

Mr Peter Rogers and Mrs Helen Rogers

The Hollies Residential Home

Inspection report

The Hollies
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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 unannounced inspection took place on 23 November 2016. The Hollies Residential Home provides accommodation and personal care for up to 40 people. At the time of this inspection there were 39 people using the service.

There was a registered manager in post. 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 previous inspection of the service took place on 10 October 2013. The service met all the regulations we checked at that time.

People, their relatives and staff spoke highly of the registered manager and management team. They told us the registered manager and the management team were visible, accessible to people, and promoted best practice at the service. People's views and wishes were considered and used to develop the service.

People's needs were assessed and care plans contained clear guidance on how to support people. People, their relatives and healthcare professionals were involved in planning people's care. Care plans had information about people's individual needs, abilities, preferences and how they wanted their support delivered. People received person centred care that was responsive to their needs, wishes and preferences.

People contributed to reviewing of the support they needed and received input from staff and healthcare professionals involved in their care. People received support in line with the legal requirements of the Deprivation of Liberty Safeguards and principles of the Mental Capacity Act 2005.

People accessed the health and care services they needed. Medicines were managed, administered and stored safely. People were enabled to lead meaningful and fulfilled lives and were supported to be as independent as possible.

Staff felt supported in their role and were motivated and committed to providing high standards of care to people. People said staff were kind and caring and understood their individual preferences. We saw friendly and caring interactions between staff and people.

Staff upheld people's dignity, respected their privacy and promoted their independence. People chose how to spend their time and took part in activities that interested them.

Staff assessed, reviewed and managed risks to people appropriately. Support plans contained sufficient information for staff on how to keep people as safe as possible.

Staff knew how to protect people because they understood the types of abuse and neglect which could happen and their responsibility to report any concerns. There were safe recruitment practices in place and sufficient numbers of staff deployed to meet people needs.

People had sufficient and nutritious meals and drinks which they liked and were provided in line with their preferences. People were encouraged to invite relatives and friends to join them at mealtimes. People were encouraged to maintain relationships with those important to them and to reduce the risk of social isolation.

People and their relatives were aware of and understood the complaints procedure. The registered manager monitored and investigated accidents and incidents and put plans in place to minimise the risks of a recurrence. Staff used any feedback as an opportunity to learn from incidents and improve the service.

The registered manager undertook checks on the quality of the service and made improvements when necessary. The registered manager worked in partnership with healthcare professionals to ensure people received the support they needed and develop the service.

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.

People were protected from the risk of harm because staff knew how to recognise abuse and how to report concerns.

Staff identified and managed risks to people's health and safety.

People received the support they required to manage their medicines safely.

The provider used robust processes to recruit suitable staff.

Is the service effective?

Good ●

The service was effective.

Staff received training and had the appropriate knowledge and skills to meet people's needs effectively. Staff had supervision to monitor their performance and development needs.

Staff sought people's consent before providing care and support.

People received the support they required to maintain good health and had access to healthcare they needed.

Is the service caring?

Good ●

The service was caring. People told us staff were kind and polite. Staff understood people's communication needs.

People contributed to the development of their care and support plans.

Staff knew people well and understood their needs, likes and dislikes.

People's dignity and privacy was respected and maintained.

People had their end of life wishes known and respected. People experienced a comfortable, dignified death in line with their wishes.

Is the service responsive?

Good ●

The service was responsive. People had their health needs assessed and reviewed regularly. Staff had support plans on how to deliver people's care.

People and their relatives were involved in the planning and review of people's care and support.

People took part in activities of their choice and pursued their interests.

People felt confident to make a complaint or to raise a concern. The service valued people's feedback and made improvements when necessary.

The service worked in partnership with health and social care professionals and had effective links with the local community.

Is the service well-led?

Good ●

The service was well-led.

The service had a positive, person-centred and open culture. People, their relatives and staff told us the registered manager was friendly and approachable and led by example.

The registered manager welcomed people's views and continually sought to improve the service.

The registered manager and provider promoted strong values which were supported by a committed staff group.

The service had robust quality assurance processes and made improvements when necessary to benefit people.

