.

Equipment used by staff to support people had been maintained and serviced to ensure they were safe for use.

People told us they were happy with the activities arranged to keep them entertained. The service employed a full time activities co-ordinator and a structured activities programme was in place. One person said, "The girls who organise the activities do a wonderful job. There is always something going on and we have lots of trips out. We are going around the illuminations soon which I am very excited about because I have never seen them."

We found medication procedures in place were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept and appropriate arrangements for storing were in place. People told us they received their medicines at the times they needed them.

The service had policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). Relevant staff had been trained to understand when an application should be made and in how to submit one. This meant that people would be safeguarded as required. When we undertook this inspection two applications had needed to be submitted. Appropriate procedures had been followed and (CQC) had been informed about the applications as required by law.

The service had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they were comfortable with complaining to staff or management when necessary.

Summary of findings

The registered manager used a variety of methods to assess and monitor the quality of the service. These included questionnaires which were issued to people to

encourage feedback about the service they had received. The people we spoke with during our inspection visit told us they were satisfied with the service they were receiving.

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.

The registered manager had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was well managed providing people with support to meet their needs. Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Good



Is the service effective?

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) and had knowledge of the process to follow.

Good



Is the service caring?

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People participated in a wide range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Farthings Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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 06 October 2015 and was unannounced.

The inspection team consisted of an adult social care inspector, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor and expert by experience for the inspection at Farthings Nursing Home had experience of services who supported older people.

Before our inspection on 06 October 2015 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

We spoke with a range of people about the service. They included the registered manager, deputy manager, maintenance manager, nine members of staff, ten people who lived at the home, three visiting family members and a visiting healthcare professional. We also spoke to the commissioning department at the local authority and the Clinical Commissioning Group (CCG). This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of four people, recruitment records of four recently employed staff members, the duty rota, training matrix, menu's, records relating to the management of the home and the medication records of five people. We also undertook a tour of the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People we spoke with us told they felt safe when supported with their care. Our observations made during our inspection visit showed they were comfortable in the company of staff supporting them. Comments received included, “I feel very safe in the care of the staff. They are very kind towards me.” and “The girls are very patient and kind when supporting me. I have no concerns about my safety.”

We observed two staff members transferring one person from their chair to a wheelchair using moving and handling equipment. The staff were patient and took care to ensure the person being supported was assisted safely. They spoke to the person constantly explaining what they were doing and provided the person with reassurance they were safe. We saw staff ensured the person’s feet were placed on the wheelchairs foot guards to prevent the risk of injury before moving them.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and her staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. Staff spoken with told us they were aware of the whistleblowing procedure the service had in place. They said they wouldn’t hesitate to use this if they had any concerns about their colleagues care practice or conduct. When we undertook this inspection visit 22 staff were enrolled to attend refresher training in dignity and safeguarding.

There had been no recent safeguarding concerns raised with the local authority regarding poor care or abusive practices at the home. Discussion with the registered manager confirmed she had an understanding of safeguarding procedures. This included when to make a referral to the local authority for a safeguarding investigation and informing the Care Quality Commission (CQC) about any incidents in a timely manner. This meant that we would receive information about the service when we should do.

We looked around the home and found it was clean, tidy and well-maintained. No offensive odours were observed by the inspection team. We observed staff making

appropriate use of personal protective equipment such as gloves. Hand sanitising gel and hand washing facilities were available around the building and were observed being used by staff and people visiting the home. The people we spoke with said they were happy with the standard of hygiene in home. One person visiting the home said, “I chose this home for my [relative] because it was spotless when I came to look around. It’s always clean and smells fresh whenever I visit.”

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were safe for use. We observed they were clean and stored appropriately, not blocking corridors or being a trip/fall hazard. The fire alarm and fire doors had been regularly checked to confirm they were working. During a tour of the building we found window retainers were in place and water temperatures were delivering water at a safe temperature in line with health and safety guidelines. Call bells were positioned in rooms close to hand so people were able to summon help when they needed to.

