

Methodist Homes Berwick Grange

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

The inspection took place on 22 December 2015 and was unannounced. We carried out an inspection in September 2014, where we found the provider was meeting all the regulations we inspected.

Berwick Grange is a 52 bedded purpose built home run by Methodist Homes in Harrogate. The service is for people living with dementia, and offers both residential and nursing care. It is situated on the main road running in to Harrogate, and is fully accessible to people with mobility needs. Every room has an en-suite bathroom, and there are various communal and secure outside areas that can be accessed easily.

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC). 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.

We found the premises complied with current Health and Safety guidance and were therefore safe for people who used the service, visitors and staff.

Summary of findings

We found people were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment procedures were in place to make sure staff were suitable to work with people who used the service. Staff completed an induction when they started work. Staff received the training and support required to meet people's needs.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely.

The care plans we looked at contained appropriate mental capacity assessments. At the time of our inspection ten Deprivation of Liberty Safeguard

applications had been applied for and two had been applied for and approved. There were opportunities for people to be involved in a range of activities within the home or in the wider community.

People's care plans contained sufficient and relevant information to provide consistent care and support. People's mealtime experiences were good. People received good support which ensured their health care needs were met. Staff were aware and knew how to respect people's privacy and dignity.

The service had good management and leadership in place. People had the opportunity to comment on the quality of the service and influence service delivery. Effective systems were in place which ensured people received safe care which was of a good quality. Complaints were welcomed and if received were investigated and responded to appropriately.

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 premises were safe and complied with current Health and Safety guidance.

Individual risks had been assessed and identified as part of the support and care planning process.

People told us they felt safe. The staff we spoke with knew what to do if abuse or harm happened. We found that medicines were well managed.

There were enough staff to meet people's needs. The provider had effective recruitment procedures in place.

Good



Is the service effective?

The service was effective in meeting people's needs.

Staff training provided equipped staff with the knowledge and skills to support people safely and staff had the opportunity to attend meetings with their line managers to discuss their practice and any training needs.

Staff we spoke with could tell us how they supported people to make decisions. People were asked to give consent to their care, treatment and support and the care plans we looked at contained appropriate mental capacity assessments. Deprivation of Liberty Safeguards applications were made appropriately.

People's nutritional needs were met and people attended regular healthcare appointments.

Good



Is the service caring?

The service was caring.

People valued their relationships with the staff team and felt that they were well cared for.

Staff understood how to treat people with dignity and respect and told us they were proud of the work they did to make sure people received high quality care.

Good



Is the service responsive?

The service was responsive to people's needs.

People's care plans contained sufficient and relevant information to provide consistent person centred care and support.

There were opportunities for people to be involved in a range of activities within the home and in the wider community.

Complaints were responded to appropriately. However, there had not been any complaints in the last twelve months.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The registered manager was very supportive and well respected by the staff team and relatives.

The provider had systems in place to monitor the quality of the service.

People who used the service, relatives and staff members were asked to comment on the quality of care and support through surveys, meetings and daily interactions.

Berwick Grange

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 December 2015 and was unannounced. The inspection team consisted of one adult social care inspector, a specialist advisor in care of older people and those living with dementia 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.

At the time of this inspection there were 49 people living at Berwick Grange. We spoke with ten people who used the service and ten relatives. We spoke with twelve staff,

including the registered manager and two volunteers. We spent some time looking at documents and records that related to people's care and support and the management of the service. We also looked at six people's care plans.

Prior to our inspection we reviewed all of the information we held about the service, this included any statutory notifications that had been sent to us. We also considered information which had been shared with us by the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before an inspection the provider may also be asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had submitted a PIR in October 2015 and the information provided was used to inform and plan this inspection visit. We also gathered information we required during the inspection to help us assess the service and check what the provider had told us in their PIR.

Is the service safe?

Our findings

We looked at the safety of the premises and found the home was very clean, odour free, warm and welcoming. People's rooms were all personalised and looked comfortable.

Care plans we looked at showed where people had any risks assessed. These had been appropriately recorded and had been updated regularly and revised where necessary. We saw risk assessments had been carried out to cover activities and health and safety issues. These included getting out of bed, falls and nutritional needs. The records identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle, with the minimum necessary restrictions.

Records showed the registered manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence. Staff we spoke with said they knew what to do in the event of an accident or an incident and the procedure for reporting and recording any occurrences. We saw one person had had a high number of incidents of falling. We saw the falls team had been involved, a falls assessment had been carried out, an emergency care plan had been put in place, the falls risk assessment had been updated and an observation chart had been put in place. This meant the service identified and managed risks relating to the health, welfare and safety of people who used the service.

