

# The Royal Air Force Benevolent Fund Princess Marina House

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

The inspection took place on 24 January 2017 and was announced.

Princess Marina House is situated on the south coast, in Rustington, West Sussex. It is an exceptionally large, purpose built, detached property spread over two floors. It has communal lounges, dining rooms and gardens. It is owned by The Royal Air Force (RAF) Benevolent Fund and is a home that offers respite and short breaks for serving and former RAF personnel and their families, however, will also accommodate personnel from other services. Princess Marina House can accommodate 50 people and is registered to provide care for up to 30 people, for adults over 18, some of whom are living with physical disabilities or dementia and who may require support with their personal care needs. On the day of the inspection there was one permanent resident who lived at the home and 16 people who were staying at the home for a short break. People could fund their own care and stay or have their stay subsidised by the RAF Benevolent Fund.

The RAF Benevolent Fund had conducted research and consulted with people across the country to identify what people required and expected of the fund. As a result, a respite at home service was implemented in 2016 for people who lived in their own homes, to reduce the risk of social isolation. This provided support for people, some of whom required support with their personal care needs, and offered a respite service to them and their permanent carers. On the day of the inspection there were six people receiving this service.

During the inspection we inspected both the home as well as the respite at home service.

The home and respite at home service had the same registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, who stayed at the home and those that used the respite at home service, received a service that was extremely responsive to their needs. People who used both services had access to a wide and varied range of activities and stimulation to meet their social and emotional needs. People were complimentary about the entertainment provided within the home, they told us, "There is always some form of entertainment. Every day you can get to the village on their bus" and "There are trips out and even when there are only two of us, they still take us out. There is plenty of entertainment". People who used the respite at home service were supported to access the local community and partake in activities that they enjoyed. A relative of a person who used the service told us, "They do respond to all their needs. They pick my relative up and return them".

The home and the respite at home service was extremely well-managed by both the provider and the registered manager. The registered manager strived to continually improve the service provided and welcomed feedback and used this to drive improvements and change. There were quality assurance processes in place to enable the registered manager to have oversight of the home and of the respite at

home service, to ensure that people were receiving the quality of service they had a right to expect. People, relatives' and staff were extremely complimentary about the leadership and management of the home and of the respite at home service. One person staying at the home told us, "The manager is on the ball. It's beautifully run".

People told us that they received a service that they valued and that had a positive impact on their lives. Comments from people staying at the home, included, "The service here is first class, it's like coming on holiday" and "This place is the jewel in the crown. I would recommend it". Positive comments continued from people and relatives who used the respite at home service. A relative told us, "Princess Marina does a marvellous job".

Staff worked in accordance with peoples' wishes and people were treated with respect and dignity. It was apparent that staff knew peoples' needs and preferences well. Positive relationships had developed between people and staff. One person staying at the home, told us, "The staff are very friendly, they think a lot about me. They are polite with me, like asking if they could make my bed. I like to be happy and have a laugh and a joke with them all". People and relatives who used the respite at home service were equally as positive. A relative told us, "The carers are so caring and are so interested in our past life" and "They are so good at talking to my relative. They get them to open up, where I can't".

People who stayed at the home and those that used the respite at home service were protected from harm and abuse. There were sufficient quantities of appropriately skilled and experienced staff who had undertaken the necessary training to assure their competence and enable them to recognise concerns and respond appropriately. Peoples' freedom was not unnecessarily restricted and they were able to take risks in accordance with risk assessments that had been devised and implemented.

People who stayed at the home and those that used the respite at home service, received their medicines on time and according to their preferences, from staff with the necessary training and who had their competence assessed. There were safe systems in place for the storage, administration and disposal of medicines. A relative of a person who used the respite at home service, told us, "They give them their medication at lunchtime and they have never missed any". The building and equipment were adapted to meet peoples' needs. People who required assistance with their mobility had access to appropriate equipment to aid their independence.

People who stayed at the home and those that used the respite at home service were asked their consent before being supported and staff had a good awareness of legislative requirements with regard to making decisions on behalf of people who lacked capacity. People and their relatives', if appropriate, were fully involved in the planning, review and delivery of care and were able to make their wishes and preferences known. Care plans documented peoples' needs and wishes in relation to their social, emotional and health needs and these were reviewed and updated regularly to ensure that they were current.

People who stayed at the home and those that used the respite at home service had their health needs assessed and met. People had access to medicines and healthcare professionals when required. Peoples' privacy and dignity was respected and maintained. People within the home had a positive dining experience and told us that they were happy with the quantity, quality and choice of food. One person told us, "The meals are absolutely fabulous". People who used the respite at home service, who required support with their eating and drinking, were supported appropriately. One person told us, "When they are here, they puree my food".

The provider, management team and staff strived to ensure that people who stayed at the home and those

who used the respite at home service, had access to high quality care. This was evident and embedded in their practice.

## 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 home and respite at home service was safe.

Sufficient numbers of staff made people feel safe. People who received the respite at home service had their visits covered to assure their safety. Staff were aware of how to recognise signs of abuse and knew the procedures to follow if there were concerns regarding a person's safety.

People, who were staying at the home and those who used the respite at home service, received their medicines on time, these were dispensed by trained staff and there were safe systems in place for the storage, administration and disposal of medicines.

People staying at the home and those that used the respite at home service did not have their freedom unnecessarily restricted. There were risk assessments in place to ensure peoples' safety and people were able to take risks to promote their independence and quality of life.

### Is the service effective?

Good ●

The home and respite at home service was effective.

People were asked their consent before being supported. The registered manager was aware of the legislative requirements in relation to gaining consent for people who might lack capacity and had worked in accordance with this. People staying at the home were not being deprived of their liberty; however, the registered manager was aware of its implementation for people staying at the home if this was required.

People staying at the home were happy with the food provided. They were able to choose what they had to eat and drink and had a positive dining experience. People who used the respite at home service received support according to their needs.

People were cared for by staff that had received training and had the skills to meet their needs. People had access to healthcare services to maintain their health and well-being. The building and equipment within it was adapted to ensure that it was accessible and appropriate for peoples' needs.

### Is the service caring?

Outstanding 

The home and respite at home service was exceptionally caring.

