The Royal Masonic Benevolent Institution

Devonshire Court

Inspection report

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Ratings

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

Overall summary

This inspection took place on the 19 and 20 August 2015 and was unannounced.

Devonshire Court provides nursing and residential care for older Freemasons and their dependants. The service is registered to accommodate up to 69 older people. There were 66 people using the service on the day of our inspection. Within the service there are two dementia units providing a specialist service for older people with dementia.

The person managing the service was an acting manager. They were in the process of applying to be the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they felt safe living at Devonshire Court and relatives agreed. The staff team had received training on how to keep people safe from harm however, safeguarding procedures had not always been followed in practice.

Summary of findings

We spoke with people who used the service, their relatives and members of staff to find out if they felt there were enough staff members on duty to meet people's needs. Some people thought there were, whilst others thought there were not. We observed that staff members were not always available when people needed support.

People had been involved in making day to day decisions about their care and support. However, there was little evidence in people's plans of care to demonstrate that their consent to their care or support had been obtained. Where people lacked capacity to make decisions, there was little evidence to demonstrate that decisions had been made for them in their best interest or in consultation with others.

The risks associated with people's care had been assessed, with the exception of one person's risk of falls. Interventions to reduce people's risk were recorded in their plans of care and equipment was in place where needed.

Appropriate checks had been carried out for new staff members. They had been provided with an induction into the service and training relevant to their role had been provided.

People received their medicines as prescribed by their doctor. Their medicines were handled appropriately and the required records were kept.

People's needs were assessed prior to them moving into the service and plans of care were developed from this. People told us the staff team knew their care and support needs and they looked after them well. Relatives we spoke with also felt that.

People's nutritional and dietary requirements were assessed and a balanced diet was provided, with a choice of meal at each mealtime. Monitoring charts used to monitor people's food and fluid intake were not always completed consistently.

Throughout our visit we saw the staff team treating people in a caring and considerate manner. They maintained people's dignity when assisting them with care and support [apart from when staff were not available to attend to people's needs]. People we spoke with told us that the staff were respectful toward them.

People were encouraged and supported to maintain their interests. There was a strong ethos on ensuring that the people who used the service were able to continue to enjoy their past hobbies and try new and varied activities.

The staff team felt supported by the management team. Team meetings had been held and opportunities to meet regularly with them had been provided.

People who used the service and their relatives were encouraged to share their thoughts of the service provided. Regular meetings had been held and surveys had been used to gather people's views. People's views were acted upon.

People knew how to raise a concern and they were confident that things raised would be dealt with appropriately and promptly.

There were systems in place to monitor the service being provided, though these had not always been effective in identifying shortfalls, particularly within people's care records.

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 not consistently safe.

People told us they felt safe. The staff team were aware of their responsibilities for keeping people safe but hadn't always followed the services safeguarding procedures.

Recruitment procedures were robust. Staff were not always suitably deployed which meant that at times people's needs were not met in a timely manner.

People received their medicines safely.

Requires improvement

Is the service effective?
The service was not consistently effective.

People's plans of care did not show that decisions had been made for them in their best interest or in consultation with others. Some staff members had limited knowledge of the Mental Capacity Act 2005.

People's nutritional needs were met however, records relating to nutrition and hydration were not always accurately completed.

The staff team were aware of people's health care needs and referred them to health professionals when needed.

Requires improvement

Is the service caring?
The service was caring.

People told us the staff team were kind and caring.

The staff team knew the needs of those they were supporting and they treated them kindly and in a considerate way.

People were supported and encouraged to make choices about their care and support on a daily basis and people's privacy and dignity were maintained at all times.

Good

Is the service responsive?
The service was responsive.

People's needs had been assessed before they moved in to the service and they had been involved in deciding what care and support they needed.

People were supported to maintain relationships with those important to them and were encouraged to follow their favourite pastimes and interests.

Good

Is the service well-led?
The service was not consistently well led.

Requires improvement

Summary of findings

Auditing systems were in place to monitor the quality of the service being provided though these did not always pick up shortfalls within people's care records.

The staff team were aware of the aims and objectives of the service and they felt supported by the management team.

People were given the opportunity to have a say on how the service was run.

Devonshire Court

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.

Before our inspection, we reviewed information we held about the service and notifications that we had received from the provider. A notification tells us about important events which the service is required to tell us by law. We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people that used the service. We also contacted other health professionals involved in the service to gather their views.

We inspected the service on 19 and 20 August 2015. The inspection was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We were able to speak with 11 people living at Devonshire Court, 7 relatives, 16 members of the staff team, the acting manager and the quality compliance officer.

We observed care and support being provided in the communal areas of the home. This was so that we could understand people's experiences. By observing the care they received, we could determine whether or not they were comfortable with the support they were provided with. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the service was managed. This included four people's plans of care, people's medication records, staff training and recruitment records and the quality assurance audits that the management team completed.

Requires improvement

Is the service safe?

Our findings

People who were able to talk with us told us they felt safe living at Devonshire Court and they told us they felt safe with the staff team who looked after them. One person told us, "I feel quite safe here." A relative told us, "She [their relative] is as safe as she could possibly be."

The staff team were aware of their responsibilities for keeping people safe. They explained the procedure to follow if a safeguarding concern was identified which included informing the management team. However, when we looked at documentation, we found that procedures had not always been followed in practice. An incident that had recently occurred had not been reported to the management team for their attention and action to keep this person safe.

We asked people using the service if they felt there were enough members of staff to look after them safely and properly. Some told us that at times there were enough staff on duty to meet their needs, but at other times there were not. One person explained, "They need more staff in the morning to help us get up, it's frustrating". Another told us, "I had to wait for about 20 minutes this morning, I rang my bell but they [a member of staff] told me I had to wait."

