

Kent County Council

Rusthall Respite

Inspection report

Middlefield Court
Edward Street, Rusthall
Tunbridge Wells
TN4 8RP

Date of inspection visit:
17 May 2022
08 June 2022

Date of publication:
22 July 2022

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

About the service

Rusthall Respite is a care home which provides a short breaks service for people living with learning disabilities, physical disabilities, autism and sensory impairments. The service provides accommodation and personal care for up to five people at any one time. At the time of our inspection, the service had 34 people which had/were booked to receive respite services during the year.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: People enjoyed their short breaks at Rusthall Respite because they were encouraged to learn new skills and do things that were meaningful and excited them. There were always enough staff on duty. Staff worked flexibly to ensure people were supported by suitable staff.

People experienced choice and control over their lives and their individual communication methods were understood. People were supported to maintain good physical and mental health during their stays at the service.

Right care: People were supported by a team of committed, kind and caring staff. Staff skillfully supported people; upholding privacy and dignity as a matter of routine. Staff had a good understanding about how to safeguard people. Risks to the health, safety and well-being were identified and mitigated.

Right culture: The atmosphere in the service was relaxed and friendly with lots of fun and laughter being shared. Positive relationships between people and staff had been developed that were based on trust and respect. People and relatives were confident to raise concerns or suggest changes for the service as well as to the way they received support. Quality assurance processes enabled ongoing improvement. Learning was shared from within and outside the organisation and community contacts were well established.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for the service under the previous provider was good (published 14 August 2019). The provider changed in April 2020 and the service has not been inspected to provide a rating under the new provider.

Why we inspected

This was a planned inspection to provide a rating for the service following its re-registration.

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Rusthall Respite

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Rusthall Respite is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We telephoned the Registered Manager on the morning of our first inspection day to inform them we would be visiting. This was because the service is only open when people are receiving a respite service. The second inspection date was arranged with the Registered Manager to enable us to return to the service at a

time when more people were available and happy to speak with us.

What we did before the inspection

We reviewed all information we held about the service. This included information received from our partner agencies and looking at the statutory notifications that had been submitted. Notifications are changes, events and incidents that the service must inform us about.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We communicated with four people who used the service and spoke with nine relatives about their experience of the care provided. Where people were unable to provide verbal feedback, we used different ways of communicating to understand their experience of the service. This included using Makaton and pictures and undertaking observations of their body language and engagement with staff.

We spoke with seven members of staff including the registered manager.

We reviewed three people's care and medicine records and looked at three staff files in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider sent us a variety of records relating to the management of the service, including meeting minutes, training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One parent commented, "My relative feels very safe at Rusthall." Likewise, another said, "My relative is very happy to go to [the service], so I would say that he is safe."
- Systems were effective in protecting people from the risk of abuse. When any concerns were raised, action was taken to immediately safeguard people and appropriate referrals were made.
- Staff understood their roles and responsibilities in protecting people from harm and were committed to keeping them safe. Staff told us they had completed regular training in safeguarding and were able to describe the signs of different types of abuse and knew what to do if they ever had concerns.
- There were clear policies and procedures in place for identifying and reporting abuse. The registered manager demonstrated their knowledge around safeguarding and commitment to protecting people.

Assessing risk, safety monitoring and management

- Relatives told us they thought risks to people were managed well. For example, one parent told us, "They always ask for our own sling and check the LOLER certificate before we go in."
- Risks were identified and kept under constant review. As a respite service, the registered manager highlighted the systems in place to ensure they had an up to date view of the risks associated with people each time they stayed at the service.
- Staff understood people's individual risks and how to support them safely. For example, one person had very limited road safety awareness and staff explained the steps in place to ensure they were safe in the community.
- Care records included a clear assessment of the risks associated with people's needs and detailed guidelines about how to manage identified risks, such as those associated with epilepsy, choking or allergic reactions.
- Staff understood their responsibilities regarding maintaining safe premises. Regular checks were carried out to ensure the environment and equipment remained safe. Each person had a Personal Emergency Evacuation Plan (PEEP) which was reviewed prior to each stay. Staff confirmed they had the information they needed to know how to safely support people in the event of an emergency.

Staffing and recruitment

- People and their relatives told us they always received the right support from staff and staff were there when they needed them. One parent commented, "She loves all the staff, they know her, what she likes to do, and they support her well."
- As a respite service, staffing levels were planned around which people were using the service. The

registered manager showed us a dependency tool which calculated how many staff hours each person who used the service required. She explained how recruiting staff had been difficult, so the times and maximum number of people receiving a service had been reduced over recent months to reflect the staff numbers available.

