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

Summary of findings

Overall summary

This inspection took place on 17 and 19 October 2017 and was unannounced.

Maurice House provides care and support for up to 77 people. Maurice House has 47 bedrooms, large and small communal areas, a dedicated activities room and a well maintained courtyard with step-free access to a large garden with several seating areas. Maurice Lodge is a purpose built dementia care unit set in the grounds of Maurice House in Broadstairs. Maurice Lodge has 30 bedrooms and three themed units; Farm, Beach and Woodland. Each unit has its own dining area, conservatory and enclosed garden. A central 'hub' was the hive of activity where people chose to spend much of their time together. 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 76 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.

At the last inspection in November 2015 the service was rated Good and outstanding in the caring domain.

At this inspection we found the service remained Good and good in the caring domain.

Why the service is rated Good

People told us they felt safe living at Maurice House and Maurice Lodge. Risks to people were assessed, managed and reviewed and action was taken by staff to keep people as safe as possible. People were protected from the risks of abuse, discrimination and harm and staff were confident to raise any concerns.

The registered manager followed safe recruitment processes to make sure staff employed were of good character and safe to work with people. There were enough staff on each shift and this was monitored and amended when people's needs changed. People received effective care from staff who were knowledgeable and trained to carry out their roles.

People's medicines were managed safely. Changes in people's needs were identified quickly and staff contacted health care professionals for additional support and guidance when needed. People enjoyed a healthy and balanced diet.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff understood the importance of giving people choices and gaining people's consent.

Staff understood the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called DoLS. Applications had been made in line with guidance.

People were treated with kindness, compassion and respect and their dignity was promoted and maintained by staff. There was a strong, visible culture which centred on people being empowered to live their lives as fully as possible.

People were given the information they needed, when they needed it and in a format that they could understand. Signs around the service were mounted low enough to make sure people could see them. 'Hearing loops', large print information and magnifiers were available for people with sensory impairments.

People's choices for their end of life care were discussed, recorded and reviewed to make sure their preferences and wishes were respected.

People had plenty to do during the day. They were empowered to follow their interests. People were supported to remain as independent as possible and to maintain relationships with their families and friends.

People, relatives, stakeholders and staff were actively encouraged to provide feedback on the quality of the service. Complaints were investigated in line with the provider's policy and action was taken to address any concerns. People felt they could speak to staff if they had a concern and that they would be listened to.

People, relatives, staff and health professionals told us they felt the service was well-led. Leadership was visible at all levels and people felt they were approachable. The registered manager promoted an open and transparent culture. Regular audits were completed and the registered manager had oversight of the quality of the service.

The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. The registered manager submitted notifications to CQC in an appropriate and timely manner and in line with guidance. The latest CQC report and rating was displayed in the service and the details were also on the provider's website.

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 remains Good

Is the service effective?

Good

The service remains Good

Is the service caring?

Good

The service is good.

People were treated with kindness, compassion and respect. Staff actively promoted people's dignity and showed a genuine concern for their well-being.

Staff had built and developed strong and trusting relationships with people and their families. People were empowered to live their lives to the full. People were involved in the day to day running of the service and their views were listened to, valued and acted on.

People's choices for their end of life care were discussed, recorded and reviewed to make sure their preferences and wishes were respected. 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 remains Good

Is the service well-led?

Good

The service remains Good

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 and 19 October 2017 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. 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) before the inspection. This is a form that asks the provider to give key information about the service, what it does well and improvements they plan to make. We reviewed the information in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by the Care Quality Commission. Notifications are information we receive from the service when a significant event happens, like a death or a serious injury.

We looked around all areas of the grounds and service. We met and spoke with 25 people living at the service and nine relatives. We also spoke with a community nurse. We spoke with nine members of the care team, the head of residential care, the head of dementia care, the deputy manager and the registered manager.

We observed how staff spoke and engaged with people. We looked at how people were supported 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 three staff files, safety checks and records about how the quality of service was monitored and managed.

We last inspected Maurice House in November 2015 when no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe living at Maurice House and Maurice Lodge. They said, "The main thing that I would say is important to me is that I feel safe and I can say 100% that I do feel safe at all times of day or night" and "It is extremely comfortable and safe in every respect I couldn't ask or want for more". A relative commented, "I visit [my loved one] every day and every day I find them dressed, well cared for and most important - safe. It has made the world of difference for me".

