The Royal British Legion

Maurice House

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?	**Outstanding**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 11 and 12 November 2015 and was unannounced.

Maurice House has 47 bedrooms and is a Royal British Legion care home in Broadstairs. Like each of the Royal British Legion services Maurice House is exclusive to ex-Service people and their dependents. At the time of the inspection there were 45 people living at the service, some of whom were living with dementia.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present on the day of the inspection and was supported by a deputy manager.

People told us that they felt safe living at the service. One person said, "I can get up and go to bed when I like and it feels safe, safer than living at home on my own, where I

Summary of findings

had a few falls". People looked comfortable with other people, staff and in the environment. Staff understood the importance of keeping people safe. Staff knew how to protect people from the risk of abuse.

Risks to people's safety were identified, assessed and managed appropriately. People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. Accidents and incidents were recorded and analysed to reduce the risks of further events. This analysis was reviewed, used as a learning opportunity and discussed with staff.

Recruitment processes were in place to check that staff were of good character. There was a training programme in place to make sure staff had the skills and knowledge to carry out their roles effectively. Refresher training was provided regularly. People were consistently supported by sufficient numbers of staff.

People were provided with a choice of healthy food and drinks which ensured that their nutritional needs were met. People's health was monitored and people were referred to and supported to see healthcare professionals when they needed to.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLS applications had been made to the relevant supervisory body in line with guidance.

People and their relatives were involved with the planning of their care. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. Staff knew people well and reacted quickly and calmly to reassure people when they became agitated.

People were supported by staff to keep occupied and there was a range of meaningful social and educational activities available to reduce the risk of social isolation. People, their relatives and health professionals were encouraged to provide feedback to the provider to continuously improve the quality of the service delivered. People knew how to raise any concerns and felt listened to.

Staff had an in-depth appreciation of people's individual needs around privacy and dignity. Staff were highly motivated to provide kind and compassionate care to people and felt it was very important to also support people's relatives. Staff told us it was essential for people to be supported to be as independent as possible for as long as they could.

People and their loved ones were involved in the planning, decision making and management of their end of life care. The registered manager and staff made sure that people were supported at the end of their life to have a comfortable, dignified and pain free death. Staff displayed distinctive skills in this area of care and also supported people's friends and family with empathy and understanding.

The registered manager coached and mentored staff through regular one to one supervision. The registered manager worked with the staff each day to maintain oversight of the service. Staff were clear about what was expected of them and their roles and responsibilities and felt supported by the registered manager and deputy manager.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us that they felt safe living at the service. People were protected from the risks of avoidable harm and abuse. People received their medicines safely.

Care plans and risk assessments gave staff guidance on potential risks and how to minimise risks to keep people as safe as possible. Accidents and incidents were recorded and analysed to reduce the risks of further events.

The provider had recruitment and selection processes in place to make sure that staff employed were of good character. People were supported by enough suitably qualified, skilled and experienced staff to meet their needs.

Is the service effective?

Good

The service was effective.

People told us that staff looked after them well and staff knew what to do to make sure they got everything they needed. Care plans had been written with people and their relatives. Staff worked closely with health and social care professionals to make sure people's health care needs were met.

Staff completed training on, and understood, the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff acted in people's best interest.

There was regular training and the registered manager and senior staff held one to one supervision and appraisals with staff to make sure they had the support to do their jobs effectively.

People were provided with a range of nutritious foods and drinks. The building and grounds were suitable for people's needs.

Is the service caring?

Outstanding

The service was outstanding in providing caring staff to support people.

People told us that they were happy living at Maurice House and this was reflected in the sounds of laughter we heard during our inspection.

People told us that they were treated with dignity and respect and that they valued their relationships with the staff. Staff had an in-depth appreciation of people's individual needs around privacy and dignity. Staff were highly motivated to provide kind and compassionate care to people and support to their relatives.

The registered manager and staff had a strong commitment to supporting people and their relatives to manage end of life care in a compassionate and dignified way.

Is the service responsive?

Good

The service responsive

Summary of findings

People received the care they needed and that the staff were responsive to their needs. Care plans were reviewed and kept up to date to reflect people's changing needs and choices.