The providers' ethos, vision and values promoted peoples' rights to make choices and live fulfilled and meaningful lives. People were provided with exceptional care by a dedicated and committed staff team who demonstrated compassion and kindness.

Positive relationships had developed between people and staff as well as between other people who were staying at the home. Staff were patient and people were provided with time and space to express their views and preferences about their care and treatment. People were involved in decisions that affected their lives and care and support needs and staff respected peoples' right to make decisions.

People staying at the home and those that used the respite at home service had their privacy and dignity maintained and their independence promoted. Peoples' equality, diversity and individuality was respected and supported.

### Is the service responsive?

Outstanding 

The home and the respite at home service was extremely responsive.

Within the home there were numerous meaningful activities for people to participate in and innovative approaches to reduce the risk of social isolation for people staying in the home and those that used the respite at home service.

Care plans for people who used both services documented peoples' individual social, emotional and health needs and enabled staff to care for people in accordance with their needs and preferences.

People and their relatives were made aware of their right to complain. The registered manager encouraged people to make comments and provide feedback and had acted on peoples' suggestions and ideas to enhance the service provided.

### Is the service well-led?

Outstanding 

The home and the respite at home service was exceptionally well-led.

Robust quality assurance processes ensured the delivery of high

quality care and drove improvement. People and their relatives were empowered and were asked their preferences and needs and these were listened to and acted upon through the use of innovative initiatives and practices.

People, relatives, and staff of both services were extremely positive about the management and culture of the home. The registered manager maintained links with other external organisations to share good practice and maintain their knowledge and skills.

People were treated as individuals, their opinions and wishes were taken into consideration in relation to the running of the home and in the provision of the respite at home service.

# Princess Marina 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 home, and to provide a rating for the home under the Care Act 2014.

The inspection took place on 24 January 2017 and was announced. This meant that the registered manager and staff knew that we were coming. We did this so that people using the respite at home service were made aware that we may contact them to obtain their views. The inspection team consisted of two inspectors 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 home or service. On this occasion we did not ask the registered manager to complete a Provider Information Return (PIR). This is a form that asks the registered manager to give some key information about the home and service, what the home and service do well and improvements they planned to make. Prior to the inspection we looked at previous inspection reports and notifications that had been submitted. A notification is information about important events which the registered manager is required to tell us about by law. We used this information to decide which areas to focus on during our inspection.

During our inspection we spoke with seven people, one relative, two visitors and nine members of staff within the home. We also spoke with one person, two relatives and two members of staff for the respite at home service. Subsequent to the inspection we contacted two professionals who visit the home on a regular basis to provide entertainment. The registered manager, who was responsible for managing both the home and the respite at home service also communicated with us. We reviewed a range of records about peoples' care and how the home and service were managed. These included the individual care records for five people within the home, two people who received the respite at home service and their medicine administration records (MAR), three staff records for staff within the home, two staff records for staff who worked for the respite at home service, quality assurance audits, incident reports and records relating to the management of the home and the respite at home service. We observed care and support in the communal lounges and dining rooms within the home during the day. We also spent time observing the lunchtime experience people had and the administering of medicines within the home.

The home was last inspected in August 2014 and no areas of concern were noted.

# Is the service safe?

## Our findings

People staying at the home told us that they felt safe. One person told us, "There are absolutely no safety problems here". Another person told us, "Oh yes, I've felt safe here". A relative told us, "I have absolutely no fear for their safety and care here". Positive comments, in relation to safe care and treatment, were also received from people who used the respite at home service. One relative told us, "They give my relative their medication at lunchtime and they have never missed any".

People were cared for by staff that the registered manager had deemed safe to work with them. There were appropriate pre-employment checks for staff employed at the home as well as staff who were employed to work for the respite at home service. Prior to their employment commencing, identity and security checks had been completed and their employment history gained. Staffs' and volunteers' suitability to work in the health and social care sector was also confirmed and had been checked with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people. Staff that supported people who used the respite at home service had been asked to provide additional information to ensure their own and peoples' safety, this included car insurance and MOT documents. This demonstrated that the registered manager has assured themselves that when staff were travelling to peoples' houses and supporting them to go for trips in the community that their cars were safe to use on the roads.

There were sufficient staff to ensure that people were safe and cared for. Peoples' individual needs were assessed and this was used to inform the staffing levels both at the home and for the respite at home service. The registered manager used the assessment of peoples' needs alongside a system to indicate how many care staff people required support from. This was used when allocating staff to people who used the respite a home service and for determining the occupancy of the home. It ensured that people, who required assistance from two carers or who had more complex needs, were taken into consideration when respite bookings at the home were made. This ensured that there was always a sufficient number of staff to meet peoples' needs as the number of spaces allocated to these people was limited to a certain number each time. People, relatives and staff told us that there was sufficient staff on duty to meet peoples' needs at the home.

People who used the respite at home service told us that their visits were always covered and that they had not experienced any missed visits. Observations within the home showed that staff took time to spend with people, interacting and communicating with them. Comments from people staying at the home included, "There is certainly no shortage of staff". Another person told us, "A great thing is there is always enough staff and they are the same as on my previous visit". People at the home were able to call for assistance when needed and told us that staff responded in a timely manner and our observations confirmed this. One person told us, "If I call on my button, the response is very quick, also the call system identifies if one or two carers are needed".

Staff, who worked at the home and those that supported people who used the respite at home service, had a good understanding of safeguarding adults, they had undertaken relevant training and could identify

different types of abuse and knew what to do if they witnessed any incidents. There were whistleblowing and safeguarding adults at risk policies and procedures. These were accessible to staff and they were aware of how to raise concerns regarding peoples' safety and well-being. A whistleblowing policy provides staff with guidance as to how to report issues of concern that are occurring within their workplace. Comments from staff who worked at the home included, "If I saw another staff member mistreating someone, I would remove them and inform the manager. I know it wouldn't happen here though" and "I know that poor care is a form of abuse in itself. That doesn't go on here". A comment from a person staying at the home further demonstrated that people were safe at the home, they told us, "When I'm here, my relative is not worried about me at all".