People were protected from the risks of abuse, discrimination and avoidable harm. Staff told us they completed regular training about keeping people safe and explained how they would recognise signs or symptoms of abuse. They knew what the procedures were to report any concerns and said they felt confident they would be listened to and that action would be taken to keep people safe. There were systems in place to keep people's money safe if they wanted their money looked after for them. Regular audits were completed to check people's monies and the records were correct.

Staff knew how to keep people as safe as possible. They understood their responsibilities for reporting any accidents or incidents to the registered manager. Records of these were reviewed and analysed to check for any themes. When a pattern was identified action was taken to refer people to the relevant health professionals, such as a dietician or the falls team, to reduce risks and help keep people safe. For example, when a person had fallen twice in a month they had been referred to the local falls clinic. Staff followed guidance given to them by health professionals.

Risks to people were assessed, identified and monitored. For example, when people needed to be supported to move in a particular way there was guidance for staff on how this should be done, what equipment was needed and how many staff should support the person when moving around the service. Staff followed the guidance in the risk assessments. People were empowered and supported to take positive risks. For example, some people chose to lock their rooms and staff had explained about risks, such as a fire, and people had agreed for staff to hold a master key to their room so they could access it in an emergency.

People were supported by sufficient numbers of staff who knew them well. People told us there were enough staff to support them when they needed it. They told us, "There are plenty of staff at all times. We just never have to worry" and "There is always someone around when we need them at any time – should we call out or press our alarm, they are straight there". Staff told us that the numbers of staff on duty had recently been increased and that this had made a big difference. They said this increase had improved the quality of care and allowed them to spend more time with people outside of routine care tasks. The staffing levels were determined following a dependency assessment and took into account any one to one time people needed. The registered manager continuously monitored the staffing levels and used agency staff to cover emergency shortfalls. They told us they were currently recruiting to reduce the number of agency staff used. During the inspection staff were not rushed and call bells were answered quickly. Senior staff had completed an observation exercise to check on staff deployment in Maurice Lodge and found that staff were stretched at about 10:00am so an additional member of staff was added from 06:00am – 12:00 noon to

make sure staff had sufficient time to provide safe and effective care without rushing.

People were supported by staff who had been recruited safely. Recruitment checks were completed to make sure new staff were honest, reliable and trustworthy to work with people. These included written references and a Disclosure and Barring Service (DBS) criminal record check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. Staff told us that they attended an interview and that checks were carried out before they began working at Maurice House. Nurses Personal Identification Numbers (PIN) 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. Nurses were completing the NMC revalidation when required. This is a process that all nurses and midwives need to follow to maintain their registration with the NMC by demonstrating they are practising safely and effectively. People were involved with the recruitment process and showed prospective employees around their home.

People received their medicines safely and on time. Staff completed training on medicines management and the registered manager checked staff competency through observations. People told us, "The staff make sure I have my medicines when I need them" and "I don't need to worry about remembering to take my tablets, the staff give them to me every day". Medicines were stored and disposed of safely. The temperature of medicines rooms were checked to make sure it was within safe limits. When medicines needed to be refrigerated there was suitable storage for this. We found one fridge where the checking of temperatures had not been completed each day. This had been identified on the nurse audit and action taken to remind staff that this needed to be completed. The registered manager had arranged for additional information to be added to the nurse handover to ensure that any agency staff covering the shifts completed these checks consistently. Some medicines required additional records and the registers for these were accurately completed. Staff made sure people had taken their medicines before they signed the medicines record. The provider's medicines policy provided clear advice for staff in line with guidance from the Royal Pharmaceutical Society and the National Institute for Clinical Excellence. Staff were knowledgeable about people's medicines, why they needed them and how they preferred to take them. Medicines audits were regularly completed and identified shortfalls were discussed with the staff to reduce the risk of errors.