Staff had a good understanding of people's needs and preferences. A range of meaningful activities were available. There was a strong, visible person-centred care culture. People were relaxed in the company of each other and staff.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on. The provider used compliments, concerns and complaints as a learning opportunity.

Is the service well-led?

Good 

The service was well-led

Staff told us that teamwork was really important. Staff told us that there was good communication between the team and that they worked closely together.

People, their relatives and staff were positive about the leadership at the service. There was a clear management structure for decision making which provided guidance for staff.

The registered manager and senior staff completed regular audits on the quality of the service. The registered manager analysed their findings, identified any potential shortfalls and took action to address them.

Maurice House

Detailed findings

Background to this inspection

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

This inspection took place on 11 and 12 November 2015 and was unannounced. The inspection was carried out by one inspector, a specialist advisor and an expert by experience. The specialist advisor was someone with clinical experience and knowledge of nursing and a background in care for the elderly. An expert by experience is a person who has personal experience of using or caring for someone in a care home setting.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We looked around all areas and grounds of the service. We met and spoke with more than 15 people living at the service. We spoke with four relatives, seven members of the care team, the deputy manager and the registered manager. During our inspection we observed how the staff spoke with and engaged with people.

We looked at how people were supported throughout the inspection with their daily routines and activities and assessed if people's needs were being met. We reviewed six care plans and associated risk assessments. We looked at a range of other records, including safety checks, four staff files and records about how the quality of the service was monitored and managed.

We last inspected Maurice House in November 2013 when no concerns were identified.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the service. People were relaxed in the company of each other and staff. People said that the staff knew them well and understood their individual needs and preferences. One person explained to us that they had several falls before they moved to Maurice House and commented, "I certainly feel safer here than I did at home because there are people around to help me". They added, "I have had some falls since being here usually in my room but I press the call bell and they are very good at answering them". Some people told us that they didn't feel the call bells were always answered promptly and they had to wait to be supported to the bathroom. We raised this with the registered manager who confirmed that they monitored the time taken to answer call bells. They said they would check the latest analysis of the call bell system to make sure they were being answered in a timely manner. Analysis of a recent resident's survey noted that this was an area for improvement: 'Improved means to summon staff – We will achieve this by undertaking a review of locations of nurse call systems and ability to use nurse call bell systems as part of our health and safety environmental checks; where individually required we will implement portable nurse call systems'. During our inspection call bells were responded to in a timely manner and people were not kept waiting for long periods of time. There were times when it sounded as though the bells were ringing for a length of time but we saw on the call bell monitor that it was different rooms ringing.

People were protected from the risks of avoidable harm and abuse. The provider had a clear and accurate policy for safeguarding adults from harm and abuse. This gave staff information about preventing abuse, recognising signs of abuse and how to report it. Staff told us that they had received regular training on safeguarding people and were all able to identify the correct procedures to follow should they suspect abuse.

Staff understood the importance of keeping people safe. One member of staff said, "It is a safe and happy place to be in". Restrictions were minimised so that people felt safe but also had as much freedom as possible. The registered manager raised concerns with the relevant authorities in line with guidance. People were protected from the risk of financial abuse. There were clear systems in place to safeguard people's money and these were regularly audited.

People were involved in making informed decisions about any risks they may take. There were risk assessments to give guidance to staff to support people to keep safe. These identified potential risks, what control measures needed to be in place to reduce risks to people and who was responsible for carrying out any actions.

Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff told us they were confident that any concerns they raised would be listened to and fully investigated to ensure people were protected. People were protected from discrimination.

Staff reported any accidents, incidents and near misses to the registered manager. These were recorded on an accident form and were regularly reviewed and analysed to identify any patterns or trends. When a pattern had been identified action was taken by the registered manager to refer people to other health professionals and minimise risks of further incidents and keep people safe. An overview of accidents and incidents was monitored by the registered manager and discussed at regular staff meetings.

