Aegis Residential Care Homes Limited

The Knights Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection visit took place on 01 November 2016 and was unannounced.

At the last inspection on 06 April 2016 we asked the provider to take action to make improvements because we found multiple breaches of legal requirements. This was in relation to safeguarding people from unsafe care, poor management of medicines, abuse and improper treatment, risk assessment to people's health and safety, person centred care, premises and equipment; infection control; consent and capacity and governance of the home. The provider sent us an action plan saying they would meet the legal requirements by 30 September 2016. During our inspection visit on 01 November 2016 we found these actions had been completed.

The Knights provides accommodation for up to 31 people, who require help with personal care needs. The home is situated close to the centre of St Annes on Sea and is within easy reach of public transport, the beach and local amenities. Accommodation within the home is situated on three floors. There is a passenger lift providing access to the upper floors. Communal areas, such as lounges and a dining room are available. A limited number of car parking spaces are available to the front of the building on a private forecourt, and on road parking is also permitted. At the time of our inspection visit there were 22 people who lived at the home.

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.

People who lived at the home told us staff who supported them were kind, caring, polite and professional in their approach to their work. Comments received included, "You hear some bad things about care homes but this one is very good." And, "I cannot find fault with anything. The staff do everything I ask."

Staff knew people they supported and provided a personalised service. The service operated a keyworker system. This is where a member of care staff is allocated to each person and acts as a focal point and will try and ensure the person's personal requirements are not overlooked. One person who lived at the home said, "Yes I know my keyworker they make sure I am looked after."

Care plans were organised and had identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

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 provided.

We looked at the recruitment of two recently appointed staff members. We found appropriate checks had been undertaken before they had commenced their employment confirming they were safe to work with vulnerable people.

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.

Staff spoken with and records seen confirmed training had been provided to enable them to support people who lived with dementia. We found staff were knowledgeable about the support needs of people in their care.

We found sufficient staffing levels were in place to provide support people required. We saw staff members could undertake tasks supporting people without being rushed. Comments received included, "The staff are so caring and responsive when I need help." And, "I think there is enough staff around, I don't have to wait long if I need them."

We found 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 unsafe care or abusive practices.

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.

The environment was maintained, clean and hygienic when we visited. No offensive odours were observed by the inspectors. We spoke with six people who lived at the home who all said they were happy with the standard of hygiene at the home. One person said, "My room is lovely and clean. The cleaner does a good job."

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

We found medication procedures at the home 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 with appropriate arrangements for storing in place.

People who were able told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. Comments received included,"I like my food and get plenty to eat." And, "You have drinks and snacks all day long."

People told us they enjoyed the activities organised by the service. 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 happy and had no complaints.

We found people had access to healthcare professionals and their healthcare needs were met. People who

lived at the home confirmed the service responded promptly if they felt unwell.

We observed staff supporting people with their care during the inspection visit. We saw they were kind, caring, patient and attentive.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys and care reviews. We found people were satisfied with the service they received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The service 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. Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home, staff and visitors. 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.

Is the service effective?

Good

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). They had knowledge of the process to follow.

Is the service caring?

Good

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.

Is the service responsive?

Good

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.

Is the service well-led?

Good

The service was well led.

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 Knights Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 visit took place on 01 November 2016 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Before our inspection on 01 November 2016 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 who lived 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 service. 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 six people who lived at the home, the provider's regional manager, the registered manager and eight staff members. Prior to our inspection visit we contacted the commissioning department at the local authority and Healthwatch Lancashire. 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 care records of two people, the services training matrix, supervision records of five staff,

arrangements for meal provision, records relating to the management of the home and the medicines records of four people. We reviewed the services recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Good

Is the service safe?

Our findings

At the last inspection on 06 April 2016 we found risks when delivering people's care had not been sufficiently managed to avoid harm. We asked the provider to take action to make improvements and this action had been completed when we undertook our inspection visit.

During this inspection visit we found care plans 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. Where potential risks had been identified the action taken by the service had been recorded. We observed staff providing support to people throughout the inspection visit. We saw they were kind and patient and ensured they supported people safely.