The service worked positively with healthcare professionals and organisations.□

The Hollies Residential Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 23 November 2016 and was undertaken by one inspector 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.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we spoke with 12 people living at the service and seven relatives. We spoke with the registered manager, deputy manager, trainee manager, seven members of the care team, catering staff and a director who was visiting the service.

We looked at 15 people's care records and 15 medicines administration records (MAR) charts. We viewed 12 records relating to staff including recruitment, training, supervision, appraisals and duty rotas. We read management records of the service including incident reports, safeguarding concerns, complaints and audits to monitor quality of the service. We checked feedback the service had received from people and their relatives.

We undertook general observations and formal observations of how staff treated and supported people throughout the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection we received feedback from four healthcare professionals.

Is the service safe?

Our findings

People told us they felt safe at the service. One person said, "I have no concerns. I feel safe here". Another person told us, "I feel very safe here, [staff] do anything for you. I am happy here." One relative told us, "Staff support [person's name] to keep safe in and out of the home." Another relative said, "[Staff] take good care of [relative]. It gives me peace of mind and do not have any concerns."

People were safe from the risk of abuse and neglect because staff understood how to raise a concern and were confident to do so. Staff understood the signs of abuse and knew what actions they would take to protect people from harm. Staff had access to procedures relating to safeguarding and understood their responsibilities in reporting concerns to ensure the registered manager took appropriate action. One member of staff told us, "I would most definitely report any raise any concerns or suspicion I had, I wouldn't wait." Another member of staff said, "I would report without any hesitation my concerns to protect people."

Staff told us they could 'whistle blow' to external agencies including the local authority safeguarding team if their concerns of abuse were not fully addressed. Staff were aware of the whistleblowing policy and contact details were available about who to contact to report any concerns they had about poor care practice.

People's money was kept securely and managed appropriately. People told us they received support on how to manage their money and could access it when needed. Staff recorded people's cash withdrawals and expenses and followed the provider's money handling procedures to reduce the risk of misuse. The registered manager checked and audited people's finance to ensure records were accurate.

People were safe because staff had identified risks to their health and wellbeing and managed them appropriately. Risk assessments contained detailed guidance on how to minimise risks to people and reviewed regularly to reflect changing needs. People had risk assessments carried out on their environment, fire safety, going out, mobility and self-neglect and moving and handling needs. The registered manager sought specialist advice appropriately. For example, a person had a risk of skin breakdown because of their health condition. The service had involved healthcare professionals for guidance about skin integrity and had pressure relieving equipment to reduce the risk of pressure ulcers.

People lived in a safe environment. The registered manager minimised risks to people through injury and ensured equipment was regularly checked and serviced to make it safe to use. People were protected in case of an emergency or fire. The service carried out regular fire safety checks and fire drills. People knew how to evacuate safely and told us they participated in fire drills. Each person had a Personal Emergency Evacuation Plan which indicated the support they required to evacuate the building in case of an emergency.

People received care and support from suitable staff. The provider used safe and robust procedures for the recruitment of staff to support people at the service. Pre-employment checks on applicants included references, full employment history, their identity, right to work in the country and the Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help

prevent unsuitable staff from working with people. Staff started to work at the service when all the checks were returned.

People had their needs met by a sufficient numbers of staff. One person told us, "I have never been refused help when I ask for it." The registered manager ensured there was an adequate number of staff deployed to support people safely. There were sufficient staff available to support people as they required attending appointments and going out into the community. Staff told us and rotas confirmed both sickness and planned absences were covered appropriately. Staffing levels were calculated according to the dependency levels of people and additional members of staff were allocated on duty when people's needs changed. For example, a person's care needs had increased and required more support from staff. Senior members of staff carried pagers which were linked to call bells and alerted them when a person needed assistance or in the case of an emergency. This system ensured staff monitored people's safety and took appropriate action in a timely manner to reduce risk of harm or deterioration of their health.

People received the support they needed with their medicines and to maintain their health. There were safe medicine administering processes in place and people received their medicines when required. One person told us, "I get my medicines just about the same time daily." The registered manager made regular checks to ensure people had received their medicines safely. Medication Administration Records (MAR) charts were completed with no gaps. Staff knew people's allergies and ensured they were not given any medicine to which they could have an adverse reaction. Medicines were stored securely and stock checks were correct. People received their medicines from competent staff who had completed training and had their practice observed.