Staffing levels were regularly assessed and monitored to make sure there were sufficient staff to meet people's individual needs and to keep them safe. When a person moved into the service the registered manager completed a 'pre assessment' to check that they were able to meet this person's needs and the registered manager made sure that the staff on duty had the right mix of skills, knowledge and experience. There were consistent numbers of staff available throughout the day and night. Some people told us that they thought staff were sometimes rushed. Throughout the inspection staff were kept busy but did not appear too rushed to give people the support they requested. The registered manager said that they were using agency nurses to cover a current staff shortage and that the agency nurses always worked on shifts with a permanent nurse. Agency nurses also received an induction to the service and, when possible, the same agency staff were deployed to ensure consistency.

The provider's recruitment and selection policies were robust and thorough. These policies were followed when

Good

Is the service safe?

new staff were appointed. Staff completed an application form, gave a full employment history, and had a formal interview as part of their recruitment. Notes made during interviews were kept in staff files. Two written references from previous employers had been obtained and checks were done with the Disclosure and Barring Service (DBS) before employing any new member of staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. DBS checks were carried out on staff every three years and any changes were discussed with staff. A disciplinary procedure was in place and was followed by the registered manager. Nurses PIN numbers were checked to make sure they were registered with the Nursing and Midwifery Council (NMC) and a note of the expiry date was kept to prompt the registered manager to check the PIN was kept in date. The provider paid the NMC fees on behalf of the staff.

People were supported to live in a safe environment. There were corporate policies and procedures in place for emergencies, such as, gas / water leaks. Dedicated maintenance staff completed regular checks on things, such as, portable appliance (PAT) tests and legionella tests were completed. Specialist equipment including hoists and pressure mattresses were serviced to make sure they were safe for people to use.

Fire exits in the building were clearly marked and regular fire drills were carried out. Fire alarms were tested weekly to make sure they were in good working order and the fire doors were checked daily. The registered manager told us, “We begin the evacuation process before the fire service arrives. We use a compartmentalise system to ensure people are separated from the fire by at least two fire doors. All our staff are very clear that it is our responsibility to evacuate”. Senior staff completed fire marshal training and all other staff completed fire awareness training.

People received their medicines safely and were protected against the risk associated with the unsafe use and management of medicines. One person told us, "I get medicines on time and I do remember what they are for". Staff had completed training in medicines management. People were asked if they preferred to manage their own medicines and some people were supported to do this. Medicines were handled appropriately and stored safely and securely. Medicines were disposed of in line with guidance. The clinical room was well arranged, tidy and spacious. Medicines were clearly labelled in secure cupboards. Medicines were stored at the correct temperatures and when medicines were stored in the fridge, the fridge temperature was checked daily to make sure the medicines would work as they were supposed to. Staff were aware of changes to people’s medicines and read information about any new medicines so that they were aware of any potential side effects. A copy of the British National Formulary (BNF) was also used for reference by staff. This is a pharmaceutical reference book containing a wide range of information and specific facts about medicines available on the NHS.

The registered manager explained that staff did not carry out a ‘medicines round with a trolley’. They told us, “Each person is an individual with different, and sometimes complex, health and support needs. We support people with their medicines at the time they need them. People each have a locked cupboard in their room so that they can be supported with their medicines in private”.

We looked at the medicine administration records (MAR) for five people. Entries were clear and the MARs were completed correctly. Lead clinical staff completed medicines competency assessments with staff and regular audits of medicines and MARs were completed by the registered manager.

Good

Is the service effective?

Our findings

People told us that staff looked after them well and staff knew what to do to make sure they got everything they needed. Staff worked effectively together because they communicated well and shared information. Staff handovers between shifts made sure that staff were kept up to date with any changes in people's needs. Staff knew people well and knew how they liked to receive their care and support. Staff chatted with people in a cheerful manner and allowed time for people to respond.

Staff had an induction when they began working at the service. The registered manager commented that when they needed to use agency staff they also received an induction and were always paired with a regular staff member. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. Staff shadowed other staff to get to know people and their individual routines. The registered manager told us that a new induction had recently been introduced and was modelled on the Care Certificate. The Care Certificate has been introduced nationally to help new carer workers develop key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. There was an ongoing programme of training which included face to face training, mentoring and distance learning. We were told by staff that there was 'Plenty of training' and that is was good. The registered manager tracked completed training and arranged further training for staff. The training schedule was clear and organised and showed when courses were due for renewal. The range of courses offered to staff had been extended to include subjects related to peoples' needs including Parkinson's disease, palliative care, dementia awareness and diabetes. Staff had knowledge about peoples' wide ranging needs and were knowledgeable about age related conditions. Many of the staff had a recognised vocational qualification in care. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the ability (competence) to carry out their job to the required standard. The registered manager coached and mentored staff through regular one to one supervision and review meetings. Staff told us that they attended regular supervision meetings and had an annual appraisal to discuss their performance and talk about career development for the next year.