Environmental risks both within the home and at peoples' own homes had been assessed and suitably managed. Staff who worked for the respite at home service, had their safety assessed and they were provided with mobile phones so that they could check in and out of the visit so that other staff were aware of their whereabouts and safety. Within the home, regular checks were undertaken to ensure fire safety and people had personal emergency evacuation plans which informed staff of how to support them to evacuate the building in the event of a fire. A disaster plan was in place which informed staff if additional help was needed to deal with any emergencies. Risk assessments for peoples' healthcare needs were in place and regularly reviewed. Each person's care plan, for people staying at the home and for those who used the respite at home service, had a number of risk assessments which were specific to their needs, these included, risk of falls and accessing the community. The risk assessments identified the hazards, the risks these posed and the measures taken to reduce the risk to the person. For example, a risk assessment for one person who was staying at the home, stated, 'Can lose their way so needs to be accompanied when outside the building. Provide an external call bell for use outdoors and escort'. Observations within the home showed that people were encouraged and enabled to take appropriate risks, for example, people who had been assessed as being at high risk of falls, were seen walking independently around the home using their mobility aids and call bell pendants were available to enable people to call for assistance if required. Staff had a good understanding of the importance of enabling people to continue to take appropriate risks. Comments from staff who worked at the home, included, "We always try to keep people safe but not so they can't do anything. They go home so we don't want to take away their independence" and "We have one guest who goes down to the bar at night and likes to have a few pints. That can present some safety issues but it's their life and it's something they like doing. They're 93 so they're doing something right".

Accidents and incidents had had been recorded and monitored to identify patterns and trends and relevant action had been taken to reduce the risk of the accident occurring again. For example, each time a person had experienced a fall, a falls diary was completed as well as a falls review. This identified the factors that had led to the fall, actions that needed to be taken to minimise the reoccurrence and the updating of risk assessments and care plans in response. There had been no accidents or incidents within peoples' own homes. Risk assessments and care plans for people staying at the home and those who used the respite at home service, had been updated to reflect changes in peoples' needs or support requirements.

People were assisted to take their medicines by trained staff that had their competence assessed. Observations within the home demonstrated that safe procedures were followed when medicines were being dispensed and administered and peoples' consent was gained before being supported. People confirmed that if they were experiencing pain that staff would offer them pain relief and records confirmed that this had been provided. Medicine records showed that each person had a medicine administration record (MAR) which contained information on their medicines and appropriate guidance for staff. For example, body map charts indicated where topical creams should be applied. Records had been completed correctly and confirmed that medicines were administered appropriately and on time. Medicines were stored correctly and there were safe systems in place for receiving and disposing of medicines. People, who

were able, were encouraged to self-administer their own medicines and risk assessments were in place to ensure that there were safe mechanisms in place to enable this. One member of staff told us, "If someone comes to stay with us and they've been managing their own medicines at home, we'll insist they continue, even if they'd prefer we did it. The last thing we want to do is to take away their independence". People told us that they were happy with the support received. One person told us, "No problems with getting my medication". People who used the respite at home service were, if needed, supported with their medicines. Records showed that these had been administered on time. People and relatives confirmed that they received appropriate support with their medicines. A relative told us, "I've no concerns about them giving my relative their medication".

# Is the service effective?

## Our findings

People, both at the home and those that used the respite at home service, were cared for by staff with the relevant skills and experience to meet their needs. People staying at the home told us that they were happy with the food provided. One person told us, "The meals are very good with plenty of choice".

The registered manager had a commitment to staffs' learning and development from the outset of their employment. New staff were supported to learn about the organisational policies and procedures as well as peoples' needs. An induction was completed to ensure that all new staff, whether they worked at the home or supported people who used the respite at home service, received a consistent and thorough induction. All staff, regardless of when they started employment or their role within the organisation had completed induction workbooks and the Care Certificate. The Care Certificate is a set of standards that social care and health workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers. New staff also 'shadowed' existing staff to enable them to develop an awareness of their role and responsibilities.

Staff, who worked at the home and those that provided support to people who used the respite at home service, had completed training which the registered manager considered essential and were able to undertake training that was specific to the needs of the people they supported. There were links with external organisations to provide additional learning and development for staff, such as the local authority and external training providers. Staff had also achieved diplomas in health and social care. Staff told us that the training they had undertaken was useful and enabled them to support people more effectively. One member of staff told us, "It's just coming round to be renewed now. It's really good". Another member of staff told us, "If we need it, the manager always makes sure we get the right training". People were cared for by staff that had access to appropriate support and guidance within their roles. Regular supervision meetings took place to enable staff to discuss peoples' needs. These meetings provided an opportunity for staff to be given feedback on their practice and to identify any learning and development needs. Staff told us that they found supervisions helpful and supportive. In addition to regular supervision meetings, staff, who supported people who used the respite at home service, had their competence regularly assessed as they were regularly observed supporting people by members of the management team.

People at the home and those that used the respite at home service had their communication needs assessed and met. Observations, at the home, of staffs' interactions with people, showed them adapting their communication style to meet peoples' needs. People had access to relevant healthcare professionals to maintain or improve their communication, such as opticians for their sight and audiologists for their hearing. Information technology training sessions were available to enable people to learn how to communicate with friends using the internet. For people with impaired vision a specialised reader was available for them to use to enlarge print to enable them to read independently. Effective communication also continued amongst the staff team. Regular handover meetings for staff who worked at the home as well as written communication records for both the staff, who worked at the home and those that supported people who used the respite at home service, ensured that staff were provided with up to date information to enable them to carry out their roles.

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 registered manager was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met for people staying at the home. There were no people staying at the home that had a DoLS authorisation, neither had any DoLS applications been made to the local authority. The registered manager and staff had an understanding of MCA and had undertaken mental capacity assessments for some people with regard to their ability to make certain decisions. They had sought advice and guidance from the local authority as well as CQC, on the day of the inspection, about DoLS and its practical implementation. They had plans to implement this, if required, for people who stayed at the home on a respite basis. People were asked their consent before being supported and staff showed a good awareness of the importance of enabling people to make decisions that affected their lives. One member of staff, who supported people at the home, told us, "We treat people like adults. We're not here to take away their independence or make decisions for them. They wouldn't let us anyway". For people that used the respite at home service, the registered manager and staff had ensured that people who experienced difficulties with regard to their cognitive abilities, had decisions made in their best interests as they had involved the relevant people. The registered manager demonstrated good practice by ensuring that, for people who had lasting power of attorneys (LPOA), that records were held to confirm that people had a legal right to make decisions on peoples' behalves, if they lacked capacity.