Regular health and safety checks of the environment and equipment were completed to make sure it was safe to use. These included ensuring water temperatures were correct to make sure people were not at risk of scalding and checks to make sure gas and electrical appliances were safe. Fire exits were clearly marked and were kept free from obstacles. Staff told us they completed regular fire drills and knew how to respond in an emergency. The registered manager checked staff competency around evacuating the service in an emergency. Each person had a personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication needs of each person to ensure that people could be safely evacuated from the service.

Good

Is the service effective?

Our findings

People received effective care, based on best practice, from staff who had the skills and knowledge to carry out their roles. A community nurse told us they felt the staff were knowledgeable and helpful.

New staff completed an induction and the Care Certificate when they started working at Maurice House. The Care Certificate is an identified set of standards that social care workers adhere to in their daily working life. It was developed 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 shadowed experienced colleagues to get to know people, their needs, preferences and routines.

People were supported by trained, knowledgeable staff who knew them well. People said, "All the staff know precisely what they are doing, what they have to do and what needs doing. They are excellent every one of them without fail". Staff told us, and training records confirmed, they regularly completed training to enable them to carry out their roles effectively and to keep up to date with best practice. Additional training in long term medical conditions, for example Parkinson's disease, epilepsy and diabetes, was provided to enhance staff skills and knowledge. Nurses received clinical supervision and additional training on topics such as venepuncture (puncturing a vein to obtain blood), wound care and catheter care. Staff were supported and encouraged to complete social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve vocational qualifications, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff told us they received effective support from the management team and from their colleagues. They said they met with a senior member of staff regularly to discuss their performance and any personal development needs. The management team coached and mentored their staff through regular supervision and appraisals.

People told us they made day to day choices such as how and where they wanted to spend their time and what time to get up / go to bed. People told us that staff asked for their consent when carrying out their care. People said that they feel in control of their care and able to direct things the way they wanted.

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.

Staff had been trained about and understood their responsibilities under the MCA. They told us how they put their training into practice. For example, staff said that when people needed further support to make decisions about their care, best interest meetings were held with family and health care professionals to make decisions in their best interest. Staff also understood the rights of people with mental capacity to take

risks. Staff told us how they supported people when they needed to make important decisions, by giving them time to decide and offering them choices. Some people had made advanced decisions, such as Do Not Attempt Cardiopulmonary Resuscitation (DNACPR); this was recorded so that people's wishes could be acted on. These were reviewed to make sure they were still what the person wanted.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked to make sure 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. Applications had been made in line with guidance.

People were supported to eat healthily and drink plenty. There were cold drinks cabinets located around the service and people helped themselves to drinks whenever they wanted. Snack baskets with 'honesty boxes' were available for people and their relatives. People told us that since a new chef had been employed the food had improved greatly. People said, "The choices on the menu is fantastic considering we are not in a five star hotel, but you might think we were if you looked at the menu now" and "I always look forward to lunch time, it's jolly good nosh, first class". People and their relatives told us they were involved in choosing what foods were offered. When people needed support with their meals this was done discreetly to protect people's dignity. Some people used special cutlery and plates to help them maintain their independence. A relative commented, "[Our loved one] needs help and encouragement when eating their meals and they [staff] are so patient with them but have also taken the time to show us how to help in the best way so we can feel more involved with their care".

People were supported to stay as healthy as possible. Staff worked closely with health professionals and any advice given was noted in people's care plans. For example, when a person had a pacemaker, staff liaised with the pacemaker clinic at the local hospital to make sure the person's care plan remained up to date. Health professional's visits were recorded. A community nurse told us staff always accompanied them when they visited people and ensured care plans were updated with their advice or changes to care. When people were living with pain the staff assessed this and planned their care and treatment accordingly. Assessments noted the origin of the pain and any triggers as well as measures which could provide relief, such as medicines or repositioning the person.

Good

Is the service caring?

Our findings

At the previous inspection the service received an outstanding rating for meeting people's needs in a caring way. At this inspection the ways in which the service was caring was good. However, the service had not demonstrated innovative practice or made improvements to how they met people's individual needs. People told us they were very happy living at Maurice House and Maurice Lodge and felt they were very well cared for. They said they were treated with respect, compassion and kindness. Their comments included, "They're looking after me jolly well and I am very well cared for. I would say my every need is catered for in a pleasant and pleasing manner" and "The staff are genuinely caring. They help us to stay as independent as we can be".

