The Royal Masonic Benevolent Institution

Connaught Court

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

Overall summary

This inspection was unannounced and took place on the 29 and 30 July 2015.

Connaught Court is a care home owned by the Royal Masonic Benevolent Institution (RMBI). It provides residential and nursing care to 90 men and women who are freemasons, or their dependants. They can also provide care to people living with dementia. The home is situated in Fulford on the outskirts of York.

The service is provided within two properties on the same site; the main house which has two wings and a separate bungalow. The first wing of the house has three floors; Ebor (ground floor residential care), Knavesmire (first floor dementia care) and Yorvik (second floor residential care). The second wing has two floors; Viking (ground floor nursing care) and Fairfax (first floor residential care). The bungalow (known in the service as Fred Crossland House) has 10 beds and supports people living with dementia. At the time of this inspection there were 89 people using the service; 49 residential, 15 nursing and 25 living with dementia.

Summary of findings

At the last inspection on 8 and 9 October 2014 we asked the provider to take action to make improvements to 'Need to consent' and this action has been completed. After the comprehensive inspection on 8 and 9 October 2014 the registered provider wrote to us to say what they would do to meet the legal requirement in relation to the breach of regulation. Their action plan stated that the service would be compliant by 31 March 2015.

The registered provider is required to have a registered manager in post and there was a registered manager at this service. 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 told us that they felt safe living at the home. We found that staff had a good knowledge of how to keep people safe from harm and that there were enough staff to meet people's needs. Staff had been employed following robust recruitment and selection processes. Medicines were administered safely by staff and the arrangements for ordering, storage and recording were robust.

There was a strong emphasis on the importance of eating and drinking well. People's nutritional needs had been assessed and they told us they were satisfied with the meals provided by the home.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people. The plans of care were individualised to include preferences, likes and dislikes. People who used the service received additional care and treatment from health professionals based in the community.

People spoken with said staff were caring and they were happy with the care they received. They had access to community facilities and most participated in the activities provided in the service.

Staff received a range of training opportunities and told us they were supported so they could deliver effective care; this included staff supervision, appraisals and staff meetings.

The registered manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns. We saw from recent audits that the service was meeting their internal quality standards.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

There was sufficient staff on duty to meet people's needs and medicines were managed safely so that people received them as prescribed.

Is the service effective?

Good

The service was effective.

Staff received relevant training, supervision and appraisal to enable them to feel confident in providing effective care for people. They were aware of the requirements of the Mental Capacity Act 2005.

People reported the food was good. They said they had a choice of quality food. We saw people were provided with appropriate assistance and support and staff understood people's nutritional needs. People reported that care was good and they received appropriate healthcare support.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People who lived at the home told us they felt staff really cared about them and we observed positive interactions between people who lived at the home and staff on the day of the inspection.

Staff were motivated and inspired to offer care which was compassionate and person centred. People told us that they were treated with dignity and respect and this was observed throughout our visit.

People were included in making decisions about their care whenever this was possible and we saw that they were consulted about their day to day needs.

Is the service responsive?

Good

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People were able to make choices and decisions about aspects of their lives. This helped them to retain some control and to be as independent as possible.

Summary of findings

People were able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

Is the service well-led?

Good

The service was well led.

People were at the heart of the service and staff continually strived to improve. People who used the service said they could chat to the registered manager, relatives said they were understanding and knowledgeable.

The registered manager carried out a variety of quality audits to monitor that the systems in place at the home were being followed by staff to ensure the safety and well-being of people who lived and worked there.

Staff were supported by their registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their registered manager.

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Detailed findings

Background to this inspection

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

This inspection took place on 29 and 30 July 2015 and was unannounced. The inspection team consisted of three adult social care (ASC) inspectors from the Care Quality Commission (CQC) and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts-by-experience who assisted with this inspection had knowledge and experience relating to older people and those living with dementia.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider, information we had received from the City of York (CYC) Contracts and Monitoring Department and CYC Safeguarding Team. We did not ask the registered provider to submit a provider information return (PIR) prior to the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager, deputy manager and quality manager. We also spoke with ten staff and then spoke in private with six visitors and nine people who used the service. We spent time in the office looking at records, which included the care records for five people who used the service, the recruitment, induction, training and supervision records for three members of staff and records relating to the management of the service. We spent time observing the interaction between people, relatives and staff in the communal areas and during mealtimes. We used the Short Observational Framework for Inspection (SOFI) on one unit. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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Is the service safe?

