

British Limbless Ex-Service Men's Association

The Elizabeth Frankland Moore Blesma Home Blackpool

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 03 November 2015 and was unannounced.

When we last inspected the service on 12 May 2014 we found breaches of legal requirements relating to the safety, availability and suitability of equipment. This was

because we identified the homes electrical appliances had not been checked to ensure they were safe and fit for purpose. This was potentially putting people at risk of harm.

The provider responded by sending the Care Quality Commission (CQC) an action plan of how they had

Summary of findings

addressed the findings from the inspection. We found the action plan had addressed the areas of non-compliance identified. The provider also sent us a test certificate confirming the homes electrical appliances were in a safe working condition.

We found the improvements the provider made had been maintained during this inspection.

The Elizabeth Frankland Moore Blesma Home Blackpool is owned by the British Limbless Ex-Servicemen's Association. The home is registered to accommodate 49 people and specialises in supporting people with a physical disability. The home is situated in the South Shore area of Blackpool and is close to local amenities. At the time of our inspection visit there were 21 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 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 they had received induction training when they commenced working at the home. One staff member said, "I hadn't worked in care for some time when I applied to work here. I found my training covered everything I needed to be able to work with confidence."

Staff had received 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 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, "I am receiving the care I want when I need it. I have no concerns about the staff being available when I want them."

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.

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. We saw fresh fruit was available in the lounge for people who wanted this. The cook had information about people's dietary needs and these were being met.

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. One person we spoke with said, "The place is spotless and always smells fresh. It was the first thing I noticed when I came to look around the home before I decided to move in. My room is lovely and clean."

Equipment used by staff to support people had been maintained and serviced to ensure they were safe for use. The service had recently purchased a new hoist to assist staff mobilising people who required help. All staff had received training to ensure they could support people with the hoist safely.

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

Summary of findings

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 registered manager understood the requirements of the Mental Capacity Act (2005) (MCA and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

People told us they were happy with the activities arranged to keep them entertained. These were arranged both individually and in groups.

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.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included staff and resident meetings and care reviews. We found people 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 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.

The Elizabeth Frankland Moore Blesma Home Blackpool

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 03 November 2015 and was unannounced.

The inspection team consisted of an adult social care inspector and a specialist advisor. The specialist advisor for the inspection at the Elizabeth Frankland Moore Blesma Home Blackpool had experience of services who supported older people.

Before our inspection on 03 November 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 reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the home. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the service. They included the registered manager, nine members of staff and six people who lived at the home. 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.

We looked at the care records of four people, recruitment records of two 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. Observations made during our inspection visit showed they were comfortable in the company of staff supporting them. One person who lived at the home said, “I have absolutely no issues with my safety. The staff are very careful when they support me. There isn’t a single member of staff I don’t feel comfortable with.” Another person said, “I feel much safer since I moved into the home. I am in very good hands with the staff here.”

We saw staff assisting people with mobility problems. 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. Both staff members confirmed they had received mandatory moving and handling training and told us they felt competent when using moving and handling equipment.

The service had recently purchased a new hoist to assist staff mobilising people who required help. All staff had received training to ensure they could support people with the hoist safely. One staff member said, “I thought the training we received was very good. The new hoist is different from the other moving and handling equipment we use. The training provided gave me the confidence to use the hoist and know I am supporting people safely.”

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.

There had been no 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. The registered manager was also aware of her responsibility to inform 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 disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. This meant staff were protected from potential infection when delivering personal care and undertaking cleaning duties. We also found the service had appropriate arrangements in place for the removal of clinical waste.

People who lived at the home told us they were happy with the standard of hygiene in place. One person said, “The cleaners do an excellent job. The home is spotless and always smells fresh. It was the first thing I noticed when I came to look around the home.”

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 windows were restricted to ensure the safety of people who lived at the home. We checked a sample of water temperatures and found these 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 two 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 new employee’s had a full employment history including reasons for leaving previous employment.

Is the service safe?

We saw gaps in employment had been explored at interview and a written explanation provided. Two references had been requested from previous employers. 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 required support with their personal care needs received this in a timely and unhurried way. One person who lived at the home said, "I have no issues with staffing levels."

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, "No issues with staffing levels. We have enough time to support people safely."

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and 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 that medications requiring refrigeration were kept in a separate plastic tub and returned to the fridge following each medication round.

We observed the nurse on duty administering medication during the lunch time 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 nurse told us that medication competencies were routinely audited every six months by the registered manager. This included an observed administration round carried out by the services pharmacist. We saw a recent document which evidenced that this had been completed.

We saw that discontinued medications had been removed from the medicines trolley, stored in a returns medication cupboard and logged in the returns book. The medication storage room temperature had been monitored and documented daily including the medicines fridge. 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 and others choosing to spend the day in communal areas or their room. One person we spoke with said, “Just going out to the doctors and will then do some errands for myself. I will be back for lunch as I am expecting visitors this afternoon.”

We spoke with staff members and looked at the training matrix. The staff members we spoke with said they were happy with their training. One staff member said, “I haven’t been employed here very long. I had a good induction when I started and have discussed with the manager the training I would like to undertake.” The nurse on duty said, “I have full access to any training and I feel competent in all the care that I give.”

Most staff members had achieved or were working towards national care qualifications. People who lived at the home told us they found the staff very professional in the way they supported them. They felt they were suitably trained and supervised. One person said, “I have to say I find the staff very efficient and professional in everything they do for me.”

Discussion with staff confirmed they felt well supported by the registered manager and nursing staff. They told us they had received appraisals of their work from the registered manager. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development and training needs during these meetings. They told us they also received 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.

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. We saw fresh fruit was available for people in the lounge to eat at their leisure.