We saw people had personal emergency evacuation plans so staff were aware of the level of support people living at the home required should the building need to be evacuated in an emergency. We saw equipment had been regularly tested and all the certificates we saw were in date.

We saw the home's fire risk assessment and records, which showed fire safety equipment was tested and fire evacuation procedures were practiced. We saw fire extinguishers were present and in date. There were clear directions for fire exits. Staff told us they had received fire safety training and the records we looked at confirmed this.

People told us they felt safe in the home. One person told us, "I'm as safe as can be." One relative said, "He is safe here. He was in a previous home and had lots of falls there.

He has only had 2 since he came here." Another relative explained how they had not had a moment's concern about their relative's safety since moving into Berwick Grange. Another relative told us, "I feel my husband is 100 per cent safe and secure." People told us that the home was kept clean and tidy, which they said was important to them. Comments included, "The rooms and carpets get cleaned every day." And, "I like it here because it's clean." One relative told us, "His room and toilet is always clean. He has a shower every day."

Staff we spoke with had a good understanding of safeguarding adults. They could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training. The staff training records we saw confirmed this.

The service had policies and procedures for safeguarding vulnerable adults and we saw safeguarding policies were available and accessible to members of staff. Staff we spoke with told us they were aware of the contact numbers for the local safeguarding authority to make referrals or to obtain advice. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

People we spoke with thought there were enough staff to meet their needs. One person commented that they thought there could be more staff on duty during the night. However we did not see any evidence that this was required. One person told us, "There are enough staff, there is someone around the clock if we need them. They are all good at what they do."

We found staffing levels were sufficient to meet the needs of people who used the service. On the day of our inspection the home's occupancy was 49, with three vacancies. The registered manager told us the staffing levels agreed within the home were being complied with, and this included the skill mix of staff.

The registered manager showed us the staff duty rotas and explained how staff were allocated on each shift. They said where there was a shortfall, for example, when staff were off sick or on leave, existing staff worked additional hours. The home did not use agency staff and where required they also had access to a small group of bank staff who they employed and trained as part of their permanent staff. Staff

Is the service safe?

we spoke with confirmed this. The registered manager said this ensured there was continuity in service and they were able to maintain the standards of care, support and welfare needs of the people living in the home.

Staff we spoke with told us there were enough staff on each shift and this enabled them to undertake their work effectively. Staff had handovers twice a day where they discussed changes, appointments and were updated on people's care and support needs. We saw evidence of this recorded in the staff communication book. One staff member told us, "We have enough staff, we work as a team and all want the best for people living here." Another staff member told us, "I love my job, it means a lot to me that I can make a difference to people's lives."

We reviewed the recruitment process to ensure appropriate checks had been made to establish the suitability of each candidate. The registered manager told us they had only recently appointed new staff as the majority of staff were long serving. We found recruitment practices were safe and the service had clear policies and procedures to follow. We saw relevant checks had been completed, which included a disclosure and barring service check (DBS). The DBS is a national agency that holds information about criminal records. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

Disciplinary procedures were in place and the employee handbook contained staff code of conduct and the disciplinary appeals process. This helped to ensure standards were maintained and people kept safe.

People told us they got their medicines in a timely manner. One person told us, "I leave all that [medicines] to the staff to sort out, they know what I am taking and I get it regularly." Another person told us, "Tablets come morning and night, every day."

Medicines were kept safely. The arrangements in place for the storage of medicines were managed well. The rooms in which the medicines were stored were tidy and well managed.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were maintained to allow continuity of treatment. Appropriate arrangements were in place in relation to the recording of medicines. For recording the administration of medicines, medicine administration records (MARs) were used. The MAR charts showed staff were signing for the medicines they were giving. The MAR contained a photographic record for each person and there was detailed medicine and allergy information.

Topical medicines administration records (TMAR) were used to record the administration of creams and ointment. These had information about how often a cream was to be applied and to which parts of the body by using a body map.

We were told by a staff member they undertook regular audits of medicines management and staff who administered medicines received corporate and local training. They were then supervised and observed before they were assessed as competent to administer medicines. The records we looked at confirmed staff had received administration of medicines training.

Controlled drugs, which need to be supervised more stringently than routine medicines, were stored separately and according to the service's policy and procedure. We checked the medicines in the home against the register and found this accurately reflected the stock in place.

Is the service effective?

Our findings

People told us they thought the whole staff team had the skills and abilities to look after them. Everyone spoke positively about the attitudes of the staff and the way in which they carried out their work in a compassionate and friendly manner.