People at the home and those that used the respite at home service, had their health needs assessed and met. People staying at the home received support from healthcare professionals when required, these included GPs and district nurses and they were supported to attend appointments if healthcare professionals did not visit the home. Records for people who used the respite at home service, did not show that they had needed staff to contact healthcare professionals, however staff that supported them had the relevant experience to be able to identify if people were unwell and in need of assistance. It was apparent that staff working at the home knew people well and staff told us that they were able to recognise any change in peoples' behaviour or condition if they were unwell to ensure they received appropriate support. People told us that staff ensured that they had access to medicines or healthcare professionals when they were not well. One person staying at the home told us, "If I was unwell, they would call the doctor". Observations showed that one person, whose stay at the home had come to an end, was preparing to leave the home. One member of staff had noticed that the person did not look well and asked them if they were feeling well enough to go home and when the person said that they were the member of staff checked to ensure that they had eaten before leaving.

People staying at the home had a positive dining experience. A range of mealtimes were available to meet peoples' needs within the home and people could also choose to eat outside of these hours. The dining environment created a pleasant environment for people to have their meals, there was music playing and tables were laid with napkins, vases of flowers and condiments. People were able to sit with their friends and visitors and we observed people enjoying conversations with one another as well as with staff, who took time to interact with people to promote a sociable atmosphere. People could choose to eat their meals in any of the dining rooms at the home or within their own rooms and this was respected by staff. A member of staff told us, "We design the menus to suit who is here and always try to serve up what people want. We will

always try and provide alternatives if needed. Some guests change their minds when they see the dishes and that's no problem to us". Observations showed that people had a choice of starter, three main meals and desserts and could choose further alternatives if these did not appeal to them. People had a choice of soft or alcoholic beverages as well as access to drinks and snacks throughout the day. People told us they were happy with the quality, quantity and choice of food available. One person told us, "The breakfast here has changed for the better. It was always fine but now you can have a full English". Another person told us, "The food is superb. You can have choice here; it's no problem to them". People had access to drinks and snacks throughout the day and night. A diner-style dining room enabled people to access hot drinks and healthy snacks 24 hours a day. Peoples' rooms had hospitality trays and refrigerators where they could store food and drink to enable them to access these within their rooms. People who used the respite at home service were, if required, supported by staff. One person, who used the service, told us, "When they are here, they puree my food".

People staying within the home had facilities that catered for and met their needs. The building was designed to accommodate people who used wheelchairs as there were wide doorways, adapted bathing equipment and ramps for people to be able to mobilise around the building and surrounding grounds. Moving and positioning equipment was available if people required assistance with transfers and observations showed people being supported appropriately and in a safe manner. A professional who visits the service regularly told us, "Great care is taken when assistance is given to people with mobility problems, always ensuring the correct equipment and technique is used with the appropriate personnel helping". Independent aids such as toilets with integral washing and drying facilities, to enable people with physical disabilities to maintain their independence, were also available for people to use.

## Is the service caring?

### Our findings

Without exception, people who were staying at the home and those that used the respite at home service, told us that they were cared for by exceptional staff that were kind, caring and compassionate. All the people we spoke to praised the kindness and caring approaches that staff demonstrated. Within the home it was apparent that positive and warm relationships had developed between people and staff. Comments from people staying at the home included, "The staff can't do enough for me and the care I see being given here is excellent" and "The care staff are very attentive". Positive comments continued from people who used the respite at home service. One person told us, "They are all very kind people; the staff are all so polite". It was evident that, as well as the caring attitude of staff, the provider strived to promote a caring organisation that put the people that used the service at the heart of everything that they did. This was echoed within a comment made by a member of staff, they told us, "It's the kind of care we'd want for our own parents".

People staying at the home, were on the whole, repeat visitors and were cared for by a majority of staff who had worked at the home for a number of years and who knew their needs well. It was apparent that positive relationships had been developed and that people were at ease in the presence of staff. There were warm and friendly interactions between people and staff and people told us that staff were liked and that they were happy at the home. One person told us, "The staff have time for you. Nothing is too much for the staff". Another person told us, "The staff are very friendly, they think a lot about me. They are polite with me, like asking if they can make my bed. I like to be happy and have a laugh and a joke with them all". A relative told us, "My relative is here and uses a wheelchair; I can have respite from looking after them at home. They are totally spoilt here; they look forward to coming here and count the sleeps until our stay. The care and compassion shines through". These positive comments were echoed by people and relatives who used the respite at home service. One person told us, "They are all very kind people, the staff are all so polite".

It was apparent that person-centred care was at the heart of the aims of the provider, the management team and staff. People were actively encouraged and enabled to express their views about their lives, care and treatment. People told us that nothing was too much trouble and that staff often went the 'extra mile' to ensure that their own, specific needs, were met. People were asked their preferences and completed 'This is me' passports prior to staying at the home. This provided staff with information on the persons' chosen lifestyle and their background. Information was used to inform staff of peoples' needs and wishes and enabled them to know 'the person'. Staff were allocated and activities and entertainment provided, based on the information people had provided prior to their admission. This ensured that the provider, management team and staff were able to provide the person with a homely, welcoming environment. Rooms were well-presented and comfortably furnished with peoples' choices and hospitality trays were available for peoples' comfort and well-being.

Staff went out of their way to ensure that peoples' differences were respected and adapted their approach to meet peoples' needs and preferences. Additional staff were allocated to spend time with people when they first arrived at the home to assess peoples' needs and devise care plans. This meant that staff were made aware of peoples' needs, skills, abilities and preferences and were able to meet these promptly and in

accordance with peoples' needs. People were able to maintain their identity; they wore clothes of their choice and could choose how they spent their time. Some people preferred to access the home and nearby towns independently, others enjoyed time in their rooms and others took part in the wide range of meaningful activities that the provider offered. Records for people who used the respite at home service, showed that people had been supported to choose how they spent their visit time with staff. Diversity was respected with regard to peoples' religion and both care plans and activity records, for people staying at the home, showed that people were able to maintain their religion if they wanted to. For example, people could attend a Sunday service.