- Staff told us appropriate staffing levels were maintained and confirmed that staff rotas were organised flexibly around the needs of the people using the service. One staff member informed us, "Shifts never run short, we would temporarily suspend services rather than run without the right staff."
- Staff were recruited safely, and appropriate Disclosure and Barring Service (DBS) checks and other relevant recruitment checks were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People told us staff supported them to take their medicines and relatives confirmed that staff took steps to ensure people received their medicines in their preferred way. One parent told us, "Medications are carefully managed, and they check them on handover, we've never had an issue with medicines there." Likewise, another relative said, "All medications are managed with no problems. I do check that when I have them back and it's all ok."
- There were systems in place to ensure medicines were managed and stored safely. Only staff who had been trained and competency checked were permitted to give medicines to people.
- Staff completed Medication Administration Records (MAR) following the administration of medicines. MAR were audited twice a day, and appropriate action taken to rectify any discrepancies.
- Staff followed clear guidelines for the use of occasional (PRN) medicines. The registered manager confirmed they were not currently using any medicines to manage people's behaviour.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits to people living at the home in accordance with current guidance. We observed visitors at the service during the inspection.

Learning lessons when things go wrong

- The management team had created a culture of reflective practice. Incidents and accidents were routinely reviewed and areas for learning discussed both at management and staff level.
- We saw evidence that where incidents had occurred people's dependency and risk levels had been reviewed and where necessary additional staffing levels introduced to mitigate future risk.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us they received support that met their needs and respected their choices. Two people talked to us about why they used the service and the things they looked forward to about coming.
- Relatives confirmed that people's needs were comprehensively assessed prior to them accessing the service and reviewed again before each stay. One parent reflected, "They did a very detailed assessment and also wanted to know what kind of structure and routine my relative likes." Similarly, another relative said, "Our assessment was very thorough, and we filled a lot of forms for this and that, mainly about treatments and medications. Also, about allergies, food my relative like to eat, ways of communication."
- Care records evidenced people's needs and choices were continually assessed, and information used to appropriately plan the care that was to be delivered during people's stays.

Staff support: induction, training, skills and experience

- People told us they liked the staff who supported them, and we observed lots of positive engagement which demonstrated staff knew and got on with people well.
- Relatives said they had confidence in the skills of staff and believed them to be supporting their loved ones effectively. One parent commented, "I believe that staff are trained well, and they have a good knowledge in special conditions like epilepsy. I feel very confident staff can manage my relative's condition well."
- Staff told us every six months the service closed for a week to enable them to complete a range of face to face training that provided them with the skills needed to deliver high quality support.
- In addition to mandatory training, staff also completed specialist learning relevant to supporting people with a learning disability, understanding autism and Positive Behaviour Support (PBS) which enabled them to effectively support people with complex support and communication needs.
- New staff worked alongside more experienced staff and were supported to complete the Care Certificate which is a nationally recognised set of standards which health and social care workers are expected to demonstrate in their daily working lives. One new member of staff reflected, "I had a really thorough induction, a whole week just learning the basics and then I shadowed other staff for about three weeks. There was a lot to learn, but I didn't feel bombarded at all because the learning was trickled."
- Staff told us they were well supported by the management team who provided regular supervision and checks of their competency. Individual and group meetings with staff were used to carry out a knowledge check and develop staff skills in accordance with best practice.
- Staff were provided with opportunities to broaden their experience and learn new skills. The registered manager explained how the provider actively encouraged staff to undertake formal educational courses and offered 20% of staff time for study.

Supporting people to eat and drink enough to maintain a balanced diet

- People were visibly excited when we talked to them about their meals at the service and told us they liked the food available to them.
- Staff had a good knowledge of people's dietary needs and preferences. Relatives expressed satisfaction about the way people's dietary needs were managed. One parent told us, "I think staff really do try very hard to support well my relative. They cook his meals from scratch, they know his problems and what triggers so they cook food as much as they can not to aggravate his condition."
- People were involved in the planning their meals. At the initial assessment stage, information about people's dietary needs was collected. On arrival, each person then completed a 'My Stay' form with staff which enabled them to make choices about their meals during that period. A pictorial menu board reflected the food choices people using the service had made.
- We observed people taking an active role in the preparation of their meals and snacks. One person was seen entering the kitchen to choose a snack. Another person was supported by staff to make a cup of tea for themselves and others.
- Care records provided clear guidelines about the risks and support people required at mealtimes and this information was reflective of the conversations we had with staff about people's needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received appropriate support which enabled them to maintain good physical and mental health.
- Staff had a good understanding of people's physical and emotional needs and gave examples of how they recognised and responded quickly to signs that people were in pain or distress.
- People's representatives praised the way staff and managers had managed people's complex health needs and engaged with other professionals to provide consistent, effective and timely care.
- As a respite service, staff were not people's primary caregivers, but care records reflected the specialist support and guidance provided by other health care professionals to ensure they delivered support in line with agreed protocols during people's stay at the service.