We spoke with six people who lived at the home. They told us they felt safe when supported with their care. Comments received included, "I feel safe when the staff are caring for me. They are very patient and kind towards me." And, "I have no concerns about my safety. The staff have my complete trust. I am very fond of them all."

During this inspection visit we observed staff delivering personal care support to people. We observed one person assisted onto a stand and turn aid was safely transferred from their armchair into a wheelchair. Stand aids are designed to provide support and assistance to those having difficulty getting up into a standing position. Both staff members spoke with the person explaining the procedure they were undertaking. The person looked comfortable with the procedure and was chatting with the staff. We noted the staff put the persons feet on the wheelchairs foot guards to avoid risk of injury before moving them.

Staff spoken with had received moving and handling and health and safety training. They told us they felt competent when using moving and handling equipment. We observed staff assisting people with mobility problems. We saw people were assisted safely and appropriate moving and handling techniques were used. The techniques we saw helped staff to prevent or minimise the risk of injury to themselves and the person they supported.

When we last inspected the service we found there were obstacles around the building which had a potential of causing trips and falls and obstruction in emergency evacuations. We also found structural hazards caused by a collapsed ceiling which had not been repaired in a timely manner. We asked the provider to take action to make improvements. This action has been completed.

During this inspection visit we looked around the home and found it was free of obstacles which could cause obstruction or potentially cause trips or falls. Equipment including moving and handling equipment (hoist and slings) and wheelchairs had been stored appropriately, not blocking corridors or being a trip/fall hazard. This meant the service had removed potential risks to people's welfare and they could move around the home safely. We found the room which had structural damage to the ceiling had been repaired, redecorated, refurbished and was safe to be used.

When we last inspected the service we found care plans for "as and when medicines" (PRN) were not completed accurately to provide staff with adequate guidance on when to offer people their medicines. We also found PRN medicines had not been signed for and we could not tell whether people had been offered this medicine and refused or not offered their medicines at all. During this inspection visit we looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medicines procedures. This meant systems were in place to check people had received their medicines as prescribed. The audits confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medicines.

We observed one staff member administering 'as and when medicines' (PRN) during the lunch time round. We saw the medicines cabinet was locked securely whilst attending to each person. The staff member asked people if they required their PRN medicine. Where this was required people were sensitively assisted and we saw medicines were signed for after they had been administered.

When we last inspected the service we found people's care plans did not contain important information needed if they were to be transferred to hospital or other services. We found people's details such as their health and social care needs, allergies and medication had not been recorded and ready for when they need to be shared with other professionals. During this inspection we saw people had hospital passports in place. Hospital passports are documents which promote communication between health professionals and people who cannot always communicate. They contained clear direction as to how to support each person.

When we last inspected the service we looked at how people would be supported in the event of emergencies. We found people had personal evacuation plans (PEEPS) in place for staff to follow should there be an emergency. However these plans were inaccurate and we found them not fit for purpose. During this inspection we found peeps paperwork had been updated to ensure information was correct and up to date to aid evacuation. Staff spoken with understood their role and were clear about the procedures that needed to be followed in the event of people needing to be evacuated from the building. They were able to describe what assistance each individual required. This meant people could be assured they would be evacuated in a safe and timely manner during an emergency.

When we last inspected the service we found effective infection control measures were not in place. During this inspection we looked around the home and found it was clean, tidy and maintained. No offensive odours were observed by the inspectors. We observed staff making appropriate use of personal protective clothing 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. Staff spoken with and records seen confirmed they had received infection control training. We saw cleaning schedules were completed and audited by the registered manager to ensure hygiene standards at the home were maintained.

We spoke with people who lived at the home who all said they were happy with the standard of hygiene at the home. One person said, "The home is lovely and clean."

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 delivered water at a safe temperature in line with health and safety guidelines. People who had chosen to remain in their rooms had their call bell close to hand so they could summon help when they needed to. One person said, "Never have to wait long if I require help."

We found equipment had been serviced and maintained as required. Records were available confirming gas

appliances and electrical equipment 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. Legionella checks had been carried out.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and 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. They understood their responsibility to report any concerns they may observe and knew what procedures needed to be followed.