People, who were staying at the home and those that used the respite at home service, were involved in decisions that affected their lives. Observations and records confirmed that people were able to express their needs and preferences to enable them to be fully involved in any decisions that affected the care that they received. The registered manager recognised that people might need additional support to be involved in their care; they had involved peoples' relatives when appropriate and explained that if people required the assistance of an advocate then this would be arranged through the RAF Benevolent Fund. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

The provider and staff were highly motivated to improve the lives of people and demonstrated a strong person-centred focus. Staff had identified that one person, who used the respite at home service, needed additional support to manage their living environment to promote their well-being and ensure their safety. Measures had been taken to liaise with other organisations to secure funding and support and with the involvement of the person, the person stayed at Princess Marina House whilst their home was refurbished. Upon completion of the refurbishment the person was able to return to their own home and was reported to be delighted with the improvements. Following this the person continued to use the respite at home service and regularly attended the lunch club to socialise with others. This demonstrated that the provider, as well as the entire staff team, had shown compassion and had worked hard to improve the person's quality of life, this further demonstrated that staff put peoples' needs and their well-being at the centre of their practice.

Staff continually demonstrated warmth and compassion in their approaches and it was evident that peoples' experiences mattered to staff. One person lived with Post Traumatic Stress Disorder (PTSD). They told us that staff went out of their way to support them to ensure that they felt comfortable and that negative feelings were not triggered by specific situations whilst they were staying at the home. Staff told us that they considered where the person sat within the main lounge as this could be a potential trigger for them. Due to this, staff ensured that the person was able to sit with their back against a wall so that no one could walk behind them and alarm them. The person told us that staff would often warn them of loud sounds so that they could prepare for them, this included, small things like informing the person of when the screen for the bar was about to close as it made a loud noise. These small actions demonstrated that staff were aware of the importance of peoples' backgrounds and the feelings that they might experience when exposed to certain situations. Staff explained that the person had told them that they feel like they are with family and are less anxious when they stay at the home as they know that staff understand their needs and as a result they look forward to a relaxing stay.

One person used to enjoy dancing. A musician was at the home and staff organised for them to play the person's favourite song. Staff told us that the person enjoyed a dance with staff; to their favourite song, and informed staff that they thought their dancing days were over until then. Staff explained that the person was still delighted and talking about it for many weeks after. Another person had been invited to attend the Queen's garden party at Buckingham Palace. Without support from the provider and staff the person would have been unable to attend due to their personal circumstances and mobility needs. The person was anxious about what they might wear to such an event so staff spent time with the person shopping for an

outfit that they felt comfortable in. On the day of the event staff assisted the person to apply their make-up and style their hair. Staff told us that the person had a lovely day and that they often reflect on the event and tell other people staying at the home how wonderful they felt and that they were made to feel 'special for a day'. There were numerous examples of when staff had taken time to get to know people, to ensure that their actions and the experiences people had whilst staying at the home, had a positive impact on peoples' lives and their well-being. This was reflected in comments that the registered manager had received which reported that at the end of their stay people felt re-charged, stronger, fitter and ready to face the challenges they faced at home.

Staffs' compassion had been formally recognised, the provider had been nominated and had achieved second place in the 3rd Sector Care Awards under the category of 'Compassion'. This demonstrated that they were recognised for their excellence and contribution to the sector. The 3rd Sector Care Awards were launched in 2014 to celebrate and showcase the innovation and care excellence of the not-for-profit care and support sector. The registered manager also recognised when staff demonstrated practice that exceeded expectations by undertaking tasks such as shopping, repairing clothes and spending additional time with people. These staff members were nominated for the 'Controllers recognition award'. Observations within the home showed that people were cared for by staff who demonstrated kindness and compassion. Staff were overheard asking people if they had experienced a pleasant stay and if they had slept well. People were actively encouraged and supported to maintain relationships with one another as well as with their family and friends. Observations showed people engaging in conversations with one another throughout the day. People were supported to maintain relationships with one another and these were respected by staff. People told us that they were able to have visitors to the home and that their relatives could stay with them so that they too could enjoy a short break. Observations showed couples enjoying stays together, with the positive culture of the home creating a fun, friendly, relaxed and hotel-like experience.

Peoples' privacy was respected and maintained. Information held about people who were staying at the home and for those who used the respite at home service, was kept confidential, records were stored in locked cupboards and offices. Handover meetings, where staff shared information about people, were held in private rooms to ensure confidentiality was maintained. People confirmed that they felt that staff respected their privacy and dignity. Observations of staff within the home showed that staff assisted people in a sensitive and discreet way. Staff were observed knocking on peoples' doors before entering, to maintain peoples' privacy and dignity and people were able to lock their doors to keep their personal space secure. One person who was staying at the home told us, "They always gain consent and are very sensitive when dealing with you personally". People who used the respite at home service were supported by staff that had an understanding of the importance of treating people with respect and maintaining their privacy and dignity, whilst supporting people in the privacy of their own home.

People, who stayed at the home and those that used the respite at home service, were encouraged to be independent. Staff had a good understanding of the importance of promoting independence. One member of staff told us, "It's about helping people to stay as independent as possible. People come here for a bit of a break or respite, even a holiday". Another member of staff told us, "It's not a care home. Our aim is to keep people as active and independent as we can. That's why there is so much going on here". Observations showed people independently walking or mobilising around the home and choosing how they spent their time. The provider provided scooters for people to use and people were able to take 'scooter driving tests' to enable them to make use of the scooters to access the home and the nearby village, to aid their independence.

People told us that they were able to go out for walks along the seafront or in nearby towns and records

confirmed that measures had been taken to promote peoples' independence whilst maintaining their safety. People told us that staff were there if they needed assistance but that they were encouraged and able to continue to do things for themselves and records and observations confirmed this. One person, who used a wheelchair and who was staying at the home, told us, "They are so good at the little things, like providing a short rope on my door so I can reach it to open it".

## Is the service responsive?

### Our findings

People staying at the home and those that used the respite at home service told us that the care they received was extremely responsive to their needs. Comments were overwhelmingly positive and demonstrated that people and their relatives truly valued the service that the home and the respite at home service provided. Comments from people and relatives of people who were staying at the home, included, "It's a pleasure coming here. It's like a five star hotel. The manager and the staffs' main aim is to make us all happy". A relative told us, "The service here is first class; it's like coming on holiday".

