







# Royal Masonic Benevolent Institution Prince Michael of Kent Court

## Inspection report

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## Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Requires Improvement	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

## Overall summary

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, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection on 18 and 21 July 2014 was unannounced which meant the provider and staff did not know we were visiting. We previously carried out an unannounced

inspection in January 2014. At this inspection we found the service was not meeting the requirements of the regulations. We found that required documentation had not been maintained as required, and also that there were insufficient numbers of staff available to support people's needs. We also found that people were not always receiving their medicines as prescribed. At this inspection we found the provider had made the required improvements.

Prince Michael of Kent Court is a residential care home which provides accommodation and personal care for up

# Summary of findings

to 55 older people. At the time of our inspection a registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

People felt safe and were happy with the care and support provided. Systems were in place to help ensure people were kept safe. There were enough staff available to support people and there was always staff available to support them to go out into the community.

The staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is the legislation which protects people who are unable to make decisions for themselves.

People's medicines were ordered, stored, administered and disposed of safely.

People we spoke with all told us that they felt the staff supported them well. Staff we spoke with told us they were supported positively by the manager to do their job. They told us they received a range of training, and met frequently with their line manager to review their performance.

People were overall supported to eat sufficient quantities of food. The environment at lunch was relaxed and sociable. Overall staff were generally attentive to people, however we did note that three people who ate in their rooms left their plates untouched.

People had access to a range of health care professionals including GP's and district nurses. They told us they were referred to these services whenever the need arose without delay.

People received care promptly from healthcare professionals when they needed this. There were established links with healthcare professionals which included community nursing teams, GP's and speech and language therapists. These ensured people's health needs were addressed.

People had positive relationships with staff and management and were supported to maintain their relationships with their families. People were supported to pursue their individual activities and interests.

Staff listened to how people wished their care to be delivered and they were treated with dignity and their privacy was respected. A range of activities were provided to people at Prince Michael of Kent Court to ensure people were not socially isolated.

People told us that the management and staff team were approachable and responsive to their concerns and also compliments. Where complaints were made these were responded to and actioned appropriately. People who used the service, their relatives, and other health professionals were positive in their feedback about Prince Michael of Kent Court. Quality assurance systems were in place which included seeking the views of people that used the service.

There was an open relationship between the manager, people and staff and the manager listened and responded positively to feedback or suggestions.

There was a clear vision in the home that depicted what they were trying to achieve that was understood by the staff we spoke with.

# 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?

The service was safe.

People felt safe at Prince Michael of Kent Court.

Systems were in place to ensure staff identified and were aware of how to report concerns.

People felt their risks were managed appropriately and that they were fully involved in making decisions about any risks they may take.

There were sufficient numbers of staff available to support people when needed.

People received their medicines as prescribed and they were stored, administered and disposed of safely.

Staff understood safeguarding procedures and knew how to alert the relevant people if there were safeguarding concerns.

Staff were aware of the requirements of the Mental Capacity Act 2005 to protect people who were unable to make decisions for themselves.

Good



### Is the service effective?

The service was effective.

Staff felt supported by the management team. Staff received supervision and development on a regular basis and were provided with a range of appropriate training to assist them in their role.

People received effective support in relation to their health needs. People were supported to attend health checks with their GP and referrals were made to other healthcare professionals as required.

People were not always supported to have sufficient to eat and drink and maintain a balanced diet.

Requires Improvement



### Is the service caring?

The service was caring.

Relationships between the people who used the service, staff and manager were positive. People spoke highly of the staff and the care they provided.

Staff were caring and kind to people who used the service. They treated them with respect and dignity when providing support.

Staff knew the people they cared for and supported well.

Good



### Is the service responsive?

The service was responsive.

Good



# Summary of findings

People were involved in planning and reviewing their care. Their individual needs and preferences were acknowledged and met. Care records reflected people's current needs and preferences.

A broad range of activities were in place and were reflective of people's specific interests or needs.

People were supported to access the local community.

Resident meetings were held which gave an opportunity for people to raise any concerns which were responded to by the management team.