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).

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. The provider followed any requirements in the DoLS. The MCA DoLS require providers to submit applications to a 'Supervisory Body' to do so. Applications had been made in line with the guidance. The registered manager and staff had good knowledge of the MCA and the DoLS and were aware of their responsibilities in relation to these.

When people were unable to give valid consent to their care and support, staff acted in people's best interest and in accordance with the requirements of the MCA. Staff had received training on the MCA. Staff understood and had a good working knowledge of the key requirements of the MCA and how it impacted on the people they supported. They put these into practice effectively, and ensured that people's human and legal rights were protected.

If people did not have the capacity to make complex decisions meetings were held with the person and their representatives to ensure that any decisions were made in people's best interest. People and their relatives or advocates were involved in making complex decisions about their care. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the

person. They represent people's interests either by supporting people or by speaking on their behalf. When people had a Lasting Power of Attorney (LPA) in place a copy of this was checked by the registered manager and this was documented in their care files. Staff liaised with the LPA about their loved one's care and treatment. LPA is a legal tool that allows you to appoint someone to make certain decisions on your behalf. Some people had made advanced decisions, such as Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), this was documented and noted on the front page of people's care plans so that the person's wishes could be acted on.

During the inspection we saw people being supported to make day to day decisions, such as, whether they wanted to go out, where they wished to go, what food and drinks they would like and whether they wanted to be involved in activities at the service. People told us that they got up and went to bed when they chose to. One person said, "I get up and have breakfast in my room, sometimes I have a wash first - it's up to me but there is no rush to get up and I go to bed when I like".

People were supported to have sufficient to eat and drink and maintain a balanced diet. A board in the dining room displayed various leaflets and information about food and nutrition for people and their visitors to read. The registered manager explained that they were trialling a new approach at lunch time and showing people the plated up options for their meal rather than just asking what they preferred. This was because some people may not remember what things looked like or what they had requested due to their health conditions. They told us that this was working well and that people were happy with it. Most people told us that they enjoyed the food but views varied. People's comments included, "The food is good and there is plenty of it", "The food is ok. We always get a choice so I don't go hungry, I haven't lost weight so it must be ok", "The food is variable although you do get a choice" "The food is not as good as I expected it to be, although I must say there is enough of it" and "I don't like the food it is quite tasteless, it is served up ok and there is plenty of it but there is just no taste". We discussed the variety of views about the food with the registered manager and they told us that they would discuss with people any suggestions to improve this and take any relevant action.

The food looked appetising; people ate well and took the time they wanted to eat their meal. Lunchtime was a social occasion with people sat together chatting whilst they ate. There was a relaxed and friendly atmosphere. The tables were laid with menus, condiments and napkins and there was a choice of drinks available. Relatives told us that they were asked if they would like a meal if they were visiting at lunchtime. Throughout the lunchtime meal staff were observant and attentive. Some people needed to be supported to eat their meal. Staff helped them in a way that did not compromise their dignity or independence. Staff were patient, and chatted to people in a kind and gentle manner. Staff focussed on people's dining experience.

When people had lost weight they had been seen by their doctor and dietician. Advice had been given to supplement their foods with full fat milk, cheese and other high fat products. Staff were making sure this happened. When needed, staff recorded people's food and fluid intake. People's weight was monitored to make sure it was increasing or stable. Staff positively supported people to manage their diets and drinks to make sure they were safe and as healthy as possible.

People's health was monitored and care and support were provided to meet any changing needs. Health professionals were involved when necessary to make sure people were supported to remain as healthy as possible. If people became unwell staff acted quickly and worked closely with health professionals to support people's health care needs. People were supported, when they chose to be, to attend appointments with doctors or specialists they needed to see. When people had complex / continued health needs, staff always aimed to improve their care, treatment and support by identifying and implementing best practice. For example, there was specialist information available for staff on topics, such as, Parkinson's disease, strokes, dementia and end of life care. Individual care plans and associated risk assessments were regularly reviewed for their effectiveness and reflected any changes in people's needs.