There had been no recent safeguarding concerns raised with the local authority regarding poor care or abusive practices at the home since our last inspection. Discussion with the registered manager confirmed they 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 their responsibility to inform the Care Quality Commission (CQC) about any incidents in a timely manner. This meant we would receive information about the service when we should do.

Records had been kept of incidents and accidents. Details of accidents looked at demonstrated action had been taken by staff following incidents that had happened. The registered manager had fulfilled their regulatory responsibilities and submitted a notification to the Care Quality Commission (CQC) about a serious injury suffered by a person who lived at the home.

We looked at recruitment procedures the service 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. A valid DBS check is a statutory requirement for people providing personal care to vulnerable people. We saw new employee's had provided a full employment history including reasons for leaving previous employment. Two references had been requested from previous employers. These provided satisfactory evidence about their conduct in previous employment. 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 supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. We saw 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. We observed staff had time to sit with people and engage them in conversation. The atmosphere in the home was calm and relaxed.

Good

Is the service effective?

Our findings

When we last inspected the service we found the registered person had not ensured people's rights were always protected, because consent had not been obtained through best interest decision making processes before the provision of specific areas of care. During this inspection we found people's needs had been reassessed and consent forms completed with people confirming they had agreed with the support provided. We found all records confirming people had consented to their care had been signed by them or a family member on their behalf. We found records were consistent and staff provided support that had been agreed with each person.

We spoke with the registered manager about the Mental Capacity Act 2005 (MCA). 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 understood the requirements of the Mental Capacity Act (2005). This meant they were working within the law to support people who may lack capacity to make their own decisions. When we undertook this inspection the registered manager had completed a number of applications to request the local authority to undertake (DoLS) assessments for people who lived at the home. This was because they had been assessed as being at risk if they left the home without an escort. We did not see any restrictive practices during our inspection visit and observed people moving around the home freely.

Training records seen confirmed the registered manager and her staff had completed training to help them understand the principles of the Mental Capacity Act, 2005. Staff spoken with showed a good awareness of people's rights and we saw this was sufficiently demonstrated through practice and record keeping.

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. Comments received from people who lived at the home included, "I am very happy here." And, "The staff are very supportive and helpful."

We spoke with staff members and looked at the services training matrix. This confirmed staff training covered safeguarding, moving and handling, fire safety, first aid and health and safety. Staff had received dementia care training and were knowledgeable about how to support people who lived with dementia. Most staff had achieved or were working towards national care qualifications. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

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 registered manager who encouraged them to discuss their training needs and be open about anything that may be causing them concern.

On the day of our inspection visit we saw breakfast was served to meet the individual preferences for each person. There was no set time and people were given breakfast as they got up. We noted a variety of cereals and drinks were on offer along with a cooked breakfast if requested. 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 people who had chosen to remain in their rooms had jugs of juice or water within their reach.

The service operated a four week menu. Choices provided on the day of our inspection visit included minestrone soup, fish pie, carrots and broccoli. A variety of alternative meals were available and people with special dietary needs had these met. These included people who had their diabetes controlled through their diet and one person who required a soft diet as they experienced swallowing difficulties. One person was being supported with healthy eating as they were trying to lose weight.

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 prompted sensitively. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support we saw provided was organised and well managed.

The people we spoke with after lunch told us they enjoyed the food provided by the service. They said they received varied, nutritious meals and had plenty to eat. Comments received included, "The cook makes sure I eat a healthy diet as I am diabetic. The food is good." And, "Cannot fault the meals they are always nice."

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.

Good

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and staff were caring towards them. Comments received included, "Very happy with the care here, the staff are brilliant." And, "I am looked after really well. I am very comfortable here."

The staff we spoke with were knowledgeable about people's individual needs and how they should be met. They said care plans were easy to follow so they always knew what people's needs were. This meant staff knew the people they were caring for and had the knowledge and understanding of support people required.