We looked at staff training records which showed staff had completed a range of training sessions, which included face to face delivery or E-Learning. These included first aid, health and safety, infection control, food hygiene and end of life care. The registered manager showed us the mechanism used for monitoring training. This listed the completed training and what still needed to be completed by members of staff. We also saw staff had completed specific training which helped support people living at the home. These included dementia awareness and behaviours that challenge. We saw staff were in the process of obtaining or had obtained National Vocational Qualifications. Staff told us they had completed a lot of training, which included moving and handling, fire awareness and safeguarding adults. This ensured people continued to be cared for by staff who had maintained their skills and continued with their learning.

We were told by the registered manager that all new staff completed an induction programme which included orientation of the home, policies and procedure and training. We looked at staff files and were able to see information relating to the completion of induction.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff confirmed they received supervision where they could discuss any issues on a one to one basis. When we looked in staff files we were able to see evidence that each member of staff had received individual supervision along with group supervisions. We saw staff had received an annual appraisal.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best

interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff had a good understanding of the MCA and the DoLS application process. We saw ten DoLS requests for a standard authorisation had been completed following a mental capacity assessment and had been submitted to the local authority. The registered manager told us that two had been granted and they were waiting to find out if the remaining eight had been granted. We saw leaflets were available for people and family members to read and take away if they wished.

We observed staff supported people to make choices throughout the day. People, who were able to give their views, told us how staff explained things and got their permission before care or support needs were carried out. One person told us, "The staff always explain what they have come for and what they want to do. They ask me if I am ready to have a bath, or go to bed, that sort of thing." Another person said, "Yes, they always check with me if they can do what they need to. They knock on the door before coming in, just in case I am undressed."

The care plans we looked at contained appropriate and person specific mental capacity assessments, which would ensure the rights of people who lacked the mental capacity to make decisions were respected.

People spoke positively about the food provided. One person told us, "The food is lovely. It is served hot and is delicious." Another person told us, "I have had the odd meal here and the food is excellent. The chef is excellent and there is plenty of choice. My [relative named] has always enjoyed fish and chips and she gets these every Friday." A third person told us, "Mealtimes are very pleasant here. There is plenty, you can have more if you want and they cater for all our different tastes."

It was clear that the chef and kitchen staff team knew people's likes and dislikes and were aware of people's dietary needs. For example, people who required a diabetic diet or a soft diet. A four weekly menu was in place with choices of main course and dessert for both the lunchtime and teatime meal. The main meal of the day was served at

Is the service effective?

teatime. There were also alternatives on offer if people wanted something different, which was not on the displayed menu. On the day of our inspection the lunchtime menu was homemade soup, hash browns and spaghetti or a choice of sandwiches. We observed people being offered all of the choices. We also watched as staff encouraged people to eat, despite their reluctance and making the mealtime experience a positive event. We saw a record was kept of what each person had eaten at mealtimes. Where people were having their food intake monitored, this helped staff plan and manage anyone who was at risk of malnutrition. Staff told us menu choices were discussed at resident and staff meetings to make sure they were including meals which people could enjoy.

We saw snacks and drinks were available throughout the day with staff having access to the main kitchen when the chef had finished work for the day. There was also a kitchenette on each floor so that staff and visitors could make drinks and snacks throughout the day and night without having to go to the main kitchen. We also noted there were bowls of fresh fruit available for people to enjoy. A great deal of attention was given to nutrition and hydration by the staff team. We noted that where necessary a nutritional assessment was completed and referrals to a dietician were done as soon as a problem was identified.

We observed the lunch time meal in all three dining rooms. We saw staff serving the meal in a calm and unrushed way.

Tables were set with tablecloths, place settings, condiments and napkins. The food was freshly cooked and looked appetising. Portion sizes were according to individual preference, which staff clearly knew. Staff engaged fully with people and checked that their individual preferences were catered for. Second helpings were also made available. One staff member told us, "People enjoy the food and it is well cooked. They can choose what they would like. We know how important it is to make sure people have a healthy diet." Where people needed support and prompting to eat their meal, this was done in a discrete, engaging and professional manner. Staff sat alongside the people they were assisting and made sure they were able to finish their meal before moving away or assisting anyone else. Staff were attentive to people's needs and offered alternative crockery and cutlery when necessary to help people maintain their independence.

We saw evidence in the care plans that people received support and services from a range of external healthcare professionals. These included doctors, district nurses and chiropodists. We saw when professionals visited, this was recorded and care plans were changed accordingly.