We looked at the recruitment procedures the registered manager had in place. We found relevant checks had been made before four new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks were required to identify if people had a criminal record and were safe to work with vulnerable people. The application form completed by the new employee’s had a full employment history including reasons for leaving previous employment. We saw gaps in employment had been explored at interview and a written explanation provided. Two references had been requested from previous employers and details of any convictions recorded. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We looked at the services duty rota, observed care practices and spoke with people being supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people using the service. We saw the deployment of staff throughout the day was organised. People who had been identified as being at risk from poor nutrition had a care worker allocated to assist them to eat their meals. People who required

Is the service safe?

support with their personal care needs received this in a timely and unhurried way. Comments received included, "They are very quick to come to me if I request help. I just press my buzzer." Also, "The staffing levels here are quite good. My [relative] receives the right level of support they need."

We saw staff undertaking tasks supporting people without feeling rushed. We observed requests for support were dealt with promptly and staff responded quickly to people requesting assistance through the homes call bell system. Staff spoke with told us they were happy with staffing levels in place. One staff member said, "Staffing levels were increased when the new manager was appointed. I feel less stressed as I am now able get to people when they need me."

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. We also saw the registered manager had undertaken assessments of the environment and any equipment staff used when they supported people. Where potential risks had been identified the action taken by the service had been recorded.

We looked at how medicines were prepared and administered. The medicines administration record (MAR)

folders contained a resident's photograph to ensure safe identification. The MAR sheets were legible and did not contain any gaps. Boxed and bottled medications were seen to be in date, clean and dry with all names and dosage clear and legible. We saw the service had a booking in system for all medication deliveries which was double-signed by the registered manager and the deputy manager. The deputy manager told us this system was much safer as they knew who was responsible for checking and booking medicines in when they arrived.

We observed the deputy manager administering medication during the morning round. We saw the medication trolley was locked securely whilst attending each person. People were sensitively assisted as required and medicines were signed for after they had been administered.

The service had new a document for running totals of all medications in use. This was completed after every medication round so that any discrepancies could be identified and rectified immediately. This ensured the service had an accurate stock of numbers and made the ordering of medicines easier.

We found medicines that were controlled drugs were held in the home. Arrangements for storing, recording and disposing of these medicines met legal requirements. This helped prevent mishandling or misuse.

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. Our observations confirmed the atmosphere was relaxed and people had freedom of movement. We saw people had unrestrictive movement around the home and could go to their rooms if that was their choice. We saw people going out for the day with their visitors and people choosing to spend the day in their room. One person we spoke with said, "I have just come back from the hairdresser and I am going sit and read in my room. I go down to the dining room for my meals and attend all the activities they arrange. I am very happy here."

We spoke with staff members and looked at individual training records. All staff members said they received thorough induction training on their appointment. They told us the training they received was provided at a good level and relevant to the work they undertake. One staff member said, "I have a National Vocational Qualification (NVQ) and receive regular training provided by the home. I am attending a training course at the home tomorrow on dignity and safeguarding."

Records seen confirmed staff training covered safeguarding, moving and handling, fire safety, first aid, infection control and health and safety. Staff responsible for administering people's medicines had received medication training and had been assessed as being competent. Training to support people living with dementia was also being provided. Discussion with staff members and reviewing training records confirmed staff were provided with opportunities to access training to develop their skills. They told us this helped them to provide a better service for people they supported. Most had achieved or were working towards national care qualifications. People we spoke with told us they found the staff very professional in the way they supported them. They felt they were suitably trained and supervised.

Discussion with staff and observation of records confirmed they received regular supervision. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their

performance. They said they felt supported by the management team who encouraged them to discuss their training needs and be open about anything that may be causing them concern.

We found care plans had a completed Nutritional Assessment Tool documenting people's dietary needs. The care plan of one person had documented they required prompts and encouragement with their diet and fluids. Staff had been instructed to offer regular snacks and drinks between meals. The person's care plan had documentary evidence about the support the person had received with their fluid and nutritional intake. We also observed the person's weight was being closely monitored.

The staff we spoke with understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. Staff were observed encouraging people who had been identified as being at risk from poor nutrition and dehydration to eat and drink. We saw staff made a record about the amount of food and fluid people had taken.