Our findings

We asked people who used the service what it was like living in the service. They told us, "Quite pleasant, there is companionship and emergency care if needed" and "People are nice, they look after you, there are staff around - there is nobody I dislike." One person told us that they had first been in Knavesmire but had not liked it as it was too big but since moving into the Fred Crossland unit they were a lot happier and felt safe as it was smaller and they felt at home.

We asked people if they felt safe, if the staff assisting them had the right skills and if they felt the premises were safe and secure. Comments included, "Yes - the staff and the general atmosphere are good and make me feel safe", "It is safer than living on my own, there are staff about and it is safe for my wheelchair everywhere." "I feel safe when they use the hoist and staff know what they are doing" and “I feel perfectly safe, I have never witnessed any bad practices.” Two visitors were positive about the service saying "Always seem to be staff around and we feel risks, personal to our relative, are being monitored" and "Yes, the nature of the establishment and the quality of the staff are excellent."

The provider had policies and procedures in place to guide staff in safeguarding vulnerable people from abuse (SOVA). The registered manager described the local authority safeguarding procedures and our checks of the safeguarding file showed that there had been two alerts raised by the manager in the last six months. The safeguarding team had asked the manager to investigate both issues and produce a report. We found evidence that appropriate action had been taken by the registered manager based on the outcomes of the reports. CQC had been notified of both alerts. This demonstrated to us that the service took safeguarding incidents seriously and ensured they were fully acted upon to keep people safe.

We spoke with four staff about their understanding of SOVA. Staff were able to clearly describe how they would escalate concerns both internally through their organisation or externally should they identify possible abuse. Staff said they were confident their registered manager would take any allegation seriously and would investigate it. The staff told us that they had completed SOVA training in the last year and the training records we saw showed that all staff were up-to-date with safeguarding training.

When we asked people who used the service and relatives if there were enough staff on duty we received a mixed response. Some felt there were enough on duty but others said there were times they were short staffed. People told us "There are times when I cannot find anybody" and "Sometimes no there are not enough staff. Some days there are only two care staff and one nurse - sometimes have a half hour wait." However, two visitors told us "Yes, there are definitely enough staff on duty" and "When I visit yes, there are enough staff on." One person who used the service also answered “Staff are very good at answering when I ask for assistance, there is sometimes a delay as this is a large home and they have to walk some distance to get to me.”

We also observed some anomalies in the staffing levels. We found that there were enough staff on duty in the Fred Crossland House and the senior carer told us, “There are always three staff on duty at any one time and staff within the unit tend to do extra shifts if someone is on holiday or ill, but occasionally staff from other units will cover if required.” However, when we walked around the ground floor of Connaught Court we did not see many care staff. One of our team spent an hour on Ebor unit and did not see any care staff during this time. In contrast other members of the team saw staff sat with people assisting them to eat and drink and take part in activities. We recognise that the service is a large one and when staff are busy seeing to people in their bedrooms it may appear as though there are few staff on duty. Discussion with the registered manager indicated that they used a ‘dependency tool’ to assess the needs of people who used the service and subsequently the levels of staff required to meet those needs. We were told that RMBI was currently reviewing the tool and an updated version would be available shortly.

We looked at the rota sheets for the four weeks leading up to our inspection. These indicated which staff were on duty and in what capacity and the staff we met on the inspection matched those on the rota sheet. The rotas showed us there were sufficient staff on duty during the day and at night, with sufficient skill mix to meet people’s assessed needs. The staff team consisted of nurses, care

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Is the service safe?

staff, ancillary workers, administrator, activity coordinator, catering staff and maintenance personnel. Discussion with the registered manager indicated that they had put forward a business plan to the registered provider to ask for additional staff on a night shift and on the residential unit. This was in direct response to the employee survey sent out in 2015 where staff had fed back about their working days and nights. This showed that action was being taken in response to information received by the management team.