Everyone told us other health care professionals were involved in their or their relative's care as necessary. One relative told us, "The doctor is called when needed, they let me know they are calling them and then the outcome. They are quick to act if anything is wrong."

Is the service caring?

Our findings

People who used the service told us that all of the staff were extremely caring and "lovely" to them. One person talked to us about the difficulty of a relative moving into a care home. They thought their experience had been a positive one, telling us, "I think the care home is wonderful. It has made letting go of [relative name] bearable. When I came here I was so impressed with the home that I have realised that it is the best thing that could have happened to [relative]. The care is wonderful. The staff are excellent. I have nothing but praise." Another relative told us, "The chaplain has been wonderful. She gave me the strength to get through difficult times. I come every day if I can to visit."

One person living at the service told us how they were treated. They told us, "We are treated with utmost kindness and we feel cherished. The staff do listen to what you say and help you understand things." Another person living at the service said, "The staff are all considerate. I feel lucky to be here." A third person, a relative, told us, "The staff do give good care and I can't fault them. They make relatives feel at home. The staff are friendly. I can't think of anything to improve. The care is excellent."

Staff we spoke with told us they were proud of the work they did and were confident people received good care. One staff member said, "Care is very good here." Another staff member said, "People are looked after very well. They get individual attention, the best we can give them."

People were comfortable in their home and decided where to spend their time. The premises were fairly spacious and allowed people to spend time on their own if they wished. We saw some people sitting in one lounge area listening to music and reading the paper, one person was sitting in another lounge area watching television and some people were spending time in their bedroom. One person said, "The staff help me do what I want. It's my choice." One relative told us, "From what I have seen this is a lovely place to live, they are well looked after and the staff are kind and compassionate."

During our inspection we observed positive interaction between staff and people who used the service. Staff were respectful, attentive and treated people in a caring way. It

was evident from the discussions with staff and the registered manager that they knew the people they supported very well. Staff spoke clearly when communicating with people and care was taken not to overload the person with too much information. Staff knew people by name and how best to approach them. Some of the conversations indicated they had also looked into what people liked, and what their life history had been. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed working at Berwick Grange.

People's care was tailored to meet their individual preferences and needs. People looked well cared for. They were tidy and clean in their appearance which was achieved through good standards of care. People and/or their family member we spoke with told us they were involved in developing their care and care plan. One relative told us, "I have no complaints. My [relative named] is rather difficult but they manage his care well. The staff are tuned into his needs. They explain things to him all the time and try to relieve his stress."

People told us they were treated with respect and their privacy and dignity was taken care of. One person told us, "If you have to get undressed, they keep you covered to protect your modesty."

Staff spoke about the importance of ensuring privacy and dignity were respected, and the need to respect individuals personal space. Staff gave examples of how they maintained people's dignity. One staff member told us, "I always close the door when helping people who are using the toilet or having a bath. I wait outside the toilet when I can until people need my support." Another staff member told us, "I always knock on people's doors." We saw this during our visit.

We saw relatives and visitors were able to visit without restriction. One relative summed up how they felt about the home, they told us, "You would have to go a long way to find anything better than this. I love the atmosphere here. Everyone is friendly, the staff care about the residents and have a real warmth." Another relative told us, "The staff are great. They try to oblige. I come every day so I see a lot. I really rate it. I can't praise it enough."

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home. Information was gathered from a variety of sources, for example, any information the person could provide, their families and friends, and any health and social care professional involved with them. This helped to ensure the assessments were detailed and covered all elements of the person's life. It also ensured the home was able to meet the needs of people they were planning to admit to the home. The information was then used to complete a more detailed care plan, which provided staff with the information they need to deliver appropriate care.

Staff we spoke with told us the care plans contained relevant information to help meet people's individual needs. One staff member told us, "Care plans are detailed and give us the information we need to look after people in a way they want to be looked after." Another staff member said, "I have helped with the care plans. As we get to know people more we can add extra detail."

People we spoke with were not aware of their care plan but relatives said they were fully involved in planning and reviewing the person's care. A relative told us, "There are care plans in the room for me to look at and I am consulted about all elements of care. I was consulted about bringing his bedtime forward." Another person told us, "Care plans are discussed with [name of person] and her agreement sought before decisions are made. We all discussed it together." Some people had a Do Not Attempt Resuscitation (DNAR) instruction in place and although these had been appropriately completed we recommended the provider look at whether these should be updated to give people who used the service, their relatives and medical staff greater protection in the event of circumstances changing.