People were always responded to promptly by staff when they called for assistance.

## Is the service well-led?

The service was well led.

The service had a registered manager in post, although they were on leave at the time of inspection. Appropriate arrangements had been made for management of the home in their absence.

People found the management team were approachable and trustworthy. Staff members felt confident in raising any issues and felt the manager would support them and address any issues or suggestions made.

There were monitoring systems in place to ensure the service provided safe, quality care and support to people.

Good



# Prince Michael of Kent Court

## Detailed findings

### Background to this inspection

The inspection team consisted of an inspector and an Expert by Experience, who had experience with older person's residential services. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

The inspection was unannounced.

Before our inspection we reviewed the information we held about the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us by law. We spoke with three local authorities who commission services from the home to seek their feedback on the care provided.

During the inspection we spoke with 12 people and six relatives of people who used the service. We also spoke with two professional visitors, the registered manager and eight members of staff. We carried out observations throughout the inspection. We observed how staff interacted with people and also how people were supported.

We also looked at three care files, staff duty rosters, three staff files, a range of management records. These included quality audits, minutes for various meetings, resident surveys, a staff training matrix and management records for complaints, accidents & incidents, safeguarding, and health and safety.

# Is the service safe?

## Our findings

People using the service told us they liked living at Prince Michael of Kent Court and were well looked after by staff and the management team. None of the people we spoke with, their relatives or staff members raised any concerns about the safety at the home. One person told us, “Yes, it is safe here, I never have to worry about things like that, the staff and other residents are so gentle and kind to me.” One person’s relative told us, “I pop in most days and have never had any concerns regards [person] care or anybody else’s for that matter. If I ever did, I would approach the manager immediately.”

We spoke with staff who were able to explain to us what constituted abuse and the actions they would take if they had any concerns. Staff told us that they had no concerns in approaching the registered manager and felt their concerns would be addressed. One staff member told us, “I would report to the manager immediately. I would also fill out an incident form.” We saw records that safeguarding had recently been discussed in staff meetings. Staff we spoke with knew about whistleblowing procedures and who to contact if they felt concerns were not dealt with correctly. This included organisations independent of the provider.

The manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is legislation which protects people who are unable to make decisions for themselves. DoLS is a mechanism to protect people when their liberty needs to be restricted in their own best interests. Where people had been assessed as not having mental capacity to make decisions relating to their care, the manager was able to explain the process they followed. Best interest meetings were held involving relatives and other health and social care professionals as were required. This demonstrated that staff understood the requirements of the MCA and DoLS. They put them into practice, where appropriate, to protect people.

People had their individual risks assessed and reviewed regularly. These included falls, moving and handling, nutrition and pressure care. We saw that where risk was identified a care plan was in place. These care plans were also reviewed regularly, including recording any falls and reviewing the person’s care needs swiftly afterwards. Staff

we spoke with were aware of each person’s individual risks and how these were managed safely. This meant that people’s risks were managed appropriately and staff were aware of how to support these needs.

During our inspection on 20 January 2014 we found there were not always enough qualified, skilled and experienced staff to meet people’s needs. At this inspection we found that improvements had been made to staffing levels. Staff we spoke with told us that there was now enough staff available to support people. One staff member told us, “It gets busy, of course, but there are enough of us to manage. If needed the manager rolls up their sleeves and will help. We are a good team now who help each other out.”

The manager showed us the staffing rota which clearly demonstrated that there were sufficient staff on duty on the day of the inspection. Where gaps were present, due to holiday or sickness, these had been covered. The manager maintained a record of staffing levels reported by the shift leaders at the end of each shift. This identified staffing need based upon the needs of people on each unit. This meant the staffing arrangements could be flexible to cater for people’s varying needs.

There was a robust process in place for recruiting staff that followed the provider’s policy. This ensured all relevant checks were carried out before someone worked at the home. These included appropriate written references, proof of identity and criminal record checks. Newly recruited staff completed an induction period which provided them with a comprehensive package of training and support. This meant that the provider followed recruitment procedures to ensure staff were safe to work with people who used the service.