Adapting service, design, decoration to meet people's needs

- People were observed in a homely environment suitable for their needs. During their stay, people had their own private, ensuite rooms with lockable facilities.
- The service was purpose-built and provided a spacious and light environment with adequate space for people to mobilise safely with their mobility aids.
- Communal facilities had been designed to promote physical accessibility with wide-opening doors, lowered work surfaces and fully adapted bathrooms.
- In response to people's feedback about improving outside facilities, the garden area had recently been revamped and new sensory items purchased which people were observed to be enjoying.
- Technology was used to enhance people's care. Call bells were available for people to call for staff assistance if needed. For those unable to use call bells due to their level of understanding, sensor mats were used in people's rooms so when they moved, staff were alerted and could go to offer their assistance.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People told us staff respected their choices and decisions and we observed that seeking consent was something staff did automatically when supporting people.
- Staff understood the importance of gaining valid consent. They also appropriately demonstrated how to make 'best interests' decisions if a person lacked capacity to make a decision for themselves.
- Care records highlighted that where people had been assessed as lacking the mental capacity to make certain decisions about their care and treatment, appropriate DoLS referrals had been made.
- Staff ensured care was provided in the least restrictive way. For example, staff explained how they had used technology to maintain people's safety in their rooms, rather than constant staff supervision.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were observed to have good relationships with staff who supported them. One person told us, "They're great, I really enjoy coming to stay here."
- People's representatives echoed that their loved ones were treated with kindness. One parent commented, "[Staff] are really lovely people. Kind and gentle characters. The best tell-tale is that my relative is happy to go there."
- Staff and managers had created a culture where people were treated with kindness and respect, and their equality, diversity and human rights upheld. Our observations throughout the inspection confirmed this. Staff had undertaken equality and diversity training and understood what this meant for people. One staff member said, "This is truly the most person-centred place I've ever worked." Similarly, another member of staff commented "Kent County Council is really good at teaching us how to understand and promote people's holistic needs."

Supporting people to express their views and be involved in making decisions about their care

- People were respected as partners in their care and included in making the decisions about their lives. We observed staff facilitating people's requests to go to the shop, make snacks and watch a movie.
- Staff spent time encouraging people to express their views and, where appropriate, used pictorial aids to help them communicate their choices. One parent told us, "They have a lot of visual signs which helps for non-verbal people and I have seen them giving my relative visual choice options, something he can understand."
- Care records reflected the views people shared about how their support should be delivered and the personal goals they wanted to achieve during their stay at the service.
- Information about people was stored securely and meetings where people's care needs were discussed, were held in private to ensure their confidentiality was maintained.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy. For example, one person said, "I have a key so I can lock my room when I go out."
- Personal support was provided sensitively in a way which promoted people's dignity.
- Staff empowered people to be involved in their care. For example, when one person communicated that they wanted something to eat, the staff member verbally and practically supported them to make it for themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People confirmed they received support in a personalised way that met their needs and expectations. One person told us, "I can get up, go to bed and go out when I like." Similarly, the parent of another person said, "My relative always loves going to Rusthall, so I know she is happy and well looked after. She thinks of it as holiday, which basically it is."
- Staff worked collaboratively with people's families to ensure they delivered the right support. One parent told us, "They asked valid questions about triggers and how long seizures last."
- People received support reflective of their individual needs and choices. Staff knew each person well and the support they described reflected the information recorded in people's care plans.
- Staff recognised how people were feeling and were responsive to changes in both their physical needs and emotional wellbeing. Where people's needs were subject to change, their care plans outlined how staff should alter their support and the triggers to look out for.
- Staff were creative in the way they adapted support to improve outcomes for people. For example, in February this year, night staff began wearing pyjamas to work to better orientate people at night. A staff member told us, "We noticed that people are now having better sleep and not staying up during the night because of the visual cue of night wear. This means they are able to enjoy and participate in activities the following the day."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was meeting the AIS. People's communication needs were assessed prior to the offer of service and reviewed at the time of each stay. Care plans informed staff of people's needs and how to communicate with people effectively. Personalised details such as people's non-verbal signs of communication to communicate pain or distress were recorded. This enabled people who were unable to communicate verbally to express their needs to staff and be understood.
- Each person had a communication passport which was also integrated into their PBS plans, highlighting that effective communication was directly linked to people's behaviour and mood. Staff demonstrated they understood the importance of using these plans consistently.
- Information had been adapted to aid people's communication. Staff had completed training in the use of communication aids such as Makaton. We also observed that staff used visual structures, including objects,