Overall the premises and environment was 'dementia friendly' and efforts had been made to enhance the surroundings to make them comfortable, usable and stimulating for people living with dementia. "Memory Boxes" were provided outside some bedrooms, to help those living with dementia, so that they were able to recognise their bedroom and maintain their independence. We discussed with the registered manager how these could be improved to better support people, for example involving family with their creation. We also noted that the position of memory boxes was not always helpful, for

example some boxes were at the wrong side of a door, meaning people had to walk passed the door before recognising their belongings. We also commented on the use of signage, its positioning and font size. For example, bedroom door names were not at eye level and were on a brushed alloy type of sign, which made it difficult for people to see and read. Facility signs were not pictorial and again the positioning made it difficult for people to read. The registered manager told us there were plans for some redecoration in the new year and that consideration would be given to highlighting handrails with a contrasting colour to help people when moving around the home.

People told us the care provided was suitable for them and that it was appropriate to their individual needs. They also told us that staff responded quickly if they rang their call bell. One person said, "If I need to call the staff for help, I ring my bell and they come quickly."

People's care plans reflected the needs and support people required. The care plans included information about personal preferences and were focused on how staff should support individual people to meet their needs. We saw evidence of care plans being reviewed regularly and the reviews included all of the relevant people.

The home employed two activity organisers and we saw people living at the home were offered a range of age appropriate social activities. We saw a noticeboard for up and coming events at the home, this included one to one time, singing, table top games and keep fit. The home also provided spiritual support through the Chaplain who worked at the home three days a week.

People told us they enjoyed the activities and felt they could join in or not, depending on how they felt. We saw Christmas activities had been organised which included a party and pantomime. The home also provided a newsletter which helped people know what was planned and to be included in events.

Staff we spoke with told us people's complaints were taken seriously and they would report any complaints to the manager. The registered manager told us people were given support to make a comment or complaint where they needed assistance. They said people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints records and saw the home had

Is the service responsive?

not received any recent complaints. We saw there was a clear procedure for staff to follow should a concern be raised and a copy of the complaints policy was displayed in the entrance to the home.

People we spoke with told us they were confident that any complaints would be handled properly. However, no one

had had to raise any concerns. On the contrary, the home kept a folder which included all the compliments and thank you cards they had received over the last twelve months.

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. The registered manager worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the home and were clearly known to them. The registered manager was supported by a deputy, known as the Clinical Nurse Manager and a team of care workers and ancillary staff.

People who used the service and visitors were very positive about the staff and management of the home. People living at the service told us they would not go elsewhere and said they would recommend the home to others. People described the home as, "A proper home from home."

Everyone we spoke with told us they knew who the registered manager was and said they were very visible and approachable. The registered manager told us their vision and standards were to create an environment which was homely and met people's psychological, emotional, spiritual and health care needs. People told us the culture was open and honest. Staff were always positive and morale was said to be high. The staff team told us they were committed to providing a safe and caring environment and that it meant a lot to them to get it right and make a difference to people's lives.

Staff we spoke with told us the home was well managed and the registered manager was always happy to listen. One staff member said, "I feel supported by the manager and the provider. We discuss things on a daily basis to try and make things better for everyone." Another staff member said, "I love my job. I look forward to coming to work." One relative told us, "The manager is brilliant. Knows what needs doing and gets it done."

The registered manager told us they monitored the quality of the service by quality audits, resident and relatives' meetings and talking with people living at the service and their relatives. We saw there were a number of audits, which included clinical environment, housekeeping and accidents and incidents. The audits were detailed and we saw evidence which showed any actions resulting from the audits were acted upon in a timely manner. We also saw a monthly report completed by the service manager which included occupancy levels, staff rotas, staff training, complaints, activities, environment and menus. This meant the service identified and managed risks relating to the health, welfare and safety of people who used the service.

Staff told us they had daily handover meetings, were able to discuss any issues with the registered manager at any time and had no difficulty in raising any concerns they might have.

Although people living at the service could not tell us if they had been involved in giving feedback of any kind other than day to day conversation, a relative told us, "There is usually a survey every year, that we are asked to fill in. I feel fully involved here and I am encouraged to make comments about the service on an informal basis." We saw the relative's survey dated back to September 2014. The registered manager said this would be repeated but felt she had gained views by engaging with relatives and people who used the service regularly through meetings and one to one discussions.

People told us they knew there were relative/resident meetings but did not always attend. There were also support meetings, chaired by the Chaplain, which were used as a way to encourage involvement with those interested in making improvements to the home. We saw the minutes from these meetings and discussions included food menus, decorating of the home and activities.