Staff were allocated particular people during each shift to enable them to concentrate their efforts on supporting people with their individual needs. There was a focus on the provision of activities and entertainment. Upon arrival people were informed of the extensive range of activities and entertainment that was provided. This was shown to people on a DVD and provided to them within their welcome pack. The wide and varied range of activities, as well as the innovative approaches that had been used to meet peoples' needs and ensure that activities and entertainment was meaningful, meant that people had an enhanced sense of well-being and quality of life when staying at the home.

An entertainment team leader and assistants were employed to ensure that there was sufficient staff solely dedicated to meeting peoples' social and emotional needs. People had access to trips out such as Tangmere Air Museum, Shoreham Airport and trips to local towns in the surrounding areas. There were also external entertainers and activity providers who visited the home regularly such as live musical entertainment and fitness instructors. Observations showed people enjoying an informative talk on what the new year would hold. After the talk people were overheard talking to one another about how much they had enjoyed it. Other sources of entertainment included, PAT (Pets as Therapy) dogs, Sunday service, bingo, board games, arts and crafts, film evenings and a fully stocked bar for people to use.

Innovative entertainment was also provided, for example, there were 'turkey and tinsel' events and a 'fantasy cruise'. This fantasy cruise provided people with an event that lasted a week. Each day the main lounge would be decorated to show which country people had 'travelled' to. They were able to sample food from the country as the menu had been designed to incorporate this as well as having entertainment associated with the country. The final day being a dinner at the captain's table. Other events included celebrations for the Battle of Britain, movie afternoons with ice-cream and popcorn, Wimbledon fortnight with strawberries and cream and free beer when watching premier football matches. People had also enjoyed a 'street party', with a Punch and Judy show, local school children singing, horse racing and a fish and chip supper. People also had access to a newly built arts and crafts centre on site and examples of their art work was displayed throughout the home. The registered manager told us about one person who was a keen artist and who had used the art and craft centre to undertake paintings. An exhibition to enable the person to display their work was arranged and people had enjoyed looking at the paintings the person had created.

The home was decorated with RAF memorabilia from different regiments, photographs and medals. These created a conversation point for people, who were often observed looking at the displays and engaging in

conversations about them and therefore enabling people to reminisce. People were encouraged to look for their particular squadron badge and photograph and would often involve other people in their search. If their squadron badge was not on display they would often bring this with them when returning to the home for future visits. Having access to memorabilia and being with other people who had served in the forces encouraged banter and conversations would take place with regard to what squadron people had served in and which aeroplane was the best. This provided an ice-breaker for people and enabled people to socialise and form friendships with like-minded people. The registered manager told us that people would often form friendships that lasted beyond their stay at the home and would often keep in touch with one another in-between visits. Thus enabling them to widen their social circle and reduce the risk of social isolation.

During the Second World War a group of mainly RAF service men survived crashes that left them with severe burns and injuries. A club was established known as The Guinea Pig Club, which provided mutual support for the injured service men who had received treatment, such as facial reconstruction. Some of the people from the Guinea Pig club had stayed at the home. Staff had supported people to go to Marchwood to visit their old rehabilitation centre, to Alcott to see the flying boats that they used to fly and to the East Grinstead Blond McIndoe museum where many of them received plastic surgery. These experiences revived memories good and bad, and reinforced their comradeship as a group as they were able to share experiences of their RAF lives. The home had an RAF history corner which displayed medals and photographs of the Guinea Pigs. We were told that this was a popular feature of the home and people would often ask questions and engage in conversations. Staff told us that many of the people staying at the home have their own stories about their time in the RAF and were encouraged to talk to each other about these. They told us that, on many occasions, they had witnessed people chatting like old friends about their RAF experiences.

People were asked for their feedback and records of questionnaires showed that people had enjoyed the activities and were able to make suggestions for others that they would like to take part in. Observations showed that people were able to choose activities and change their mind when necessary. For example, a trip to Horsham town centre had been planned, however, people showed little interest in this on the day and were able to choose an alternative place to visit. This demonstrated that staff were flexible and respectful of peoples' right to choose. A professional who visits the home regularly further confirmed that peoples' feedback was welcomed and acknowledged with regard to the provision of activities, they told us, "There are many activities arranged for residents to choose from and suggestions and feedback are encouraged. Initially, I did one class, this increased to 2 classes as a result of feedback from residents".

People told us that they were happy with the provision of activities and that this made their stay more enjoyable. Comments included, "There is plenty to do here, we have trips out", "I come for special events like the Christmas feast. There is always some form of entertainment, every day you can get to the village on their bus. They fund trips out and give you a voucher for lunch" and "There are trips out and even when there are only two of us, they still take us out. There is plenty of entertainment". Staff were mindful of people who chose not to go to the communal lounge or who preferred to spend their time alone and ensured that they were not isolated in their rooms. People were informed about the activities available and encouraged to participate, however peoples' right to choose how they spent their time was respected.

Observations showed people who had declined to take part in activities, choosing to spend their time reading or watching television in their room. Further measures to reduce social isolation had been introduced and implemented in practice. For example, the provider had introduced an innovative service. A free, weekly telephone friendship group, for up to six people at a time was available for people living in the community. For people staying at the home activities such as word searches and crosswords were available to complete and allocated entertainment assistants ensured that people were provided with one-to-one time to meet their needs. There were a large number of volunteers known as 'Friends of Princess Marina

House', observations showed volunteers spending time with people, playing board games and encouraging people to talk about their lives.

People who received support from both the staff working at the home and those who provided care to people who used the respite at home service, received care that was responsive to their needs. One person who was staying at the home told us that they had been diagnosed with PTSD. They told us, "They are very good at recognising individual's needs and responding to them. They are excellent with my PTSD, they are fully aware of people's conditions, like accompanying me during fire alarm tests as I have a problem with noise". Records for the person confirmed that staff had been made aware of the persons' condition and were provided with guidance as to how to support the person when there were loud noises such as when the fire alarm sounded.