Our previous inspection on 20 January 2014 found that people were not receiving their medicines as prescribed. We also found that there was a lack of guidance available to staff to use when administering medicines on a PRN or ‘As required’ basis. During our inspection on 18 and 21 July 2014 people told us that they received their medicines when they required them and they did not run out.

We looked at the arrangements for ordering, receiving, storing and administering medicines including controlled medicines. We saw that regular audits of medicines took place and they were stored within acceptable temperature ranges. We checked the stocks of medicines for eight people who lived at the home and found no errors.

## Is the service safe?

Staff who administered medicines to people had undergone specific training to ensure they were competent to perform the role. There was comprehensive information contained in the medicine record that detailed how people wished to take their medicines, and also when and how to use PRN medicines. Where these medicines were administered to people staff were observed to seek the person's consent and review their symptoms to ensure they were not administered inappropriately.

Staff we spoke with were aware of how to report and record medicines errors. We observed one of the medicine rounds and checked that, where people were prescribed as having their medicine with food or at a specific time, this happened. This meant that people received their medicines as prescribed (including Controlled Drugs) and they were stored, administered and disposed of safely in line with relevant regulations and guidance.

# Is the service effective?

## Our findings

People we spoke with told us that they felt the staff supported them well. They said they were happy with the care and support they received, and that staff were sufficiently trained to meet their needs. One person told us, “You cannot not wish for a better place.” A second person said, “I have lived here for four years. We are very lucky to be here and cared for by such a wonderful group of people. They are extremely helpful.”

Staff we spoke with told us they were supported by the manager to do their job. One staff member told us, “I have done quite a bit of training. It is informative and needed.” Staff received regular formal supervision and a yearly appraisal of their performance with their line manager. Staff told us this was useful for them to see how they were progressing and request additional support if they needed it. The manager chaired regular meetings with members of staff where they were able to share information in relation to people’s care needs.

We examined the training matrix which detailed the training staff had completed. The core training covered areas that the provider considered to be essential for staff at the home, such as first aid, medication and food hygiene. We saw records of completed training sessions and training certificates were available for us to review. This showed that people were cared for and supported by staff who had the appropriate skills needed in their role.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People were complimentary about the food provided to them. One person told us, “It’s as good as it gets, the chef is brilliant and we can always have more if we want.” The manager told us that that the chef cooked the meals and accommodated people’s individual preferences if they didn’t like what was offered. One person told us, “Just the other day I really fancied some scrambled eggs, so I asked the girls and they got the chef to cook me some. What better service could you get at the finest hotel?”

Food menus catered for people’s individual preferences. We noted that balanced menus were planned in consultation with people who used the service. These included two or more food choices for each meal. The menu choices we observed on the day of our inspection were well presented and freshly cooked. Where we observed people eating their lunch they enjoyed their meal. One person told us, “Friday is fish day, and this is superbly cooked and tastes as fresh as the chip shop.”

We observed the lunchtime meal and noted that overall people were supported well to eat sufficient amounts. The environment was relaxed, sociable and friendly with plenty of positive interactions between people and the staff. Where people required support and assistance with their meal this was provided sensitively and in a dignified manner for most people. However we also observed that one staff member was serving food at the same time as supporting a person to eat. They were unable to provide this person with their full attention. This led to the person struggling to pick up the food from the plate and pushing it off. Although this person required assistance and prompting to ensure they ate sufficient amounts, the staff member had been unable to provide this.

We also noted that three people who were eating in their rooms had left their plates untouched. One of these people was not aware it was lunchtime. This meant that there was a risk that these people may not have received sufficient amounts of food to support their needs.

All the people we spoke with told us they could see the doctor when they wished. One person said, “If I want to see a GP, chiropodist, nurse, in fact anyone, these girls will make sure it happens quickly.” Care records we looked at showed that people received regular access to health and social care professionals. The GP and District Nurses regularly visited the home to provide treatment and review people’s health needs. The records showed that when a health professional visited a person this was documented in their care plans. This meant that people were supported to maintain their health and access health care services.