We spoke with the cook who demonstrated he understood nutritional needs of people who lived at the home. When we undertook this inspection there were five people having their diabetes controlled through their diet. The cook told us there was no one presently residing in the home who required a special diet. He told us the service was able to fortify foods and drinks if a person’s nutritional intake was causing concern. Portion sizes were different reflecting people’s choice and capacity to eat. The cook told us he 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 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. 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, “Another lovely meal. Very well presented and cooked just right. The meat was lovely and tender.” And, “I really enjoy the food here. It’s lovely having someone else to cook for you.”

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).

Is the service effective?

Discussion with the registered manager confirmed he 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.

For example we saw where one person had been identified as requiring palliative care a full assessment had been completed by a specialist palliative care nurse. We also saw evidence that the service had registered with the local hospice for support with the persons care.

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and the staff were caring towards them. One person we spoke with said, “My [relative] was cared for in here for a number of years. When I became unwell and needed care I didn’t for one minute give another care home a thought. I was so glad they were able to take me and I am very happy.” Another person said, “The staff here are brilliant. When I am feeling down they know how to pick me up. The care is so good here nobody wants to leave.”

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. Carers were observed approaching people and asking if everything was ok and if there was anything else they could get for them.

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 people in their care and treated them with respect. We saw one person struggling to cut their meat at lunch time. A member of staff approached and kindly offered to cut the meat for them or if they preferred, she could get them a sharper knife. The person thanked the staff member and agreed to their assistance.

We observed staff members enquiring about people’s comfort and welfare throughout the inspection visit and responded promptly if assistance was required. For example one person asked to go back to their room was supported straight away. We saw staff had time to sit with people and engage in conversation with them. A member of staff was observed speaking to one person in the lounge about their model railway. The person appeared to be really enjoying the conversation and we saw there was lots of laughter and joking between the two. We spoke with the person when the staff member left to answer a call bell. They said, “It’s lovely here the staff are fabulous. I cannot imagine any other home exceeding the care we receive here.”

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 where leg ulcers were present dated photographs had documented a care and dressings regime alongside body maps. We saw these had been completed with dated and signed evidence of adherence to the full wound care plan. Where people had been assessed as being nutritionally at risk weight charts had been put in place evidencing a continuous weight maintenance or gain.

Walking around the home we observed staff members undertaking their duties. We saw one member of staff taking a tray of food into a person’s room. The staff member knocked before entering and asked if it was ok to go in with their lunch. The person told us the staff were polite and compassionate people. The person said, “I feel so lucky to be here. I can’t think of anything I don’t like.”

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager informed us the British limbless ex-service men’s association employed a welfare officer. The registered manager said the welfare officer would act on behalf of people who lived at the home if they required advocacy support.

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 we spoke with said, “I haven’t been here long and need my oxygen everywhere I go. I find this restrictive as I would like to go out. The manager has told me she will address this by getting me a portable oxygen concentrator. She told me they don’t have problems at Blesma only solutions.”

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, “When I moved in here they discussed my care needs with me and told me how these would be met. They haven’t disappointed.”

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 when their health deteriorated discussion had taken place with them about moving to a room closer to the nurse’s station. This had been agreed so that nursing staff would be able to undertake their observations of the person’s care.

The service provided a variety of activities to keep people entertained. These were arranged both individually and in groups. For example the service had a large conservatory at the rear of the premises which was used as an arts and crafts room. Many of the people who lived at the home used this facility and we could see the outcome of their efforts. One person had completed a full scale model of a railway and village. We also saw on display in the entrance hall a full scale model of the home which the person had completed. The person told us they spent many happy hours in the conservatory completing their work which they took great pride in. The person said, “I am often in here enjoying my work. Other residents also come in doing their painting. It’s a very pleasant and enjoyable place to be.”

In addition the service organised entertainers to come into the home on a regular basis. People spoken with told us they looked forward to these activities and enjoyed them. Four people who were keen supporters of the local football club had season tickets to attend games. They were supported by the registered manager who transported people to games in one of the service’s mini buses. One person we spoke with said, “I am a massive fan of the club and look forward to attending the games.”

When we did our inspection visit eight people were due to attend a memorial service for remembrance day that evening. We were also informed 16 people would be attending a memorial service at Blackpool cenotaph on remembrance day. One person we spoke with said, “Being an ex-service man it is very important to me that we attend these events.”

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 the registered manager when necessary. They told us their complaints were usually minor and soon acted upon. One person said, “If you have any concerns about anything it is 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. Staff members spoken with said they were happy with the leadership arrangements in place and had no problems with the management of the service. They told us they were well supported, had regular team meetings and had their work appraised. One member of staff said, "The manager is very supportive and approachable. She demands high standards which is what we all want. I enjoy working here." Another staff member said, "I would not want to work anywhere else. This place is so well organised."

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. One person we spoke with said, "The manager is a lovely person, never too busy to stop for a chat. She is really helpful all the time."

The registered manager had procedures in place to monitor the quality of the service 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.

In addition a monthly visit was made to the home by a representative of the provider. During these visits people were spoken with about their satisfaction with the service provided. An audit was then undertaken to ensure care plans were well maintained, the building was safe and clean and people were happy with the meals and activities provided.

Staff meetings had been held to discuss the service being provided. We looked at the 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. 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 views of people about their care and the service provided by a variety of methods. These included resident meetings. We saw feedback during meetings provided had been positive with comments about the care provided, friendliness of staff and quality of food.

Throughout the inspection we observed the atmosphere in the home was relaxed. People who lived at the home were observed being comfortable in the company of the registered manager and staff. Discussion with staff members confirmed there was a culture of openness in the home to enable them to question practice and suggest new ideas.