Care files had risk assessments in place that recorded how identified risks should be managed by staff. These included falls, fragile skin, moving and handling and nutrition; the risk assessments had been updated on a regular basis to ensure that the information available to staff was correct. The risk assessments guided staff in how to respond and minimise the risks. This helped to keep people safe but also ensured they were able to make choices about aspects of their lives.

The registered manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed. We were given access to the records for accidents and incidents which showed what action had been taken and any investigations completed by the registered manager.

We spoke with the maintenance person and looked at documents relating to the servicing of equipment used in the service. These records showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. The equipment serviced included the fire alarm and the nurse call bell, moving and handling equipment including hoists and slings, portable electrical items, water systems and gas systems.

Clear records were maintained of daily, weekly, monthly and annual checks carried out by the maintenance person for wheelchairs, hot and cold water outlets, fire doors and call points, emergency lights, window opening restrictors and bed rails. These environmental checks helped to ensure the safety of people who used the service. We noted that the sluice room doors were not locked during our inspection and we were concerned that people who used the service could be put at risk of the high water temperatures in the sluice areas. The registered manager told us that the maintenance team would rectify this immediately.

The registered manager spoke with us about the registered provider's business continuity plan for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease. The plan identified the arrangements made to access other health or social care services or support in a time of crisis, which would ensure people were kept safe, warm and have their care, treatment and support needs met. This was last reviewed in April 2015. Personal emergency evacuation plans (PEEP's) were in place for people who would require assistance leaving the premises in the event of an emergency. These were kept in their care files and were up to date.

We looked at the recruitment files of three members of staff. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). These measures ensured that people who used the service were not exposed to staff who were barred from working with vulnerable adults. Interviews were carried out and staff were provided with job descriptions and terms and conditions. This ensured they were aware of what was expected of them. The registered manager carried out regular checks with the Nursing and Midwifery Council to ensure that the nurses employed by the service had active registrations to practice. We were also shown evidence that the service carried out checks on overseas staff to ensure they had a 'Right to Work' in the United Kingdom.

The nurses and senior care staff informed us that they had received training on the handling of medicines. This was confirmed by our checks of the staff training plan and staff training files. We saw that the medicines policy and procedure had been reviewed and updated in July 2015 to ensure it followed the National Institute of Health and Care Excellence (NICE) guidance on best practice with regard to administering medicines within a care service.

We looked at how medicines were managed within the service and checked a selection of medication administration records (MARs). We saw that medicines were stored safely, obtained in a timely way so that people

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Is the service safe?

did not run out of them, administered on time, recorded correctly and disposed of appropriately. People we spoke with said their medicines were administered on time and were always available when needed.

There were two areas where staff could make minor improvements on their medicine recording; these were on the topical medicine charts and dating refrigerated items when the boxes or bottles were opened. We saw that two of the topical medicine charts had not always been signed when staff had administered the gels, creams or lotions to people who used the service. For example, one person's gel was to be applied three to four times a day and this individual informed us that this was administered correctly by the staff. However, the staff had only signed once or twice each day on the chart. This could lead to errors being made.

We also found two boxes of cream in the fridge that did not have an 'opened on' date on them; three others were dated. This meant some people had a potential risk of having out of date medicines administered to them. The deputy manager took immediate action to dispose of the undated, but opened, items and spoke to the staff on duty about the need to complete the topical medicine charts correctly. The registered manager assured us that regular checks would be carried out to ensure the charts were up to date and accurate.

Each bedroom had a small medicine cabinet fitted to the wall. This made it easy for people to self medicate, following a risk assessment, if deemed capable by their GP. We spoke with one person who self administered their medicines. They informed us that the staff ordered their prescription when they needed specific items and the staff also checked to ensure they were not running out of any items on a regular basis. This person was very happy with the service they received and said it helped them retain their independence.

Good

Is the service effective?