The design and layout of the service was suitable for people's needs and there was good wheelchair access throughout. The premises and grounds were well maintained and adapted so that people could move around and be as independent as possible. There was clear signage around the service to aid people's independence. Photographs of members of staff and volunteers were displayed. People's rooms were personalised with photographs, pictures and vases of flowers. People told us,

Good

Is the service effective?

"I'm very comfortable and I have my own things here", "I have a very comfortable bedroom and sleep well. "I have lots of personal bits in it" and, "I am very happy here. My room is comfortable; although it's a bit small I wouldn't want to change it because of the wonderful view of the sea and lighthouse that I have". People's rooms were of a good size to accommodate the use of specialist equipment like wheelchairs or hoists.

Lounge areas and the activities room were comfortable and of a good size and were suitable for people to take part in social, therapeutic, cultural and daily living activities. The service was clean, tidy and free from odours. Staff wore personal protective equipment, such as, aprons and gloves when supporting people with their personal care. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. Foot operated bins were lined so that they could be emptied easily. Outside clinical waste bins were locked and stored in an appropriate place so that unauthorised personnel could not access them easily.

Outstanding ☆

Is the service caring?

Our findings

People told us that they were happy living at Maurice House. Throughout the days of the inspection there was a lot of laughter in the service. People said, "My care is good, they know what they are doing", "I do need help but I want to keep independent with what I can do for as long as I can" and “The staff are very caring, I don't ring my bell unless it is necessary and they come quickly”. An email from a relative noted, “I know I have probably said it a thousand times but I just wanted to say a big thank you to all the staff at Maurice House for the way [my loved one] was cared for and loved by everyone, and for looking after me in the last few weeks when things were getting a little tough for the both of us. It is clear how hard the staff work and never seem to stop, I truly know how dedicated the staff are and that it’s not a job but a vocation to make a real difference to people’s lives”.

During our inspection staff spoke with and supported people in a sensitive, respectful and professional manner that included checking people were happy and having their needs met.

Staff had knowledge of people’s individual needs and preferences and showed people they were valued. For example, staff took time to chat to people about their loved ones or their past. Staff made eye contact with people when they were speaking to them. Staff understood people and responded to each person to meet their needs in a caring, considerate and compassionate way. Staff listened to people and were patient. Some people were not able to communicate verbally due to their health conditions. There was clear guidance for staff of how best to support people in the way they preferred. For example, ‘I have dementia and my communication is very limited. I lack any short term memory and I cannot respond to direct questions. I like it when you speak clearly, using simple statements, preferably at a slow pace. I prefer you to maintain eye contact with me when talking to me at all times. Maintaining eye contact with me is very important as I communicate using ‘extra verbal’ language to express my actual feelings or needs’. Staff also had guidance, following best practice, from Dementia Care Matters on how to communicate with people with dementia.

Staff ensured that people were involved with the day to day running of the service and, as far as possible, in the planning of their care and support. People told us that they were involved in making decisions about their care. Staff made sure that kindness, respect, compassion, dignity and respect were a priority. One person commented, "There is dignity with the care given" and staff said, "People are all treated with respect" and "The residents are treated with respect".

Our observations of staff interacting with people were positive. Staff were discreet and sensitive when supporting people with their personal care needs and protected their dignity. Staff understood, respected and promoted people’s privacy and dignity. Staff knocked on people’s bedroom doors and waited for signs that they were welcome before entering people’s rooms. They announced themselves when they walked in, and explained why they were there. Staff made sure people understood before they continued with any support. People were not rushed and staff made sure they were given the time they needed.

People moved freely around the service and could choose where they wanted to spend time. Staff knew when people wanted their own space and respected this. One member of staff told us, “It is important for people to stay as independent as possible for as long as possible”. People said that they were as independent as they could be. One person commented, “I am able to be a bit independent especially with the intimate things" and another said, “I am quite independent and chose what I want to do and where I want to go. It’s up to me. It’s my home, I just share it lots of other people. I get everything I need. One just has to accept each other’s little ways and get along”. People were clean and smartly dressed. People’s personal hygiene and oral care needs were being met. People’s nails were trimmed and gentlemen were supported to shave. This promoted people’s personal dignity.