The registered manager carried out regular medicine audits to ensure staff followed procedures and managed people's medicines safely. Staff followed the service's procedures on managing people's 'as required' (PRN) medicines. A local pharmacist recent visit to the service showed the service followed current guidelines and legislation in managing people's medicines effectively.

Is the service effective?

Our findings

People received the support they needed. Staff had the appropriate skills and knowledge to meet people's needs effectively. One person told us, "Staff are good at what they do." Another said, "I've got great confidence in the [staff] and the manager."

Staff undertook an induction to ensure they were competent to support people effectively. Staff told us how this had prepared them for the role. The registered manager paired new staff with experienced colleagues and offered the opportunity for them to 'shadow' colleagues before they worked independently with people. Staff completed a formal induction that included meeting people, reading policies and procedures and looking at people's care plans. Staff had completed all mandatory training before they started to support people. The registered manager monitored and reviewed staff's performance during the probationary period to ensure they had the right skills and knowledge to meet people's needs. The registered manager confirmed staff in post when they had demonstrated their competence to support people and work on their own.

Staff received regular training relevant to people's needs. Staff told us the training enhanced their understanding of people's health needs. One member of staff told us, "I have had loads of training." Another said, "The [registered manager] encourages us to attend all the training needed. It's pretty good here." Staff had received essential training that included managing medicines, fire safety, health and safety and safeguarding adults. The registered manager monitored and ensured staff received mandatory and further training or refresher courses to keep up to date with best practice.

The registered manager supported staff with their development needs to help them carry out their responsibilities. Staff had supervision sessions which included one to one and group meetings with the managers and focussed on providing a forum for staff to discuss their progress. Staff reflected on their work and identified training needs. The registered manager undertook appraisals with staff performance and agreed on the training they required to develop their skills and knowledge.

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 so that they can 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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection no one was subject to DoLS.

Staff understood and supported people in line with the principles of MCA. People's care records discussed

their mental state and ability to make decisions. Staff told us how they would support a person who may lack mental capacity. Records included documents which had been signed by people to consent to the care provided as identified in their support plans. Staff understood the circumstances in which a DoLS application should be made to the local authority. People told us they could come and go from the service as they wished. One person told us, "No one stops me from going out." We saw people come and go at the service. Another said, "I'm not restricted at all, I've just been outside. I tell [staff] when I am going out to stop them from worrying about me."

Staff involved people on decisions about their day to day care and support. People told us staff asked for their consent before they supported them. One person told us, "It's very relaxed here, that's what I like. Staff do ask and do not impose." We saw staff asking people for their consent before supporting them with tasks such as helping them to eat, assisting them to walk or taking part in activities. Care records showed staff respected people's wishes on how they wished to receive their support and care.

People told us they enjoyed the meals they received at the service. One person told us, "The meals are tasty and we have a good selection." Staff monitored and met people's nutritional and hydration needs. People told us they had choices of food and drink and had a balanced diet. One person said, "I have a cooked breakfast, a roast and fresh fruit salads. The food is delicious, we always have a choice." One relative told us, "There's a good variety of food. [Relative] enjoy their meals. We dine here several times a month and have observed the meals have been consistently of high standard." Staff ensured people had sufficient to drink and people were well hydrated. We saw fruit, snacks, drinks and fresh water available in communal areas and observed staff offering people drinks throughout the day.

We observed the lunchtime meal. Staff encouraged people to eat healthily and promoted fruit and vegetables in their diet. Staff were available throughout the meal and supported people to eat where needed. One relative told us they regularly had meals at the service with their relative. The registered manager encouraged relatives and friends to join people for meals. This helped people to maintain relationships with people who were important to them and reduce social isolation.

People received support to access the healthcare services they needed and received on-going health care support where required. Staff ensured they contacted a person's GP when they had concerns about their health. One person told us, "Staff will help me get an appointment if I want to see my GP". Another said, "[Staff] will ring my daughter and she will take me to see my doctor." People attended hospital check-ups and meetings with the healthcare professionals to monitor their health. The registered manager ensured staff supported people to attend their annual health check review to discuss any further support they might need. Records showed the treatment people had received and the follow up care they needed.