Our findings

At our last inspection on 8 and 9 October 2014 we identified some concerns about the way the service obtained consent. It was not clear how the provider ensured that individuals had been consulted with about their care needs, and that an individual had agreed and consented to the care and support being provided for them.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

At this inspection on 29 and 30 July 2015 we found that the registered provider had followed the action plan they had written following the 8 and 9 October 2014 inspection and the breach had been met. Staff had completed training on Mental Capacity awareness during the last three years and were aware of how the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA) legislation applied to people who used the service and how they were used to keep people safe. We saw in care records the home had taken appropriate steps to ensure people's capacity was assessed to record their ability to make complex decisions.

Where people had a person acting as their Power of Attorney (POA) this was clearly recorded in their care file. A POA is a person appointed by the court or the office of the public guardian who has a legal right to make decisions within the scope of their authority (health and welfare and / or finances) on behalf of the person who chose them to act for them at a time in the future when they no longer wished to make these decisions or lacked the mental capacity to make those decisions.

People or their representative had signed consent to care forms to show that they agreed with their plans of care and support. We asked visitors if they were involved in decisions about the care of their relative. Two visitors said, "Yes I have POA for health and welfare" and "Yes, and my sister is also involved." One family member told us that the family did have financial POA on their relative's behalf but at present did not have health and welfare POA as they felt that their relative still had some capacity to make decisions with the support of others. This family member visited three times a week and told us that staff continually involved them with care planning and that they worked together ensure their relative's best interests were in the forefront of any decision making.

Staff followed the basic principle that people had capacity unless they had been assessed as not having it. In discussions staff were clear about how they gained consent prior to delivering care and treatment. One staff member told us "For people who cannot communicate with us we use our knowledge of them, talk to their family about their preferences and observe them individually to see what they like and dislike. We always offer them choices and talk to people to ask for their consent before we offer any support." We asked people if they had the opportunity to make decisions and choices. One person said, "Some of them ask me - yes I do" and another person told us, "Yes, if I want to stay in bed I can, and I choose where I have my meals".

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests.

The registered manager understood the principles of DoLS and was aware of the 2014 supreme court judgement and its implications on compliance with the law.

When people displayed particular behaviours that needed to be managed by staff in a specific way to ensure the person's safety or well-being, this information was recorded in their care plan. Two staff told us that restraint was not used within the service. The staff were able to describe what they would do if an individual demonstrated distressed or anxious behaviours. Staff told us, "We know their triggers and use distraction techniques and talking to calm them down". They said "It is important to know when to take yourself away - calm them, reassure them - we learn how to manage each individual" and "Don't confront people, we try to calm them down, try and leave and come back when the person may be more approachable."

People were able to talk to health care professionals about their care and treatment. All individual health needs, visits or meetings were recorded in the person's care plan with the outcome for the person and any action taken (as required). We asked people who used the service what happened if they did not feel well and they told us "I think I

once had to see a doctor, I have seen a chiropodist" and "It would need to be serious for me, and I can see a dentist when I want". One person told us “I saw a doctor yesterday and I can see a dentist – I also saw a chiropodist yesterday."

One visitor told us that the community psychiatric nurse was involved in their relative’s care and that together with staff from the home, they put forward a case to the GP that this family member should receive daily antibiotics. Another visitor told us that everything with regards to their family member’s health and well- being was actioned and provided. They said, “All is taken care of, their feet, nails, hair, hearing aids and dentist appointments. We are happy that they are being totally looked after.”

Feedback from health care professionals on the effectiveness of the care was positive. For example, one health care professional said information on the person they were visiting was always to hand as their notes were kept in the person’s room. Staff always took the person to their bedroom for treatment so their privacy and dignity was maintained and they had found there were good infection control practices followed by staff. They had good communication with staff and the manager through meetings and one to one discussions. We were told “Staff interactions with people are appropriate and caring. They are very quick to request input from a GP if they are concerned about a person’s health.”