Care plans and associated risk assessments were kept securely in a locked office to protect confidentiality and were located promptly when we asked to see them. Staff understood that it was their responsibility to ensure that confidential information was treated appropriately and with respect to retain people’s trust and confidence.

Staff recognised the importance of social contact and companionship. Staff supported people to develop and maintain friendships and relationships. During our inspection there were a number of visitors who called in to see their loved ones. Relatives told us that they visited when they wanted to and that there were no restrictions in place. Staff greeted visitors in a way that showed they knew

Is the service caring?

them well and that they had developed positive relationships. There were a number of volunteers at the service who had previously been visitors to their loved ones. One volunteer told us that they had developed a good rapport with the staff whilst their loved one was in their care. They said they had been touched by the quality of the care that both they and their loved one received that they decided that they must give something back in return after their loved one passed away. They volunteered at the service one day a week and assisted staff with activities.

The registered manager and staff made sure that people were supported at the end of their life to have a comfortable, dignified and pain free death. People's choices and preferences for their end of life care were clearly documented in an 'enriched care plan' – This had been modelled on research from the University of Bradford. People and their loved ones were involved in the planning, decision making and management of their end of life care. Some people had an advance directive in place. An advance directive is a document by which a person makes provision for health care decisions in the event, that in future, they become unable to make those decisions. The registered manager and staff told us that people's plans for their end of life care were regularly reviewed to make sure that they knew how to manage, respect and follow people's choices and wishes as their needs changed.

Staff were aware that as people became more poorly they were less able to spend time socialising with others. The service offered a dedicated 'Namaste Care' room – Namaste Care engages people with advanced dementia through sensory input, comfort and pleasure. Staff used a combination of compassionate care, therapeutic touch, colours, music and scents to help people relax whilst having views over the garden. Staff told us that they felt it was hugely important for people to have this one to one time and that they spent time shaving gentlemen, listening to soft music, or massaging people's hands with aromatherapy oils as some of the activities.

When people were approaching the end of their life a butterfly was placed on their bedroom door. This signified the fleetingness of life and let people, their loved ones and staff know so that they could say their goodbyes in their own time and in their own way. The registered manager explained that most people had families and friends but should someone have no relatives they made sure that extra staff were placed on duty to ensure the person always had someone with them. The registered manager said that some staff also requested to sit with people in their own time to keep them company as they did not want them to be alone.

The registered manager and staff told us that supporting and comforting people's family and friends went 'hand in hand' with caring for the person who was dying. Staff displayed distinctive skills in this area of care and also supported people's friends and family with empathy and understanding. There were a large number of 'thank you' cards displayed in the entrance to the service which had been received from people after their loved ones had passed away. Comments included, "A big thank you for all the love and care that you showed to [our loved one] in his last days. It made such a difference to us and to him to have a quiet and calm environment in which to come to term with his last illness. The attention to detail and continued support from all the staff was noticed and much appreciated by us all", "Your care, love and support for [our loved one] was outstanding and we are all so very grateful" and, "My heartfelt thanks to every single member of staff for the kindness, help and comfort you each gave in your own way to [my loved one]. She was with you for a good many years and we felt the warmth shown towards her and were comforted knowing she was in good, caring hands".

A book of remembrance in the entrance area listed each person that had passed away whilst living at Maurice House. When a person passed away, a photograph of them was displayed along with details of funeral arrangements so that people were kept informed. Staff spoke with people when one of their friends had passed away and offered them reassurance. Each December the service arranged for a poppy with a tag on it to be sent to bereaved relatives who had lost their loved ones in the last two years. The relatives returned the tag, by post but often in person, to put on the Christmas tree. A carol service and service of remembrance was held each year to remember those who had passed away at Maurice House.

A 'Spirituality and Well-Being room (multi-faith quiet room) was available for people, their loved ones and staff to use to meet people's religious and cultural needs. Clergy from various denominations visited people regularly and staff supported people to attend church when they wanted to go.

Good

Is the service responsive?