People had health care plans which detailed information about their general health. People were supported to see a range of health and social care professionals when they needed to. Records showed people had seen their GP, occupational therapist, optician, dentist and chiropodist regularly. People had accessed specialist healthcare professionals such as end of life care nurses, speech and language therapist and dieticians. Staff had followed the guidance to support people in line with their needs and support plans. For example, a person was on pureed food. Staff understood the types of food which were suitable for pureed diets depending on the person's preferences. They maintained a record of the food they ate and reported any further concerns to the dietician. This helped to ensure people received the food most suitable for them. Care plans contained clear guidelines and staff had followed this to support people with their individual health needs appropriately.

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person told us, "[Staff] are helpful. They are kind and happy to help." Another said, "I feel I really matter to them [staff]. They are always there to help when needed and are so caring. They would not be working here if they weren't." One relative told us, "Staff are wonderful and friendly towards people. They do things with a cheer and are very good with [relative]. I am happy with the care here." Another relative said, "[Staff] are really good. They're kind and treat everyone with respect."

Staff involved people in planning their care and support. People and their relatives were involved to develop people's care plans and make decisions in relation to their care. Staff supported people to make choices about how they wished to receive their care. The registered manager reminded staff during supervision the importance of delivering person centred care. They also looked at the well-being of people to establish what they needed to do to improve quality of care.

Staff were patient when providing support to people. For example, one person required support with their meal. We saw staff support the person in an unhurried manner and checked the person was comfortable. One person told us, "If you need to get up and go somewhere, they help you, they always wait for you and bring you back." We observed staff spoke with people politely and addressed them by name. Another person said, "[Staff] treat me perfectly, just like a friend. Always call me by name which is nice." Staff spent time interacting with people and sharing a laugh. We saw staff greet relatives and friends of people in a way that they knew them and had developed positive relationships.

Staff respected people's right to privacy and supported them to maintain their dignity. One person told us, "I have my peace and quiet when I want. I am left to read my newspaper or watch televisions without interruption." Another said, "[Staff] shut my door and draw curtains before they help me with a wash. They cover me and don't find the help uncomfortable." During our inspection we saw staff regularly check on people who were in their own rooms to ensure they had the assistance they needed. We observed staff knock on people's rooms and went in when told to do so. Staff supported people in a way that promoted their dignity. For example, we saw staff speak to a person discreetly about their personal care before they went with them to their room.

People at their end of life received the support they required. Staff were skilled in identifying any changes in people's health at the end of their life. The service was committed to providing people with high quality of care in their final days of life. Staff planned for people's end of life care with healthcare professionals such as the GP and palliative team to minimise hospital admissions and to enable people to die with dignity in line with their wishes. Staff received training from professionals from a local hospice to ensure people's wishes preferences and pain relief was managed appropriately. Relatives, friends and religious leaders were welcomed into the service and could spend time with people which contributed to their comfort. One relative told us, "The home is very supportive of us. We can come and go as we want. Staff are wonderful and offer us meals and refreshments." The registered manager told us how they worked with hospice, the NHS, GP and other healthcare professionals to promote good practice at the service for people at end of life.

People received support to make day to day decisions about their life. One person told us, "I am very happy with carers, experienced and sympathetic, if they do not know something they always check. If you ask a question they try to find out and are always able to feedback." People told us staff offered them choices and encouraged them to make decisions in relation to daily activities. One person told us, "Staff know my routine. They will ask me if I need help with a wash before I have my breakfast." People chose what to wear, when to go to bed and how to spend their day. Care records showed staff knew people's preferences and supported them in line with their wishes.

People maintained relationships with their relatives and friends as staff provided the support they required to do so. Relatives told us they were made to feel welcome at the service. Some people visited relatives overnight and on days of significance to them and their families. People told us they enjoyed parties and events hosted at the service. For example, staff involved and organised with families special occasions such as birthdays and wedding anniversary celebrations. The service had a newly built coffee shop that was used for functions and hired out by the local community for events like christenings, family reunions and dinners. One person told us, "I get to see my family so often and enjoy the happy atmosphere brought about by the coffee shop." People's rooms were individualised and comfortable. They had their photographs with family, ornaments and personal items. People told us staff supported them to decorate and furnish their rooms as they liked and made it homely.