We observed routines within the home were relaxed and arranged around people's individual and collective needs. We saw they were provided with the choice of spending time on their own or in the lounge area. We observed the registered manager and staff members enquiring about people's comfort and welfare throughout the inspection visit. We saw they responded promptly if people required any assistance. For example we saw people being given drinks on request and assisted to the toilet where needed.

During our inspection visit we observed staff providing support to people. We saw staff were caring and treated people with dignity. We saw positive interactions between staff and people they supported. We noted people appeared relaxed and comfortable in the company of staff. We saw people enjoyed the attention they received from staff who constantly asked if people were alright and if they needed anything. People we spoke with during our observations told us they received the best possible care.

We looked at care records of two people. We saw evidence they or a family member had been involved with and were at the centre of developing their care plans. The plans contained information about people's current needs as well as their wishes and preferences. Daily records completed 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 staff supported people with their daily routines. We saw evidence to demonstrate people's care plans were reviewed and updated on a regular basis. This ensured staff had up to date information about people's needs.

We looked around the home and saw staff had an appreciation of people's individual needs around privacy and dignity. We saw they knocked on people's doors and asked if they could come in before entering. We observed they spoke with people in a respectful way, giving people time to understand and reply. They demonstrated compassion towards people in their care and treated them with respect. Comments received included, "I am settled and happy here. The staff do their very best for me." And, "Happy with my care. The staff are kind people."

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 inspection visit we contacted external agencies about the service. They included the commissioning department at the local authority and Healthwatch Lancashire. Neither organisation contacted us to say they were concerned about the service.

Good

Is the service responsive?

Our findings

When we last inspected the service we found care plans were not consistently person centred. On this inspection we found care plans had been reviewed and fully updated to reflect person centred care. 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. 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 had their weight monitored regularly. We saw where concerns had been identified with weight loss medical intervention had been sought.

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. We saw there was a calm and relaxed atmosphere when we visited. We observed staff members undertaking their duties in a timely manner and engaging people they supported in conversation. We saw they could spend time with people making sure their care needs were met.

The service employed an activities co-ordinator who organised a range of activities to keep people entertained. The activities were structured and varied. On the day of our inspection visit we saw people playing bingo, taking part in a quiz and playing skittles. We saw one person who lived at the home dancing with the activities co-ordinator. The person was laughing and joking with the co-ordinator and we heard them say how much they had enjoyed themselves. We also observed people singing to records being played and we could see how much they were enjoying themselves. The people we spoke with during our inspection visit told us how much they enjoyed the activities organised for them. Comments received included, "Fantastic lady who does the activities for us. We all love her." And, "I enjoy all the activities we have great fun. We are going around the illuminations tomorrow which I am really looking forward to."

The service had a complaints procedure which was made available to people on their admission to the home. 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. We looked at sample of complaints received by the service. We could see they had been taken seriously and responded to appropriately by the registered manager.

People we spoke with told us they knew how to make a complaint if they were unhappy. They told us they would speak with the manager who they knew would listen to them. All six people said they were happy with their care and had no complaints.

Good

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, "I recently went for another job for the money. I never took up the post because I realised I was already at a good home and I was happy working there."

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. Staff told us they felt the service was well led and they got along well as a staff team and supported each other. One staff member said, "We all get on really well. [Manager] is so supportive."

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, 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. For example an audit of the environment had identified one room required a new carpet. We saw the audit had been signed off as completed.

Staff meetings had been held to discuss the service 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 outcome of the last CQC inspection and the actions required to address the concerns identified. Staff spoken with confirmed they attended staff meetings and were encouraged to share their views about the service provided. One staff member said, "We discussed in detail the concerns raised during our last inspection. We have all been committed to support [manager] and ensure the people in our care receive the best service possible."

We found the registered manager had sought views of people about the service provided using a variety of methods. These included resident meetings and surveys. We saw the results of surveys recently returned which had been generally positive about the service. People said staff were courteous, polite and respectful. They said staff responded to them in a timely manner and they enjoyed their meals. Comments recorded included, 'The staff are very good' and, 'Lovely meals.'

The service had on display in the reception area of the home their last CQC rating, where people visiting the home could see it. This is a legal requirement from 1 April 2015.