The atmosphere in both Maurice House and Maurice Lodge was happy, calm, warm and relaxed. Management and staff spent time with people to make sure their time at the service was a positive experience. The registered manager told us they felt it was very important that staff had sufficient time to be able to spend quality time with people and not feel rushed. Staff said they enjoyed spending time with people and recognised the importance of social contact and companionship.

There was a strong, visible culture which centred on people being empowered to live their lives as fully as possible. Management and staff looked for ways to support people so they could continue to be active and carry on with routines and interests they had before they moved to the service. For example, one person told us how much they enjoyed gardening before they moved to Maurice House. They told us they were 'overseeing the gardener' and had just left a note for them in the green house with a list of things that needed to be done. They said how much they enjoyed their involvement with planting and planning for the next season. They smiled and laughed with us whilst recounting their tales of this year's strawberry harvest. Another person, living in Maurice Lodge, was responsible for looking after their five chickens. People and their relatives told us they were welcome to visit whenever they wanted to and that there were no restrictions on this. Throughout the inspection there was a constant stream of visitors to the service. In Maurice Lodge people enjoyed chopping vegetables to make the 'soup of the day' and appeared to have great fun doing so. The laughter and banter between people and staff was warming. The registered manager said, "In the final years of people's life it is important that we support them to do as much for themselves as they want to. Cooking and cleaning was a big part of some people's life before they moved here and we allow them to continue with those things". Staff welcomed visitors in a professional and friendly way. There was a room available for visitors to use for overnight or late night visits.

Staff knew people and their families and friends well and had built strong, trusting, relationships with them. Staff showed genuine concern for people's well-being in a compassionate, kind and caring way. People told us that staff took their time and spent time reassuring them if they were restless. Staff in Maurice Lodge did not wear uniforms or badges. The registered manager said, "People know who the staff are. They are a family and an established team". During the inspection people spoke with staff and it was clear they knew them well. At night the staff in Maurice Lodge, where people were all living with dementia, wore pyjamas. If people woke in the night and came across a member of staff in their day clothes this could be disorientating for them.

Some people occasionally showed behaviours that may challenge others. Staff managed this with sensitivity and care. Some people, as they became more poorly, were less able to spend time enjoying the company of others in communal areas of the service. The deputy manager and registered manager spoke in detail about the Namaste programme which was designed to provide one to one care and support for people living with dementia through therapeutic touch, compassionate care, soft music, scents and colours. They told us that Namaste was useful in reducing behaviours or the symptoms of anxiety before they escalated. A dedicated Namaste room was located in Maurice House and each of the units in Maurice Lodge. Staff told us they also made sure that people who preferred to stay in their own rooms were also included. The Namaste programme included sessions for social chatting, hand massage with aromatherapy oils and listening to soothing music.

People and their relatives were involved with the day to day running of the service and with the planning of their care. Staff told us they sat with people each month to review their care plan, to ensure they remained relevant, and to make sure people were able to suggest any changes. These discussions were documented. Staff said that relatives were encouraged to become involved in their loved one's care and to attend and take part in care reviews. The registered manager told us, "Aspects of people's daily living, social and emotional needs are discussed along with their care and support needs". Care plans were individual to each person and Included people's preferred routines. A lifestyle profile gave staff guidance on each person's cultural background, religious beliefs and hobbies and interests. A 'Spirituality and Well-Being room' (multi-faith quiet room) was available for people, relatives and staff to use. Clergy from different denominations visited the service and people were supported to attend church when they wanted to attend.

People said that staff listened to their views and that they were supported to remain as independent as possible. People were given the information they needed, when they needed it and in a format that they could understand. The registered manager noted on the PIR, 'People who have communication difficulties are supported thorough staff giving information to them in a way they understand, for example large print notices and use of a PA system at larger gatherings to support those who are hard of hearing'. Royal British Legion leaflets were available to give people and visitors guidance and information on topics such as spirituality and well-being, syringe drivers and bereavement. Information was offered in accessible formats when needed. For example, large print complaints policy and information printed on different coloured paper. A 'hearing loop' was available throughout the service and portable ones were available on request. People were offered magnifying glasses to assist their reading.