People had access to an in-house shop which sold convenient items such as confectionery, toiletries and clothing. The shop was a fundraising programme which provided resources to support activities and funded trips into the community for people and was managed by staff and the provider. The success of the shop had resulted in activity items being purchased and stocked in the coffee shop which enabled more opportunity for social stimulation with guests. People told us this had made a difference in their life and they enjoyed having relatives and guests at the service.

Is the service responsive?

Our findings

Staff responded and met people's needs. One person told us, "[Staff] always check what I think about my care. They know what I need and they respect that." Another said, "[Staff] do show me the utmost respect. Things are done the way they should be." The registered manager assessed people's needs before and after they started to use the service. One relative told us, "[Relative] was assessed by manager while in the hospital." People and their relatives were fully involved in assessing people's needs and the support they required with their health and daily living skills. Assessments contained detailed information about people's health, background and preferences. Support plans had guidance for staff on how to deliver people's support and to enable them to be as independent as possible.

People received care and support appropriate to their needs. Staff had up to date information of people's health needs and the support they required. Staff reviewed and updated people's support plans regularly in response to their changing needs and ensured they provided them with appropriate care. Staff treated each person as an individual and their care was tailored to meet their identified needs.

People remained as independent as possible as staff encouraged them to carry out daily tasks they could. One person said, "Maintaining my independence is quite important to me and [staff] do understand that." Another said, "I like to arrange my room and keep my wardrobe tidy." This helped people to maintain their independence while improving their self-esteem. People told us they were comfortable to approach staff to spend time with them or ask for assistance.

People received the support they required to follow their interests or hobbies. The activities team organised and co-ordinated a weekly varied programme of individual and group activities within and outside the service. People told us they enjoyed taking part in community activities which enhanced their sense of well-being. Staff and records confirmed people received appropriate support in line with their wishes. Care plans had information about any support people wanted in relation to practising their religion. A local church 'lay minister' visited the service to offer communion to people. People responded positively and told us they were happy and enjoyed the service because it supported them to maintain their faith. People were encouraged to maintain a healthy lifestyle and went out for regular walks and took part in gentle exercise classes at the service.

Throughout the day we saw opportunities for people to socialise, go out for a drive, go out to the shops, take part in activities, or just have one to one time chatting to staff. This also included music, exercise, painting, film evenings, quizzes and bingo. One person said, "I play dominoes, watch television, go out or sit and chat with friends here. There's lots to do if you want it."

People enjoyed a wide social network within the service. Sixth form students from a local college and Greenwich university had regular work placement experience at the service. People told us and the students involved them in activities and to spend their day actively. On the day of our inspection, Relatives and friends went to out for tea and to see festive lights in the community. They told us the event was announced on the service's Facebook and was an open invite to them. The variety of activities offered at the service

reduced boredom and isolation and enhanced people's well-being.

The service used an interactive Facebook and an in-house magazine as a platform to keep staff, relatives and friends up to date with events at the service. People told they enjoyed using Facebook as a way for recognition for their achievements, for example one person had over 20 000 views for her video and another 5 000 for their 100 year birthday celebrations. One person had shared their birthday celebration with the local press and was featured as an 'Elvis impersonator' dancer. One person had told and celebrated their life story which published in an Age Concern magazine.

People knew how to make a complaint. The service had a complaints procedure for people, relatives and visitors to raise concerns and had not received any complaints in the past twelve months. People told us the registered manager took prompt action to resolve any issue raised. One person told us, "I feel I can talk to the manager at any time if I have a concern. They sort things straight away." Another said, "We see the manager every day and talk about things. Any niggle is dealt with immediately." Another said, "Staff listen and act. If anything they will get the manager involved." People were confident the registered manager would take their concern seriously and investigate the issues.

People had their views considered and acted on. The service asked people, their relatives and healthcare professionals for feedback about their experiences of the service. People completed a satisfaction questionnaire to provide feedback about the support they received. We viewed the most recent results from this survey and feedback was positive and showed people were happy with care and support. Comments written in visitor's book and compliments received at the service included, "The staff are wonderful. People are well looked after." Another person's relative said, "The home is well maintained."