photographs and timetables to help people know what was likely to happen during the day and who would be supporting them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they had the opportunity to spend their time as they wished and spoke enthusiastically about the activities they did regularly.
- People expressed that staying at the service was like being on holiday and their families echoed the same sentiment. One parent told us, "[Person] definitely does more stuff when they are there than when they are with me, because I simply don't have the strength to take [Person] out safely." Likewise, another family member said "There are indoor and outdoor activities that they do with my relative ... Outdoor they take him swimming, going on the bus, a walk in the park, anything really to keep him engaged and happy."
- Throughout the two inspection visits, we observed people actively engaging in a range of indoor and outdoor activities, including going out for a pub lunch, cooking and walking to the local shop.
- Care records showed that on arrival, staff spent time talking with people about the things they would like to do during their stay.

Improving care quality in response to complaints or concerns

- People told us they didn't have any complaints, but they would always raise any issues straight away, knowing concerns would be dealt with.
- Relatives confirmed they had no cause for concern but would feel comfortable to voice any worries. One parent told us, "I have no complaints at all, if I tell them something then they act on it, but I certainly would not call anything I have raised a complaint."
- There was a clear complaints policy available and people had an accessible version available in their rooms. We saw that information about how to report a concern was included in the newsletters which were regularly sent to families.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they liked coming to stay at Rusthall Respite because it was "Fun," Staff were "Nice," and they go to spend time doing things they enjoyed.
- Families echoed that people were happy with the service and they had confidence that their loved ones were safe and well looked after during their stay. One parent told us, "I would have no problems to recommend this service as a very safe place for people with different special needs."
- The culture was open, and people were empowered to have choice and control over both their daily lives and the running of the service. We observed equality between people and staff, with people being encouraged to lead their own lives.
- Staff felt valued and recognised in their roles. One staff member told us, "It's an unreal place to work. Really refreshing to feel valued at work. It's literally the best placed I've ever worked in terms of standards. Morale is really good as we all feel invested in."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was established as a credible leader and was praised by people and their relatives. One person told us, "She's really nice. I like to sit in [Manager's] office with her." Likewise, a parent advised, "I think the manager is progressive and keeps an eye on everything, a practical person. She is a good communicator and knows a lot about my relative's needs and care."
- Staff were equally positive about the way the service was managed and confirmed that the management team ensured they delivered high quality support. One staff member told us, "She's an excellent manager, I've never had a boss like her – always willing to step in and help us out." Likewise, another staff member reflected, "She runs a tight ship and her expectations are high; that people get absolute choice. She supports us to make that happen."
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The management team had submitted notifications of this nature in a timely way which meant we could check that appropriate action had been taken.
- The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident in respect of a person, the registered manager must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered manager understood their responsibilities in respect of this.

- Staff told us the culture was one of transparency and openness and people and their families expressed that they were confident to speak openly with managers and staff knowing they would be listened to.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were fully involved in making the decisions that affected them. For example, through the completion of the 'My Stay' form people were able to make active choices about their meals, routines and activities during each of their stays.
- The registered manager had introduced an amenity fund in which people were involved in fund raising activities to collect money for the items they wanted to see available at the service.
- People and their representatives had ongoing opportunities to both formally and informally share their views with staff and managers in a way that enabled them to influence the running of the service. Meetings were held in addition to satisfaction surveys. We saw that improvements to the garden and sensory equipment available had been made in direct response to people's feedback about what they wanted from a short breaks service.
- Daily handovers and regular staff meetings were used to ensure that staff were kept up to date with changes at the service and care was delivered in line with best practice.
- The changes at both provider and manager level had been well-managed and led to developments in the running of the service. One staff member who had worked at the service for many years reflected, "There's been so many positive changes since Kent County Council took over the running of the service. The physical environment has improved, and the paperwork is much more detailed and person-centred."
- The registered manager kept herself up to date with best practice and continuous auditing ensured regulatory requirements were met and pathways for improvement ongoing.

Working in partnership with others

- Managers and staff had positive relationships with healthcare professionals and worked in partnership with them to improve outcomes for people. It was evident from discussions with staff and reviewing care plans that specialist advice was gathered and reflected in the way support was being provided. One commissioner provided feedback that, "The manager and her team are experienced, professional and caring and work to a person-centred model. They offer an effective respite service"
- Located in a residential area of Tunbridge Wells, people were very much encouraged and supported to be part of the local community during their stay. As such, people had developed social networks and links through using local services and attending a range of events.