# Is the service caring?

## Our findings

People we spoke with were very positive about the care they received. People told us that they felt cared for and they felt that staff knew them well. One person told us, “They know me so well it’s like our routine now.” Staff we spoke with knew people well and were able to describe to us what support people needed and how they preferred this to be delivered. Another person told us, “You can talk to any of them. They are extremely helpful. Nothing is too much for them.” A second person told us, “[Carers] are gentle, kind, attentive and treat me like one of their friends.” One person’s relative told us, “They staff are very caring.”

Staff we spoke with were knowledgeable about people’s individual needs and preferences. They told us about people’s life histories, preferences, care needs and interests. We observed three members of staff supporting people during the morning. They interacted with them well. The member of staff in each case understood and responded to the person’s needs and were caring. Staff told us they knew about people’s individual needs because the information was held in their care plan, however, staff also told us that they obtained information by speaking with people and their relatives and through daily handovers on the units. One staff member told us, “My job is to care for people, and the only way I know what people need is to spend time talking to them and listening to what they want.”

People told us that they felt involved in planning and reviewing their care needs. One person told us, “I am kept up to date with anything that affects me by the girls. If something is needed then we talk about my options and what I would like to do.” We saw that care plans and reviews had been signed by either the person or their representative to confirm this. This meant that people were able to express their views in relation to developing their own care.

We observed that staff were respectful of people’s privacy and dignity. We saw that they knocked on doors and gave patient responses to people such as “Don’t rush to get up [Person] I’ll come back in half an hour when you’re ready.”

People told us that visitors came and went as they pleased. There were numerous areas for people to socialise, including a bar area in reception. People we spoke with were very positive about their socialising with both family and other people who lived in the home. People told us that there was a wide variety of places they could see their visitors and that they frequently went out if they wished to. One person told us, “I go where I want, when I want. All I do is let the staff know where I am going as a common courtesy and then I can please myself.” A second person told us, “Having the bar is a really nice touch for us as it gives us all a focal point. It would be hard for me to isolate myself away as there is always so much going on.” We observed many visitors on the day of our inspection. We noted that the atmosphere was relaxed and sociable. People were left to see their visitors in peace and were not intruded upon.

# Is the service responsive?

## Our findings

People we spoke with told us they felt they were listened to and that care was delivered in a manner that reflected their preferences and ability to care for themselves. People told us that staff, 'did not do to them but with them.' One person told us, "On any particular day, I say and they do. My needs may change day to day, but they will still ask what I need before they get on with it."

Care records we looked at contained an assessment of people's health and mobility needs and also contained information on their life history. Where people were unable to assist staff with completing their assessments and care plans, it was clear that the views of their relative had been sought and incorporated into the care plans. We asked four people if they were aware of their care plan. Three people told us they were and had seen theirs. One person said they were but, "Had no interest in all that paperwork and leaves it for their [relative]."

People we spoke with felt that their care was delivered in a manner that was focused primarily on their needs. One person told us, "If I wanted to go on a safari trip to Kenya these [staff] would make it happen. I do what I like when I like." A second person we spoke with told us, "I may be living with 50 odd other people but my care is different in every way because they listen to me."

We asked people if they were aware of how to complain. They told us that they knew the process for making a complaint but had never felt the need to make a formal complaint. They told us that there are always 'the little niggles along the way,' but that the manager or senior staff resolved these. One person told us, "If I ever felt the need to make a formal complaint I would go to [manager's name] straight away, but I have never had the need in all the years I have lived here." One person's relative told us, "[Manager] has an open door policy. I have faith in them that if I needed to complain they would respond swiftly and diligently."

The provider had a comprehensive complaints policy which was made available to staff and people at Prince Michael of Kent Court. Where complaints had been made the records demonstrated they were thoroughly investigated according to the policy.