Staff held regular resident and relatives meetings to obtain people's views about the service. Staff told us they valued people's views and used their feedback to make continual improvements at the service. For example the setting up of the in-house shop at the service to fundraise cash for activities and outings. People told us they contributed to the agenda and sometimes led the meetings. Minutes of the meetings showed people discussed changes they wished to see at the service. For example, people had made suggestions about the catering company that provided meals at the service and the changes they wanted on their menu. The provider had acted and re-established its in-house catering team.

People told us they were comfortable with raising their views informally with all levels of staff in the service. Staff encouraged people to discuss any concerns they had about the care and support they received and used the feedback to understand their day-to-day experience of their care. For example, we saw people were asked for their views throughout the day. People chatted with the registered manager and deputy manager about how they were and what their plans for the day were.

The service worked effectively with healthcare professionals. The registered manager involved them as appropriate and ensured people received timely care and support for their health needs. Staff followed healthcare professional's guidance on how to support people to manage their conditions.

Is the service well-led?

Our findings

People and their relatives spoke highly of the staff and told us the registered manager was approachable and open to ideas to develop the service. People told us they were happy because the registered manager was available and spent time with them. One person told us, "The manager comes around for a chat and is really interested about my health." One relative said, "[The registered manager] is visible and hands on. He wants the best for every person here."

Staff felt well supported in their role by the registered manager. The service held staff meetings where they discussed any concerns or ideas they had about the service. Minutes of meeting showed staff shared learning experiences from training courses attended. The registered manager had talked about changes at the service. This included discussing general updates in legislation, best practice, values of the team and improved ways of working. They had also discussed incidents and accidents that had occurred and the lessons learnt from such events. The registered manager also used team meetings to ensure staff understood their roles and responsibilities in relation to promoting people's dignity and independence.

Staff told us the registered manager encouraged good team working and felt supported by their colleagues. The service had clear communication procedures which promoted good sharing of information amongst staff about people's needs and the support they required. Handover meetings held at the start and end of each shift to share significant changes about people's health and the support they required.

The registered manager worked in close partnership with organisations and healthcare professionals to develop the service. The provider and management team valued and promoted their role within the local community with local schools, colleges and universities. One student on work placement had wrote to the service, "Thank you for helping achieve what I needed to for my project." People felt they continued to contribute to the wider society and were valued members of the community. There was an established volunteer and relative group who visited regularly and offered friendship and support to people. The group joined in activities and spent time chatting with people which provided an additional level of support and interaction to people.

Staff told us they understood and shared the positive and 'open door' culture at the service which empowered them to discuss and improve their practice. Staff understood the provider's vision and values and how they used them to support people. They said the registered manager valued their contributions to provide high quality care and improve life experiences of people. People and their relatives told us the registered manager placed people were at the heart of the service and involved them in the development of the service. People told us they were very happy with the quality of the service they received because it felt like their 'home away from home.' One person told us, "I came here for respite a couple of decades ago and never went back home, because of the high standards of care."

The service adhered to their requirements of their registration with the Care Quality Commission (CQC). The registered manager submitted notifications to CQC as required. The registered manager discussed regularly

at staff meetings CQC regulations in relation to how the service ought to support people. Staff told us how they understood what was required of them and asked the managers for guidance when necessary. The registered manager recorded and monitored incidents and accidents in the service and took action to minimise recurrence.

People's care was subject to regular checks and the registered manager made improvements when necessary. The provider had robust audit systems which they used effectively to monitor the quality of care. The registered manager carried out medicines management audits to ensure people had received their medicines and staff followed procedures to minimise any errors. For example, the registered manager checked staff had completed all medicines records accurately, attended training and supervision. The service had a robust financial management system in place to monitor and manage people's finances and care funding arrangements. The registered manager checked care plans and record keeping and ensured staff reviewed and updated them regularly. The managers carried out spot checks to observe staff practice and followed up on any issues in staff supervisions. The registered manager ensured staff had guidance from healthcare professionals and sufficient information to support people with their health needs.