People's confidentiality, privacy and dignity were promoted and maintained by staff. Staff knocked on people's doors, said who they were and waited for a reply before entering people's rooms. Staff understood that it is a person's human right to be treated with dignity and respect and to be able to express their views. Staff told us they respected people's personal space and respected their wishes if they chose to spend time in their rooms. Staff spoke with people, their friends and family and each other in a kind and respectful way. Records were stored securely to protect people's confidentiality and were located promptly when we asked to see them.

People's preferences and choices for their end of life care were discussed with them and their loved ones. The registered manager noted on the PIR, 'All those who wish to have an end of life discussion in their care plan that expresses their preferences as to how they would like to spend their last days. We work closely with the local GP and community nursing team to ensure all medication and equipment is available to residents when needed'. People's preferences were clearly recorded to make sure staff could manage, respect and follow their wishes for their end of life care. Staff told us they regularly reviewed these with people to make sure they remained up to date and what the person wanted. Staff understood the importance of supporting people to have a good end of life as well as living life to the full whilst they were fit

and able to do so. Most people had regular visits from friends and family but when people did not have close relatives the registered manager and staff made sure that when approaching the end of their life they had someone with them. Leaflets were available to give people guidance and support about death and bereavement.

Good

Is the service responsive?

Our findings

People told us that they and their representatives were involved in the planning and reviewing of their care and that staff responded to their needs. People and their relatives knew how to complain if they needed to. People were supported to keep occupied with meaningful activities around the service. They said, "I like to join in with things going on downstairs so I get given a timetable and we make a list of all the things and activities I would like to participate in, even if it is just a snifter at the bar of an evening. Makes life worth living" and "I need help with all my personal care and that's great, we get that out of the way first thing so I can enjoy the rest of my day". A relative told us, "We are kept fully informed of [our loved one's] care plan and even if they have the slightest fall or trip we are informed immediately and kept up to date. They don't miss a thing".

When people were considering moving into the service the registered manager met with them and their representatives to talk about their needs and wishes. An assessment was completed which summarised people's needs and how they liked their support provided. This helped the registered manager make sure staff could provide the care and support the person wanted.

Each person had a care plan which gave staff the information they needed to provide the person with the care and support they needed in the way they preferred. People's life history, likes and dislikes and important people in their life were recorded. Staff told us they took pride in finding out about people's past. A daily living support plan, 'My enriched plan', detailed how best to support the person and what and how much they were able to do themselves. For example, whether a person could choose their own clothes or carry out part or all of their personal care. Care plans were regularly reviewed with people to make sure they received the right care and support. One person commented, "I am very happy with my care here and I keep telling them so. I do get asked if there is anything I would like changed but my answer is always 'no it is just right how it is". A relative said, "[My loved one] and I are fully aware of their care plan and are kept updated at all times and asked what their preferences are for their care".

People told us there was plenty to keep them occupied. A team of dedicated activities staff organised activities. Upcoming events included Trafalgar day, celebrating national poetry day, pantomime, cider tasting and a Halloween party. There were regular themed days arranged to give people the opportunity to try different foods / activities. For example, people had enjoyed food tasting at Spanish and Indian days. Other themed days had included belly dancing. In Maurice Lodge people enjoyed spending time in the garden and watching their five chickens. The chickens had been hatched from eggs which were incubated at the service and people had been able to watch them hatch and grow. A new purpose built 13 seater minibus had been ordered and people told us they were looking forward to going out in it. People told us how much they enjoyed cuddling and stroking 'Buster' the guinea pig. The registered manager told us that the service was allocated a number of tickets each year for people to go to Buckingham Palace for a garden party. People were supported to attend. A relative commented, "We have done loads with [our loved one]. We had a photo shoot in the garden. We have celebrated various birthdays and Christmas. [Our loved one's] friends all come and visit – they have a regular coffee morning here!" When people chose to spend time in their room or were unwell staff told us they popped in from time to time to check if people needed

anything.

People, relatives, health professionals and staff were encouraged to provide feedback on the quality of the service. When suggestions had been made these were acted on to improve the service. Residents meetings and relatives meetings were both held regularly and people were given the opportunity to discuss any improvements they felt could be made. People were updated at these meetings with any changes at the service. For example, the dining room had to be closed for a two week period whilst new flooring was laid. Staff discussed with people where they would prefer to eat their meals.