We spoke briefly to a Speech & Language Therapist who had been visiting a person who used the service. They said they were a regular visitor at the service adding "I think it is great, fantastic impression". They said, "Staff are cheerful, helpful and friendly" and "You can tell they care - they are always interacting with people." They said they had no access to the care plans as these were electronic, and said whoever was in charge of a particular unit got their feedback and updated the care plan, and their advice was always followed.

We asked people who used the service if they felt the staff were sufficiently skilled and experienced to care and support them to have a good quality of life. All of them said “Yes.” One person told us, “I have been in hospital once or twice but I say the care is infinitely better here, I felt that I was coming home. I have told them that I will not go into hospital again as I feel I can be better looked after here” and another person said “There is no question that we are looked after very well.”

We looked at induction and training records for three members of staff to check whether they had undertaken training on topics that would give them the knowledge and skills they needed to care for people who lived at the service. The training officer at the service showed us the induction paperwork completed for staff in their first three months of employment, which indicated that new staff received appropriate training and practice monitoring to ensure they could provide safe care and treatment.

Staff confirmed they completed an initial day’s induction which orientated them to the service and covered corporate information such as employment issues, policies and procedures and layout of the building. Each new member of staff then went on to complete a Skills for Care induction and they were allocated a member of staff to mentor them. Skills for Care is a nationally recognised training resource. We saw documentation that indicated new staff shadowed more senior staff for the first few weeks of employment. As they gained new skills or were deemed competent in certain aspects of care, these were signed off on their induction paperwork.

We looked at records of staff training to check that staff had the appropriate skills and knowledge to care for people effectively. We saw that staff had access to a range of training deemed by the registered provider as both essential and service specific. Staff told us they completed essential training such as fire safety, basic food hygiene, first aid, infection control, health and safety, safeguarding and moving and handling. Records showed staff participated in additional training including topics such as Deprivation of Liberty Safeguards, Mental Capacity Act 2005 and equality and diversity. The training officer told us “Some courses are computerised, some distance learning and some face to face.”

The staff told us they had three monthly supervision meetings and annual appraisals with their line managers. They told us that they found the supervision sessions beneficial as they could talk about their concerns and were given feedback on their working practice. However, we found that the frequency of supervisions had slipped recently and the percentage of staff who had received one in the last three months was 69 %. The registered manager told us she was aware of this and would be working with the staff to get these back on track.

In discussion, staff were able to say which people had input from the district nurse or dietician; they also knew what

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Is the service effective?

health problems each person had and what action was needed from them to support the person. Entries in the care records we looked at indicated that people who were deemed to be at nutritional risk had been seen by dieticians or the speech and language therapy team (SALT) for assessment on their swallowing / eating problems. Our observations showed that staff treated people with respect and dignity whilst assisting them to eat and drink. The registered manager and deputy manager told us that people were given a choice of what time they wished to eat and if they were not hungry when meals were ready, they could wait until later if it suited them.

We asked people who used the service what they thought of the meals, if staff knew their dietary likes and dislikes, if they were offered a choice, and if drinks were available throughout the day and night. One person said "It is very nice, there is a choice at lunchtime, I get cereals for breakfast" and another person told us "I get quite a lot of drinks - I get my own". People also said, "Good home cooking, they are learning my preferences, good choice and plenty of drinks" and "Excellent - always a choice - breakfast there is cereals, you can have a three course meal if you want and there are lots of drinks and I can even have an alcoholic drink if I want."

Observation of the lunch time meal showed that the food was presented very well. We saw that people were shown the meals available and asked what they would like to eat. People were served their main meal on a plate and were able to ask for or help themselves to vegetables. Everyone was provided with a hot or cold drink and sauces / condiments were offered and given.

People chatted to each other and staff so there was a relaxed and enjoyable atmosphere in the dining rooms. People were asked if they would like more to eat and this was given where requested. The food looked appetising and people said the food was very good and that they really enjoyed mealtimes.

We saw that the environment within the service was comfortable, clean and homely. The dementia unit and Fred Crossland House had some design aspects such as plain carpets, neutral wall colour and contrasting colour for the handrails making it easier for people with sensory impairment to walk around the service. Fred Crossland House had a number of items for people to interact with such as a piano, old typewriter, clocks and rummage boxes. The walls were decorated with an array of old posters, photographs and war stories. Corridors had handrails on both sides and these had a variety of scarves / hats arranged on them which provided landmarks to enable people to navigate their way around and for people to touch and handle.