Our findings

People received the care and support they needed and the staff were responsive to their needs. The service had a strong, visible person-centred care culture and staff knew people and their relatives well. People were relaxed in the company of each other and staff and there was plenty of banter throughout the inspection between people and staff. Staff had developed positive relationships with people and their friends and families. Staff kept relatives up to date with any changes in their loved one's health. A relative had written to the staff and noted, "I have enjoyed coming into Maurice House; seeing the wonderful and numerous activities that the residents can participate in would exhaust me but the homely feel you get when you walk in – I have never felt people are waiting for God but are at home doing the things they would normally do".

People received consistent, personalised care, treatment and support in the way that they had chosen. When they were considering moving into the service people and their loved ones had been involved in identifying their needs, choices and preferences and how these should be met. This information was used so that the provider could check whether they could meet people's needs or not. A pre-assessment was completed when a person was thinking about using the service. People and their families were asked to complete a 'This is me' form, designed by the Alzheimer's Society and Royal College of Nursing, which gave staff information about the person considering moving into Maurice House. This included the person's preferred routines, how they liked to take their medicines and details about them, their background, family and treasured possessions. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best. Staff supported people in a calm, considerate and caring way.

People were encouraged by staff to participate in and contribute to the planning of their care. Each person had a detailed, descriptive care plan which had been written with them and / or their loved ones. People told us that they were involved in the planning of their care and support and that they liked to do as much as they could for themselves.

Care plans contained information that was important to the person, such as their life history, likes and dislikes, what they could do independently and current and past interests. Plans included details about people's personal care needs, communication, mental health needs, physical health and mobility needs. Risk assessments were in place and applicable for the individual person. Person centred care plans documents clear guidance for staff on people's everyday support needs and how these should be met in a way that suited them best.

Changes in people's care and support needs were identified promptly and kept under regular review. When people's needs changed the care plans and risk assessments were updated to reflect this so that staff had up to date guidance on how to provide the right support, treatment and care. Referrals to health professionals were made when needed, for example, to speech and language therapists, dieticians and physiotherapists. When guidance or advice had been given we observed that staff followed this in practice. People's needs were met because staff were aware of the content of people's care and support plans and provided support in line with them. People were given choices about who provided their support.

During the inspection staff were responsive to people's individual needs, promoted their independence and protected their dignity. There was a good team spirit amongst the staff and a friendly manner towards. Staff were very observant and responded quickly when they noticed anyone appearing agitated or needing support or reassurance.

Regular residents meetings were well attended and gave people the opportunity to raise any issues or concerns and to contribute to the day to day running of the service. Staff representatives from different departments attended, such as catering, maintenance and housekeeping, to answer any queries people may have and to take any actions.

People and their relatives told us that they knew how to complain. They said if they had concerns that they would speak to any member of staff and knew that they would be listened to and their concerns would be acted on. The complaints procedures was discussed with people when they moved into the service and there were copies explaining how to complain displayed in the service. The provider had a policy which gave staff guidance on how to handle complaints. A volunteer told us, "If I saw something I didn't like I would not ignore it but tell staff straight away".

Good

Is the service responsive?

A 'How to Make a Complaint' leaflet had recently been introduced, following analysis of a resident's survey, to improve people's knowledge of and access to the complaints process.

When compliments were received the registered manager made sure that all the staff were aware. On the Provider Information Return, completed by the registered manager before the inspection, they noted that they had identified some themes in the compliments they had received. These were; The standard of end of life care, staff being understanding when relatives have had struggles coming to terms with things, how wonderful staff were in dealing with residents who had psychological needs and being able to admit residents in emergency situations.