People, who were staying at the home and those that used the respite at home service, were central to the care provided. It was apparent that the registered manager and staff ensured that the care provided within the home, as well as the respite at home service, was person-centred. Staff working in the home and within the respite at home service had a good understanding of what person-centred care meant. One member of staff told us, "I think it's about getting to know the person. People are always coming back to us so we get to know them and their families. It is like a big, happy family here". People, and relatives of people staying at the home and who used the respite at home service, confirmed that people were central to the care they received. A relative of a person who used the respite at home service, told us, "They seem to know exactly what they need and give them what they need".

There were numerous examples of how person-centred approaches were embedded in practice. One person, who required full support from staff to meet their needs, would often stay at the home for respite care. Staff had taken the time to find out about the person's preferences and had identified that they enjoyed a certain music band and enjoyed shopping for their music. The person was supported by staff, each time they stayed, to go out and purchase a new album. The person was provided with one-to-one support from staff and was able to choose how they were supported each day of their stay. Staff told us that the person enjoyed their time at the home, where they have been a frequent visitor for many years, and they have told staff that they feel empowered when they stay at the home as they are able to make their own decisions and choices and are not restricted by their condition due to the amount of enabling facilities available to them. Another person, who was receiving support from the respite at home service, and who was living with dementia, used to be an avid Rambler. Due to their deteriorating condition and the limitations of support at home, they had been unable to pursue their interests as they had sometimes become disorientated when going for long walks. Staff had recognised that the person's interest was of extreme importance to them and, as part of the respite at home service, provided support to the person to go on long walks, with staff support. Staff told us that the person really enjoyed the walks and they had received positive feedback from the person's relative regarding their experience. The person's relative had informed staff they when the person returned from the walks that they were animated and happy and that they had talked directly to them, something which had not happened in a long time.

People and relatives of people staying at the home and who used the respite at home service, told us that they were fully involved in decisions that affected peoples' care and records confirmed this. Records, for people who were staying at the home, showed that people and their relatives' had been asked their preferences and wishes when they had first visited and that these had been reviewed at each return visit as well as in response to peoples' feedback or changes in their needs. Records showed and staff confirmed that people who used the respite at homes service, had their needs assessed prior to the first visit and that these were reviewed on an on-going basis at each respite visit as well as three monthly intervals. Staff told us that people and their relatives were contacted after the first visit to ensure that the service met their needs.

People and relatives for both services told us that they felt involved in the delivery of care to people and could approach staff if they had any questions or queries relating to it.

People who received care when staying in the home and those who used the respite at home service had their social, physical, emotional, and health needs assessed and met. Care plans were person-centred, comprehensive and clearly documented the person's preferences, needs and abilities. They contained information about peoples' interests, hobbies and employment history and provided staff with an insight into peoples' lives before they moved into the home. Staff told us that this was helpful and provided them with useful information that helped them to care for people in a way that was specific to them. This insight into peoples' lives enabled staff to be responsive to peoples' needs and preferences. People within the home were asked their preferences on their room allocation, which pillows, sheets and duvets they preferred, as well as which restaurants they preferred to eat in and who they would like to share a table with. People told us that their needs and preferences were met and they received a service that was responsive to their needs. People who used the respite at home service were asked their preferences and life history prior to them starting to use the service. This enabled staff to structure the visits around people's likes and dislikes. This was confirmed with a comment from a relative of a person who used the respite at home service, they told us, "The carers are so caring and are so interested in our past life. They are so good at talking to my relative. They get them to open up, where I can't".

People were supported to make choices in their everyday life. Observations within the home showed staff respecting peoples' wishes with regard to what time they wanted to get up, what clothes they wanted to wear, what activities they wanted to do, what they had to eat and drink and what they needed support with. Care records demonstrated that people who used the respite at home service were provided with the same degree of choice. They were able to choose how they used the respite time that was provided, some choosing to go for trips out into the community. Care plan records for one person showed that the person had an interest in the Grand Prix and going out for walks. Daily records showed that when the person had received the respite visit that they had been supported to watch the Grand Prix on the television and go for walks in the local area. One member of staff told us, "It is lovely because we just go out walking, they really enjoy it".

There was a complaints policy in place; this was clearly displayed within the home. People who used the respite at home service had been provided with a copy of the complaints procedure when they had first started to use the service. Any complaints and concerns had been dealt with effectively and in accordance with the provider's policy. The registered manager encouraged feedback from people, relatives' and staff, regular questionnaires were sent to obtain feedback and enable people to voice their concerns. People and relatives' told us that they did not feel the need to complain but would be happy to discuss anything with the registered manager. The registered manager welcomed and encouraged feedback. Suggestion boxes were located within the home for people to use. Actions had been taken in response to peoples' feedback. For example, people had suggested improving the design and function of newly equipped wet rooms. The registered manager had taken peoples' suggestions on board and new mirrors and shelves were added to ensure that the wet rooms catered for peoples' needs.

## Is the service well-led?

### Our findings

People and relatives who used both services were extremely complimentary about the leadership and management of the home. They told us that the registered manager was competent, supportive, approachable and friendly. Comments from people staying at the home, included, "The manager is on the ball. It's beautifully run" and "The manager is okay and I am happy to speak to her, she is approachable. The best thing is being here. I won't be better off anywhere else". Positive comments continued for people who used the respite at home service. One person told us, "I am visited every two weeks and I look forward to them. I am very happy with the service". A relative told us, "It's an absolutely fantastic service. I see no reason to believe the care will be any different in the future". Staff working in the home were equally as positive, one member of staff told us, "I've worked in a lot of places, like hospitals. This is the best run place I have ever worked at". Another member of staff told us, "The management team here are brilliant. Everything is out in the open and the manager and her team are always available. It feels like family".

The RAF Benevolent Fund provides a range of support aimed at serving and former RAF personnel. Part of the support includes welfare breaks and Princess Marina House is one of the respite homes available. People could fund their own care and stay or have their stay subsidised by The RAF Benevolent Fund. The home provided a 'hotel like' facility for people to enjoy short breaks whilst still being able to receive support with their care needs. A relative, who was staying at the home with their relative, confirmed that this aim had been embedded in practice, they told us, "To find a facility like this, that caters for my relative's needs, so we can enjoy a holiday together, is great". When asked what the home did well, a member of staff told us, "Here is just unique, when the guests come back they feel like they're coming home". The registered manager told us, "For couples where one person is the carer, the home enables them to spend time together, social time, like a normal husband and wife, rather than as a carer".