We found that bedroom doors had photographs and memory boxes on them to help people recognise their own room. However there were no pictorial signs for bathrooms or toilets. We asked the registered manager about this and they said that there had been discussion around this but it had been decided that the service focused on person centred care and not dementia. They said that the lack of notices on the toilet doors had not been a problem for any of the people who used the service and if it was found that an individual did require dementia friendly signage this would be put in place for that person. Throughout the service we saw thought had been given to the needs of people who used the service. For example, corridors gave visual stimulation with their themed decoration, and adjustable mirrors were put in the bathrooms so people in wheelchairs could do their hair.

We saw that people had easy access to a number of secure outside garden areas, one of which had a water feature. The gardens had shaded and sunny areas so they could be enjoyed whatever the weather. The garden paths were built using best practice for dementia services in that they were one continuous path that weaved around the garden and non-slip material had been used for paving.

Good

Is the service caring?

Our findings

On the day of inspection we observed that staff treated people who used the service with the upmost respect. They always asked individuals before carrying out any caring duties and explained fully what they were doing. People were satisfied with the care they received and told us “Staff treat me kindly, they always treat me with respect, they knock on my door before coming into my room” and “There is nothing I can think of that is detrimental to me, I am very pleased with the care I receive.” Visitors told us that the staff had the right skills and attitude; one visitor said, “The words they use and the way they are with the people here shows they care" and another visitor told us "I think the staff are good, very caring."

We saw that staff spoke in thoughtful, caring ways to individuals and it was obvious that they knew each person’s likes and dislikes. For example, they sat one person in a reclining chair and when we asked staff why they did not ask this person where they wanted to sit, it was explained to us that this person did not speak. However, staff knew that they liked that particular chair as it was the most comfortable for them and that they could easily see the television from it. We watched the person and they seemed calm and content, and from the chair they could also see what was happening in the other room. Another person walked out of their room and was asking where they were; one of the care staff immediately took their hand and chatted to them.

We found that people who used the service were immaculately dressed in clean, smart, co-ordinating clothes. Their hair was brushed and many had been to the hairdressers, including the males. Finger nails and hands were clean and well cared for and gentlemen were clean shaven(if that was their choice). One person told us “One of the carers looks after our hands, they clean them and put nail polish on. We couldn’t do without them” and another person said “They look after me and make sure my teeth are cleaned.” We were told by people that they could have a bath whenever they wished and one person said “The carers are particularly good, caring and willing.”

We saw that visitors came to the home throughout the day and that they were made welcome by staff. It was apparent that these were regular visitors who had a good relationship with the staff and the registered manager. They chatted to other people who lived at the home as well as their relative or friend. Family members told us that they are made to feel welcome at all times and that they were well looked after. One visitor told us “As we visit regularly through the week we asked if we could have a kettle in the small kitchen on Ebor floor - they have put in a new coffee machine.” Another visitor said “The service is very accommodating to individual preferences, for example, I fetch my dog in and I have been given a personal key fob so that I can enter near to my relative’s room. They have bent over backwards for us.”

When we asked people if the staff encouraged them to be as independent as possible, they replied, "I can’t do much but they never hurry me" and "Yes I do what I can for myself whilst I can".

Visitors we spoke with were also positive about how staff provided care and support. We were told “There is very little my relative can do for themselves, but the staff really look after them” and “The family was asked to complete a personal history for our relative so staff knew more about them. This helped the staff give them more personalised care.”

Care plans included information about a person’s previous lifestyle, including their hobbies and interests, the people who were important to them and their previous employment. This showed that people and their relatives had been involved in assessments and plans of care. Some people had signed their care plans to show they agreed to the contents. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available from the registered manager.