We spoke with the cook who demonstrated she understood nutritional needs of the people who lived at the home. When we undertook this inspection there were four people having their diabetes controlled through their diet. 12 people required a soft blended diet as they experienced swallowing difficulties. The cook was able to fortify foods as required. Portion sizes were different reflecting people's choice and capacity to eat. The cook told us she was informed about people's dietary needs when they moved into the home and if any changes occurred.

At lunch time we carried out our observations in the dining room. We saw lunch was a relaxed and social experience with people talking amongst each other whilst eating their meal. We observed different portion sizes and choice of meals were provided as requested. We saw most people were able to eat independently and required no assistance with their meal. The staff did not rush people allowing them sufficient time to eat and enjoy their meal. People who did require assistance with their meal were offered encouragement and helped to feed or prompted

Is the service effective?

sensitively. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support staff provided people with their meals was organised and well managed.

People spoken with after lunch told us the meals were good. Comments received included, "I enjoy all my meals the food is really good. They come round the day before and inform us about the choices available. We are very lucky." And "That was a lovely meal. I really enjoy meal times. They don't rush us they allow us to take our time and have a chat with fellow residents."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager demonstrated an understanding of the legislation as laid down by the (MCA) and the associated Deprivation of Liberty Safeguards (DoLS).

Discussion with the registered manager confirmed she understood when an application should be made and in how to submit one. This meant that people would be safeguarded as required. When we undertook this inspection none of the people supported by the service were subject to DoLS. We did not see any restrictive practices during our inspection visit and observed people moving around the home freely.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

We saw where one person had been assessed as being at high risk of developing pressure sores a repositioning chart had been completed and was documented in the person's daily notes. Body maps had been completed and documented that their skin was intact.

A visiting healthcare professional told us staff were always receptive to advice given and worked closely with them.

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and the staff were caring towards them. Comments received included, “The staff have showed me nothing but care and affection since I moved into the home. I never thought living in care home could be like this. The staff work hard and are lovely caring people.” And “I am very happy and being well looked after.” One person visiting the home told us they couldn’t have found a better home for their family member. The person said, “My relative receives the best care possible. I visit every day and they are always clean, well presented and comfortable. The staff are very attentive and my [relative] is very fond of them.”

During our inspection visit we carried out our Short Observational Framework for Inspection (SOFI) observations. We saw staff were caring and treated people with dignity. Throughout lunch we saw positive interactions between staff and the people they were supporting. We noted people appeared relaxed and comfortable in the company of staff. People we spoke with during our observations told us they received the best possible care.

We observed staff members enquiring about people’s comfort and welfare throughout the inspection visit and responded promptly if assistance was required. For example we saw one staff member enquiring if a person had enjoyed their sleep and if they would like something to eat. We saw the person smiling and laughing with the staff member and agreeing to have a hot drink and biscuit. We also observed staff complimenting people on their appearance when they returned from the hairdresser. We noted the compliments were appreciated and resulted in good hearted laughter between the staff member and person’s concerned.

We looked at care records of four people. We saw evidence they had been involved with and were at the centre of developing their care plans. The people we spoke with told us they were encouraged to express their views about how their care and support was delivered. The plans contained information about people’s current needs as well as their wishes and preferences. Daily records being completed by staff members were up to date and well maintained. These

described the daily support people received and the activities they had undertaken. The records were informative and enabled us to identify how staff supported people with their care and daily routines.

For example the care plan of one person had identified high waterlow score which had resulted in a laceration tear to both legs. The service had made a referral to an occupational therapist (OT) and following assessment a ripple mattress and seat cushion were in use. We saw a documented wound care regime was signed and updated at every dressing change. The notes had recorded a reduce in size and no discomfort being reported.

We saw evidence to demonstrate people’s care plans were reviewed with them and updated on a regular basis. This ensured staff had up to date information about people’s needs.

Staff spoken with had an appreciation of people’s individual needs around privacy and dignity. They told us that it was a high priority. Staff spoke with people in a respectful way, giving people time to understand and reply. We observed staff demonstrated compassion towards the people in their care and treated them with respect.