People and their relatives told us that they could always go to the staff if they had any concerns or worries. They told us

that they informally discussed matters relating to the home or their care needs. Resident and relative meetings were held frequently to discuss matters such as staffing, the environment and activities. People we spoke with told us that the meetings were beneficial and well attended. They told us that the manager listened to their views and responded accordingly. One person told us, "The meeting is useful as it is our opportunity to have our say. [Manager] bends over backwards at times to accommodate us."

Minutes of meetings we looked at demonstrated that the manager had listened and responded to people's requests. For example, we saw discussions were held around planned activity trips which had been requested and actioned and also around longer term projects for the home. Minutes we looked at demonstrated that people were consulted and their views and opinions actioned.

There were a broad range of activities and social events available for all people to enjoy at Prince Michael of Kent Court. We saw that in addition to the bar area was a library area with computers and internet access so people could keep in contact with their relatives. The dementia unit had been decorated using texturized wallpaper and bright colours to help people to find their way around. Memory boxes were used outside people's rooms to assist them to find their rooms. These had personal effects and pictures individual to each person. For example, one person with a history of military service had the insignia from their regiment displayed outside their room.

There were numerous areas for people to enjoy including a large shared lounge area which housed the bar and in the dementia unit we saw a themed 1950's café. There were pictures from the 1950's displayed and the manager had sourced small promotional leaflets from seaside resorts of that era. On the tables were pots of money from the 1950's that people used to 'pay' for their coffee or cakes.

On the day of our inspection we observed staff supporting people with cooking in the main lounge area. People who were living with dementia were supported to join in within communal areas of the home for any activity they wished, which promoted a sense of inclusion. In the afternoon a music dvd was playing in the lounge. People were observed to be enjoying themselves and singing along. People told us that this was a particular favourite activity. We also observed staff supporting people on a one to one

## Is the service responsive?

basis with jigsaws, writing, and drawing. This meant that a range of activities were provided to people both to support group activities and one to one to promote social inclusion for all people living at the home.

# Is the service well-led?

## Our findings

People we spoke with told us that there was an open relationship with the manager and that they listened and responded positively to feedback or suggestions. People told us they had trust in the manager to ensure the home was well run. One person we spoke with told us, “We are always asked for feedback and kept abreast of what’s happening here.” One person’s relative told us, “The whole home, staff and residents have been through a period of positive change lately after some challenging times. The manager was always very open and upfront about those challenges and willingly sought our support.”

Through discussions with the manager and a range of staff we noted an open, transparent and positive working environment. Staff we spoke with told us it was a pleasant home to work in and the manager was approachable. One staff member told us, “I have worked in different homes, but in terms of enjoying my job, this home is the best one.” A second staff member told us, “We have had our problems over recent months, staff have come and gone, but what we have now is an amazing team led by an amazing, supportive manager.” We spoke with one visiting GP who told us, “Compared to others it’s good. The home is in good hands with [manager] at the helm. They are prompt in referring problems and resolving them.”

Surveys had been carried out to capture the views of people and their relatives by an independent company. Thirty two people responded to the survey and the

feedback was overwhelmingly positive. For example, all the people asked felt that they had choice and a high quality of life, were happy with their care and support, felt safe and thought the staff were proficient and the manager listened to their views. These results were then collated into an annual report which was made available to people, relatives and professionals. Where actions are required these are documented and reviewed. This meant that people, and their relative’s views and opinions were routinely sought in how the home is managed.

There were formal checks and audits carried out to monitor and assess the quality of the service. The audits in place included care plans, daily records cleaning, staff training and supervision, activities and weight monitoring. These audits identified issues which were then addressed. Minutes of staff meetings showed that issues were discussed and actioned. For example we noted that changes in people’s care records had not always been updated when required. This was discussed in the meeting as a point of learning and staff ensured records were accurate.

There was a clear vision in the home that depicted what they were trying to achieve. We spoke with the manager and asked them what the challenges and future plans were for Prince Michael of Kent Court. When we spoke with staff and asked them the same question they were able to provide us with the same themes. This meant that there was a clear ethos of care that was communicated and understood by all staff at Prince Michael of Kent Court.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.