People who used the service told us they were involved and supported in planning and making decisions about their care and treatment. One person told us “I am quite happy here, I don’t feel miserable or lost, I feel at home and can make my own decisions about what I want to do.” Others confirmed they could make choices about their daily lives. People said, "I can do most things myself", "Yes if I have a down day I ask to stay in bed" and "They always ask me and I can talk to the staff when I need to". One visitor said “I am fully involved in my relative’s care planning. I don’t have formal reviews as I come in three times a week and staff continually keep me informed.”

Our observations on the units showed that staff knew people very well. We saw staff anticipating individuals

Good

Is the service caring?

needs such as knowing how much support people needed without taking away their independence. We saw that people were encouraged to freely walk around the service and out into the gardens. People told us they could have keys to their own bedrooms if they wished and staff were able to use a master key to enter their rooms in an emergency. For example, staff told us one person had locked themselves in their room the day before the inspection. This individual couldn't then undo the lock and the staff quickly intervened and opened the door.

We observed how staff promoted people's privacy and dignity during the day by knocking on bedroom doors prior to entering, ensuring toilet and bathroom doors were closed when in use and holding discussions with people in private when required. We saw staff respond straight away when people asked for assistance with personal care or getting up out of their chairs. Visiting healthcare professionals told us that treatment took place in people's bedrooms so their privacy and dignity was maintained and any discussions about their care were conducted in private and kept confidential.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care to each individual. We asked people who used the service about their views on the care they received. People told us “I don’t think it could be better” and “I am usually independent but at the moment need some assistance, staff are more than happy to do this for me.”

Assessments were undertaken to identify people’s support needs and care plans were developed outlining how these needs were to be met. Each person living at this home had their own care file, which contained a number of care plans. We looked in detail at five of these files. The home used an electronic system which we found was being reviewed and updated regularly. The information recorded within this system was person centred. Records evidenced that the information had been gathered from the person themselves, their family and from the registered person.

However, some of the staff informed us that they lacked confidence in completing records using the electronic system and we found some sections of people’s care plans were not completed. For example, on one nutritional record the ‘type of diet’ section was not completed and in the speech pathology section no observations had been entered despite known issues about the person’s swallowing. When we drew this to the senior care staff’s attention they dealt with it immediately, completing the necessary information. Discussion with the training officer indicated they were working with staff to improve their IT skills and build their knowledge and confidence around the electronic record system.

We received very positive feedback about the activity programme from a healthcare professional, and people who used the service who spoke with us. The healthcare professional told us “On my visits to the service there are usually many people in the lounges and I often see staff sitting with them and interacting on a one to one basis. At times there are activities going on for entertaining people who use the service.” We asked people if activities were available and if they suited their needs. One person told us “I like the indoor bowls and other things, but I cannot remember what. We have concert sessions sometimes” and another person said “I take part in most activities, I like the quizzes.” A third person we spoke with said “There is plenty going on but I choose not to take part in most things.”

We found that there were two activities co-ordinators who provided a full and varied activities timetable within the service. Information about forthcoming events was on display in the different units and in the entrance hall. We saw that the main lounge was set out for the showing of a film. One person told us “The film last night was excellent” and another said “The gentlemen have a ‘Gentleman’s evening’ every two weeks.

We spoke with senior care staff and they told us that people were actively encouraged to pursue hobbies. They said one person liked horses so staff had printed horse related pictures for them and this helped to stimulate their memories and calm them when they became confused and anxious. We saw there was a well stocked vegetable garden and chicken coups that people could be involved with along with a selection of pets that included rabbits, a cat, fish, a parrot and budgies.

People had access to a large library fitted with a computer and a good range of books. We spoke with one service user who was ‘surfing the internet’. They said they enjoyed keeping up to date using the computer and keeping in touch with family. There were small satellite kitchens on the units to help people retain their daily living skills such as washing up and baking. On Yorvik unit there was a wash room where people could do their own laundry if wished.

We spoke with staff about how they supported people’s religious and cultural needs. One member of staff said "We have a Chapel if they want to go" and "Anything they like doing we try to encourage them to do it - we find out what they are interested in". Another member of staff told us "We tell them what is available and ask them their preferences" and "We have a Chapel and some do Communion - we give them choices". We overheard a staff member telling one person that the Pastor had come to see them. He was currently with another resident but would come to them afterwards. On one notice board we saw a list of the days activities which included Evensong in the Chapel at 4pm.