People were supported to keep occupied and there was a range of meaningful social and educational activities available to reduce the risk of social isolation. There were dedicated activities staff and a large activities room. A noticeboard on one of the walls displayed a schedule of planned activities and another had photographs of people enjoying various activities. There were at least two planned activities each day plus tea and chats, quizzes and trips out. Things such as, brass cleaning, singers, ten pin bowling, art and flower arranging were organised. People told us that they enjoyed the variety of things to do and said, "They tell me to join in the activities as it is good for my depression to be with other people. I am ok with that", "I do get lonely as I don't have visitors anymore as my friends are not around, but I'm comfortable here and I do go and join in the activities when I want to. It is flower arranging today so I enjoy that" and "We cook and paint and do all sorts of different things. There is always something happening". Staff kept a diary of the various sessions people had joined in and monitored this to make sure that everyone was offered the chance to join in. Staff told us that they were "Always open to new ideas". They said that they were encouraging people to join a computer club. Trips were arranged for afternoon tea, visits to garden centres, Christmas shopping and fish and chip suppers. A bar was open during the day for people and their visitors to use. A monthly magazine was produced by staff with input of people living at Maurice House. This had photos of events, articles of interest, crosswords and puzzles and reminders of activities and people's birthdays.

Good

Is the service well-led?

Our findings

People knew the staff and management team by name. People told us that they would speak to staff if they had any concerns or worries and knew that they would be supported. There was an open and transparent culture where people, relatives and staff could contribute ideas for the service. The registered manager and deputy manager welcomed open and honest feedback from people and their relatives. Staff were encouraged to question practice and to suggest ideas to improve the quality of the service delivered. One member of staff told us that they had worked in the service for many years and felt very much a part of a team. They commented, "We do sometimes change the area we work in, so then I am able to see and chat to other residents as I work". They said that she had regular meetings within her team and any concerns were passed on to management.

Staff understood the culture and values of the service – respect, dignity & value. The registered manager and staff talked to us about a culture of 'love and laughter' and we observed this throughout our inspection. Staff told us that there was "An existing culture to promote independence and assist the residents to reach their full potential". Staff commented that teamwork was really important, that there was good communication between the team and that they worked closely together. Staff worked well together and were friendly and helpful and responded quickly to people's individual needs. Staff said that they were happy and content in their work and that the management team was very supportive.

People, their relatives and staff were actively involved in developing the service. People, their relatives and health professionals had taken part in questionnaires about the quality of the service delivered. These were analysed and comments were all positive and included, "There is no place like home but Maurice House is the next best thing!", "I feel that the residents are listened to and action is taken on the issues raised. This has made [my loved one] feel valued and that his opinion counted; this is very important to him" and a health professional noted, "I have always been made very welcome. The staff advocate for their residents and provide support for relatives and carers of residents as well. I would not hesitate to recommend this home".

Staff were clear what was expected of them and their roles and responsibilities. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. Records were in good order and kept up to date. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.

There were strong links with the local community. The first day of our inspection was Armistice day and there a service of remembrance which was well attended by people and their relatives. The local mayor and the air cadets were also present. People and staff were involved in readings, prayers and the laying of wreaths.

The registered manager showed us the memorial garden in the grounds and told us that this had been "Totally revamped" as part of the RAF Manston community project with the local Fire Training Centre. Close links with local colleges resulted in student placements at the service and the registered manager supported students by offering mock interviews to increase their confidence.

The management team worked alongside organisations that promoted best practice and guidance. They kept themselves up to date with new research, guidance and developments, making improvements as a result. For example, the registered manager was working with a local GP practice to develop an online medicines ordering system. The service was continually looking at ways to improve the service. The provider was building a 'Dementia Lodge' in the grounds of Maurice House. The Dementia Lodge will add 30 rooms to the current facilities at Maurice House and will provide specialist dementia care which will follow the Butterfly Home Model (Dementia Care Matters). This model was used in another service run by the Royal British Legion which was featured on the television documentary 'Dementiaville'.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

There was a system in place to monitor the quality of service people received. Senior staff carried out observations of staff and, when necessary, staff were

Good

Is the service well-led?

supported with extra coaching and mentoring. Staff took on the responsibility of 'lead roles' in things such as, continence, infection control and spirituality and well-being. Group staff meetings had been held to discuss these topics but the registered manager explained that they had not been held for some time and were due to be implemented. Regular quality checks were completed on key things, such as, fire safety equipment and medicines.

A 'resident of the week' quality assurance system was used to make sure that people were happy with the quality of the service they received. This included a meeting with the person and their relatives, reviews and updates of care plans, a catering and nutrition review and notes of the person's level of satisfaction and a housekeeping review.

When shortfalls were identified these were addressed with staff and action was taken. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action.