An annual satisfaction survey was completed. The results of these were analysed and action taken to address identified shortfalls. For example, there had been negative views about the laundering of clothes. This had been acted on. The registered manager noted in their action plan, which was available for people to read, 'I have purchased room numbered buttons that we will put into your clothes so we can be sure that clothes are returned to the right people, this will replace the label method as they keep falling out. I am recruiting into the housekeeping team with a slight increase in hours so am hoping satisfaction regarding laundry will improve'.

Concerns and complaints were investigated in line with the provider's policy. People and their relatives told us they would speak with staff if they had a concern and they felt they would be taken seriously and that action would be taken. The registered manager told us that the latest survey had identified a small number of people did not feel staff addressed complaints effectively and they told us the action they had taken which included reminding staff during handovers, one to one meetings and staff meetings, to deal with minor issues as soon as they were made aware of them and to escalate anything they were unable to resolve immediately. People told us they did not have any complaints.

Good

Is the service well-led?

Our findings

People and their relatives felt the service was well-led. People said, "The manager is wonderful", "The manager runs a tight ship" and "I can talk to the manager and staff about anything and they will listen to what I have to say". Relatives told us, "I give the whole place a thumbs up for [my loved one]. I can't fault it. The care, medicines, food and they are safe and not left to sit alone", "As I come in everyday I can say, hand on heart, that I don't have a single negative comment about it here" and "The manager is always approachable, happy to discuss matters and is full of enthusiastic ideas and information about [our loved one] and their well-being". A volunteer commented, "I have been helping here for about nine years now and feel quite at home, the staff are simply amazing - every one of them. It is run like clockwork with feeling". A community nurse told us they felt the service was well-run.

The registered manager had oversight of the quality of service at Maurice House and Maurice Lodge and led by example, inspiring, mentoring and coaching the staff team. 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. They were supported by a deputy manager.

The management team had a clear vision for the service which staff understood and promoted. There was a team approach with a shared responsibility for promoting people's well-being. The registered manager and staff told us they were proud to work for The Royal British Legion, were committed to providing quality care and valued each other. Equality, diversity, respect and dignity were embedded into culture of the service.

The registered manager and staff had established strong links with the local community. A local beekeeper kept a hive in the grounds of Maurice House and people were provided with fresh local honey. People regularly went to Broadstairs Town Shed, a volunteer led initiative for older people, to take part in woodwork based activities. Local brownies and cubs completed their voluntary badges at Maurice House. Students from schools in the area carried out voluntary work for their Duke of Edinburgh awards and undertook work placements for the BTEC qualification. East Kent College students attended Maurice House as part of their Health and Social Care courses. The registered manager told us, this includes familiarisation with homes, talking about CQC and learning about living with dementia. Canterbury College students completed voluntary work as part of their Public Services course. A 'closed' social media page was used by friends and families to share photographs of people enjoying themselves and to share experiences. A relative told us, "Even if I don't come in and see [my loved one] for a couple of days I can still see what's going on. It is reassuring to know they are kept occupied".

Staff spoke with people, relatives and each other in a kind, caring and compassionate way. Communication between the staff team was good. Handovers were completed between staff on each shift to make sure they were up to date with any changes in people's needs. The staff team was well established with many of the team having worked at the service for a long time. Staff said they had confidence in and felt supported by the registered manager. They understood their roles and responsibilities and said they enjoyed working at

the service.

The registered manager completed audits to monitor the quality of the service and to make sure people were receiving the care and support they needed. They valued feedback from others and took action to continuously drive improvements. The registered manager told us they found completing the Provider Information Return (PIR) a very useful exercise. They said it had made them notice additional areas for improvement and they had used it as a learning tool.

Regular checks on areas such as the environment, infection control, accidents and incidents and medicines were completed. The results of these were reviewed to check for any patterns or trends and action was taken to remedy shortfalls.

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. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.

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 and in line with guidance.

Providers are required, by law, to display their CQC rating to inform the public on how they are performing. The latest CQC report and rating was displayed in the service and the details were also on the provider's website.