There was a complaints policy and procedure on display in the entrance hall of the service. This described what people could do if they were unhappy with any aspect of their care. We saw that the service’s complaints process was also

Good

Is the service responsive?

included in information given to people when they started receiving care. Checks of the information held by us about the home and a review of the registered provider's complaints log indicated that there had been two complaints made about the service in the last 12 months. Both had been investigated by the registered manager and resolved, and the complainants had been provided with a written response. People and relatives who spoke with us were satisfied that should they wish to make a complaint then the staff and the registered manager would listen to them and take their concerns seriously.

Visitors told us that there was a Relatives Forum where issues and concerns could be expressed. Families could also request specific topics that they wished to discuss; a recent one was about end of life care and a future one was to be around incontinence. This showed that the service listened to people's opinions and viewpoints and provided them with information and explanations about care and care practices.

Good

Is the service well-led?

Our findings

We found the service had a welcoming and friendly atmosphere and this was confirmed by the people, relatives, visitors and health / social care professionals who spoke with us or gave us written feedback. Everyone said the culture of the service was open, transparent and the service actively sought ideas and suggestions on how care and practice could be improved. People and visitors said "If you ask the registered manager about anything and they don't know the answer, they always get back to you" and "I feel that I could go to either (registered manager and deputy manager) if I had a concern. I have never had to go with any problems but feel confident that it would be dealt with."

There was a registered manager in post who was supported by a deputy manager and an office administrator. The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People we spoke with knew the registered manager's name and said they had the opportunity to speak with them each day. One visitor told us "This place is well run, the manager and staff are friendly and they listen if you have any questions." We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely.

Staff described the registered manager as "Approachable" and "Straight talking." They said that they could talk to them about any issues and they were listened to and that information discussed with the registered manager was kept confidential whenever possible. Staff had regular supervision meetings and annual appraisals with the registered manager and these meetings were used to discuss staff's performance and training needs; they had also been used to give positive feedback to staff.

Feedback from people who used the service, relatives and staff was obtained through the use of satisfaction questionnaires, meetings and one to one sessions. This information was usually analysed by the registered provider and where necessary action was taken to make changes or improvements to the service. People told us there was a positive atmosphere in the service and they felt involved. One person told us "I am really happy here" and another said "The service is friendly and welcoming and our opinions are listened to."

People were encouraged to maintain their links within the community through their social activities such as meetings with the local church and schools, visitors / family and friends taking them out and about and trips with the staff into the local area to garden centres, pubs and shops. People had on-line access to social media sites and the internet so could keep up to date with news and views relating to their social and political outlooks.

The service held regular staff meetings so that people could talk about any work issues and there were up to date policies and procedures regarding work practices that staff could easily access. Staff said there was a positive culture promoted by the registered manager and the deputy manager and that they were also given feedback at staff meetings in respect of any accidents, incidents and safeguarding issues. We were able to confirm this by reviewing the meeting minutes and policies and procedures. We saw that the registered manager had held regular meetings from January to July 2015.

Quality audits were undertaken to check that the systems in place at the home were being followed by staff. The registered manager and deputy manager carried out monthly audits of the systems and practices to assess the quality of the service, which were then used to make improvements. The last recorded audits were completed in June / July 2015 and covered areas such as reportable incidents, recruitment, complaints, staffing, safeguarding and health and safety. We saw that the audits highlighted any shortfalls in the service, which were then followed up at the next audit. We saw that accidents, falls, incidents and safeguarding concerns were recorded and analysed by the registered manager monthly, and again annually. We also saw that internal audits on infection control, medicines and care plans were completed. This was so any patterns or areas requiring improvement could be identified.

We asked people, visitors and staff to tell us about any improvements that had been made as a result of the organisation's quality assurance system. One family member commented that since the new electronic ordering and new pharmacy had been in place, there had been no problems with medical supplies.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of

Good

Is the service well-led?

important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.