People benefitted from a forward-thinking organisation who put the lives of the people that used their services at the centre of everything they did. The service sustained outstanding practice and improvements over time by working towards and achieving recognised quality accreditation schemes. The registered manager strived for excellence by attending meetings and securing membership with external organisations to further develop their knowledge and understanding to enable them to provide high quality care. They attended regular meetings and maintained links with other military care homes to share best practice. They maintained regular contact with an external consultant who provided advice and guidance to ensure that the registered manager was managing the service in accordance with legislation and good practice guidance. The provider and management team were committed to the development of the service and enhancing the experience of people who stayed at the home and who received support from the respite at home service. The provider and registered manager strived to continually improve the service, working in partnership with people, relatives, staff and outside agencies to ensure that peoples' needs and wishes were met. This was demonstrated through their membership with various external organisations, such as the National Care Forum (NCF). The NCF works directly with not-for-profit care providers and supports members to improve social care provision and enhance the quality of life and wellbeing of people who use care services. They were a member of the West Sussex Care Partnership, a consortium of local care providers to enable training and sharing of information. They were also a member of the Confederation of Service

Charities Care Cluster, the aim of which is to improve the understanding of issues affecting the armed forces community by enhancing awareness, increasing the effectiveness of home operations and facilitating opportunities for sharing and partnership working between members of the cluster and beyond. By working in partnership with other organisations the registered manager was ensuring that they learned from others practice as well as sharing good practices of their home. For the respite at home service the registered manager was a member of the United Kingdom Home Care Association to ensure that they were kept up-to-date with the domiciliary aspect of their service. Staff had signed up to the Social Care Commitment. The Social Care Commitment is a Department of Health initiative and aims to both increase public confidence in the care sector and raise workforce quality in adult social care.

By having membership with these external organisations it enabled the registered manager to keep up-to-date with changes in the health and social care sector and to have access to publications and reports to provide a greater awareness of the issues that might affect people. It also enabled the providers to plan and develop the service they provided to meet the current and future needs of people who stayed at the home and those that used the respite at home service. This was demonstrated in practice as the provider had conducted their own research which looked at the needs of the RAF family. This had influenced the providers' strategic plan to ensure that the future needs of people were met. As a result of the research it was found that the greatest need was combating loneliness. This had led to the introduction of the lunch and telephone clubs as well as the introduction of the respite at home service. One of the provider's initiatives was to introduce a service that minimised the impact of social isolation for former RAF personnel and their families, in the local community. They had implemented a lunch club which enabled people to visit the home and enjoy lunch and afternoon entertainment. The lunch club had enabled people to form new friendships and introduce them to the other services and opportunities the RAF Benevolent Fund could provide. There had been a positive impact on the local community as the lunch club had provided a venue for people to meet, make friends, and enjoy a meal together and afternoon entertainment. One person, who was also supported to use the respite at home service, used the lunch club as part of their support package. One person who attended the lunch club told us, "It's lovely here. We are here for the lunch club. It seems very well run. My friends were here and loved it. I would come here as a resident when it becomes necessary". When asked about their experience of using the respite at home service, a relative told us, "Princess Marina does a marvellous job".

The management team had a wealth of knowledge, experience and skills and it was evident that they had used these to effectively lead and manage the staff and the running of the home and to ensure that they strived to continually improve the services provided. The management team for the home consisted of a registered manager, a deputy manager and a care team manager. The respite at home service had a care coordinator in addition to the registered manager. Together they demonstrated strong leadership and were excellent role models for staff. Most staff had worked at the home for many years and told us that this is what made the home run so smoothly. It was evident that the management team demonstrated commitment, had a clear vision and were enthusiastic about the values of the provider in everything that they did. This was passed onto staff who showed a strong commitment to demonstrating the providers' values and this was embedded in their practice and within the culture of the service. There was an open-door policy and management were 'on hand' to offer advice and guidance to staff on a 24 hour basis. Regular governance visits took place to enable staff to approach and speak to the directors and this was used to further enhance and embed quality assurance throughout the home. The approachable nature and visible presence of the management team and directors contributed to an open culture whereby staff felt supported, valued and well-led. To ensure effective communication and that the aims of the service were reinforced to staff, regular departmental and inter-departmental meetings were held to ensure effective communication between the management and staff to further ensure that people were provided with a high quality service.

There were robust systems in place to ensure that both the home and the respite at home service, were able to operate effectively and to ensure that the practices of staff were meeting peoples' needs. Regular, detailed audits were conducted, by an external consultant, a member of staff from the RAF Benevolent Fund and the registered manager, these provided the registered manager with an oversight and awareness of both the home and the respite at home service, to ensure that people were receiving the quality of service they had a right to expect. Records showed that action had been taken in response to the audits that were completed. For example, the registered manager monitored and analysed the amount of accidents that occurred each month and had ensured that actions were taken to minimise the risk of these occurring again by ensuring that peoples' care plans and risk assessments were updated. Numerous quality assurance processes including surveys, were sent to people who had stayed at the home and those that used the respite at home service to gain their feedback. Peoples' feedback was overwhelmingly positive, however when suggestions for further improvement had been made, these had been listened to and acted upon. For example, people had commented on the accessibility of certain types of furniture, such as beds and dining chairs. In response, wider and lower beds were introduced for peoples' comfort and dining furniture had been changed to provide tables and chairs of differing heights to enable people to have better access to these and ensure their comfort. The registered manager told us about one person who had commented that this change had enabled them to be more independent and require less assistance as the newer furniture was much lighter and therefore easier for them to handle without support.

Good systems had been implemented to provide staff with positive feedback and to make them aware of any areas that needed improvement. The registered manager had implemented a system whereby staff, working within the home, as well as the manager of the respite at home service, were shown compliments and complaints that had been received. The registered manager had ensured that these were sent to each of the departments. This demonstrated a commitment to learning from feedback and using this to improve practice. It also enabled the staff to feel part of a team and share good practice with one another.

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us of events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. The registered manager ensured that practice complied with the duty of candour regulation. Records for people, who stayed at the home, showed that peoples' relatives had been informed, if the person gave their consent, when they had been involved in an accident. The duty of candour regulation requires registered managers to act in an open and transparent way with relevant people who are involved in peoples' care.