Walking around the home we observed staff members undertaking their duties. Whilst we were speaking with one person in their room a staff member knocked on the door and asked if they could come in with a cup of tea. The person we were speaking with said the staff were lovely polite people and their privacy was respected at all times.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people’s interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Before our visit we received information from external agencies about the service. They included the commissioning department at the local authority and Clinical Commissioning Group (CCG). Links with these external agencies were good and we received some positive feedback from them about the care being provided. They told us they were pleased with the care people received and had no concerns.

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the care and support they received. One person visiting the home said, "I have been involved in my [relatives] care and decision making from the day they moved into the home. This has been very important to me. They contact me if any changes have been made to my [relatives] care. I am informed why the changes have been necessary and made aware their care plan has been updated."

We looked at care records of four people to see if their needs had been assessed and consistently met. We found each person had a care plan which detailed the support they required. The care plans had been developed where possible with each person identifying what support they required and how they would like this to be provided. People who had been unable to participate in the care planning process had been represented by a family member or advocate. We saw people had been at the centre of planning and decision making about their care and the support provided had been tailored to meet their unique and individual requirements. One person we spoke with said, "They talk to me about my care and are always asking if I am happy. I am satisfied that my needs are being met."

The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. People's likes, dislikes, choices and preferences for their daily routine had been recorded. The care plans had been signed by staff confirming they had read them and understood the support people required. We found care plans were flexible, regularly reviewed for their effectiveness and

changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People were having their weight monitored regularly.

The daily notes of one person showed they had been assessed as being at high risk of developing pressure sores. A repositioning chart had been completed and was documented in the person's daily notes for the previous four weeks. We saw body maps had been completed and had recorded that the person's skin was intact.

The service employed a full time activities co-ordinator who organised a wide range of activities to keep people entertained. The activities were structured and varied. People we spoke with told us how much they enjoyed the activities they attended. One person said, "We have some excellent activities arranged for us and plenty of trips out. We have had some good parties arranged and the trips out are lovely. We have plenty organised so there is never a dull moment. One person visiting the home said, "The activities co-ordinator is very good. My [relative] doesn't join in but I get a lot of pleasure watching the other resident's having a good time."

The registered manager had a complaints procedure which was made available to people on their admission to the home. We saw the complaints procedure was also on display in the hallway for the attention of people visiting. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and (CQC) had been provided should people wish to refer their concerns to those organisations.

People told us they were comfortable with complaining to staff or management when necessary. They told us their complaints were usually minor and soon acted upon. One person said, "I have never had anything to complain about as I am very happy. The care, food and activities are all excellent. I am sure if I was unhappy about anything it would be dealt with quickly."

Is the service well-led?

Our findings

Comments received from staff and people who lived at the home were positive about the registered manager's leadership. Six staff members spoken with said they were happy with the leadership arrangements in place and had no problems with the management of the service. One member of staff said, "There has been a lot of changes since the manager took up her post. I wasn't completely on board initially but I am now. I can see things haven't been changed just for change sake. Another staff member said, "The manager is approachable and supportive and I enjoy working for her." A visiting relative told us they felt the home was well run and the staff team were organised and disciplined.

We found the registered manager had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. The registered manager had delegated individual responsibilities to her deputy manager and senior staff. These included holding meetings with staff they were responsible for and undertaking supervision sessions. The staff we spoke with were aware of the individual responsibilities of members of the management team and told us they were approachable and supportive.

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and

showed leadership. The staff told us they felt the service was well led and they got along well as a staff team and supported each other. People told us the atmosphere was relaxed, fair, and open.

The registered manager had procedures in place to monitor the quality of the service being provided. Regular audits had been completed by the registered manager. These included monitoring the environment and equipment, maintenance of the building, infection control, reviewing care plan records and medication procedures. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward.

Staff meetings had been held to discuss the service being provided. We looked at minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included training available to the staff team. We also saw the registered manager had discussed the standards she expected from her staff team for compliance with future CQC inspections. Staff spoken with confirmed they attended staff meetings and were encouraged to share their views about the service provided.

We found the registered manager had sought the views of people who lived at the home about their care by a variety of methods. These included resident and relative meetings. We spoke with one visitor who told us they had attended the most recent meeting. They told us they had been pleased to see people being encouraged to speak up and air their views about the service being provided. The person said, "I was impressed with how the meeting was managed. The manager listened to what people had to say and although minor issues I can see they have been addressed."