Relatives we spoke with gave mixed responses about staffing . Some told us there were enough staff, others told us there were not. One relative explained, "There is the one lady who takes two staff and when the staff are looking after her, there is no one to look after the other people."

During our visit we observed a number of occasions when people's call bells, (a means of calling for assistance from the staff team) were not responded to in a timely manner. These varied in length of time from between six to eight minutes and on one occasion a call bell was not responded to for 12 minutes. It was evident that this was because the staff team were busy assisting other people.

Staff we spoke with also gave similarly mixed responses. One staff member told us, "If there was another person on the early shift, we could give them [the people who used the service] the person centred care they need." Another told us, "There seems to be enough staff." And another explained, "Another pair of hands would be very beneficial."

We discussed the current staffing levels with the acting manager. They told us they were confident that there were enough staff members on duty on each shift, but it was the deployment of the staff team that was the problem. The acting manager explained that they were currently reassessing staff deployment and were confident that this would alleviate the issues identified.

Individual risk assessments had been completed to identify people's risks in relation to falls, pressure ulcers, and moving and handling. Interventions to reduce people's risk were recorded in their plans of care and equipment was in place where needed. When people had a fall, additional precautions had been put into place to reduce the risk of recurrence. We did note that one person who was assessed as at high risk of falls, a falls risk assessment had not yet been completed in order to assess the risk. The majority of the risk assessments we checked had been regularly reviewed.

Personal emergency evacuation plans had been completed to provide details of people's support needs in the event of an emergency evacuation of the building. An emergency plan was in place in case of foreseeable emergencies.

The provider's recruitment procedures had been followed. Required checks had been carried out prior to a new member of staff commencing work. This included obtaining suitable references and a check with the Disclosure and Barring Scheme (DBS). A DBS check provides information as to whether someone is suitable to work at this service. A check had also been made with the Nursing and Midwifery Council (NMC) to make sure the nurses who worked at the service had an up to date registration with the NMC. Nurses can only practice as nurses if they are registered with the NMC.

We looked at medicine management to see if people had received their medicines as prescribed. Medicines were stored in individual locked cupboards in each person's bedroom. Processes were in place for the ordering and supply of medicines and we were told medicines were always received in adequate time to ensure they could be administered consistently. We did not see any gaps in the medicines administration record (MAR) to indicate medicines had been missed. We saw necessary checks had been carried out for people whose medicines needed to be monitored and checked regularly. An electronic medicines administration system was in place. We saw there was a

Requires improvement

Is the service safe?

photograph of each person to aid identification and any allergies the person had were recorded. We did note there was no information as to how each person liked to take their medicines.

We observed medicines being administered. We saw the necessary checks were carried out against the MAR and the nurse in charge watched the person take their medicine. During our observation we noted the nurse in charge was interrupted by GP phone calls on more than one occasion whilst they were administering people's medicines. On one occasion they left a person's bedroom briefly to maintain confidentiality during the phone call, leaving the medicine cupboard unlocked and a bottle of medicine on a table in the room. Although the person was not at risk, the medicine was accessible to a visitor present in the room.

We saw some people administered their own medicines. When this was the case an assessment had been completed to ensure they could do this safely.

The staff team responsible for administering medicines told us they had undertaken training in medicines management and they had been provided with training and support when the electronic system had been introduced. Staff we spoke with told us they had yet to receive a competency check to check that they were competent in administering people's medicines.

Requires improvement

Is the service effective?

Our findings

People who were able to, told us the staff team knew their care and support needs and they had the skills and knowledge needed to look after them. One person told us, "The carers know me well and know what help I need." Another explained, "They [the carers] are trained to help us and they know what they are doing, well they do with me anyway."

Visiting relatives told us the staff team working at the service had the experience and ability they needed to meet the needs of those they were supporting. One relative told us, "I think [their relative] is being very well cared for. The staff are very capable here."

People's records did not always show that their consent to their care or support, or their ability to make these decisions, had been properly considered. The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. Assessment and authorisation is required if a person lacks mental capacity and needs to have their freedom protected to keep them safe.

Where people lacked capacity to make decisions, their plans of care did not always show that decisions had been made for them in their best interest or with consultation with relevant health and social care professionals and/or family members. Not all of the staff team had received training on MCA or DoLS and the staff members we spoke with had limited understanding of these. The acting manager acknowledged this and explained this would be addressed as a priority.

The acting manager had already identified this as an area to improve.

We observed the staff team supporting the people who used the service. Communication was open and inclusive and this enabled them to understand people's needs and provide their care and support in a way they preferred. The staff team were confident in their interactions and provided care and support in a friendly and relaxed way.

Staff members told us they had received a period of induction when they first started working at the service and training relevant to their role had been provided. One staff member explained, "The training I have had, particularly the dementia training has helped me big time!" A training programme was in place for the staff team and this showed us the training that had been provided and the training that was planned. The training provided enabled the staff team to properly meet the needs of the people who used the service.

The staff team felt supported by management. They explained that team meetings were held. They said they had opportunities to meet with a member of the management team to discuss their progress and any training or developmental needs. One staff member told us, "They always ask us if there is any training we need, it is a really good place to work."

We asked people what they thought about their meals. One person told us, "The dinners are beautiful." Another stated, "I am happy with the food".

During meal times people were invited to sit at the dining tables. We saw the tables were set with condiments and a choice of drink was offered. People were offered a choice of meals and alternatives to those choices were also offered if someone preferred something else. One person told us, "I ordered an omelette, different choices to the menu are never refused." The food was well presented and was very well received.

People were encouraged to maintain their independence. Adaptations were provided and red plates had been introduced as a result of the work done to improve the care of people with dementia. People who required assistance to eat were provided with lots of encouragement and the staff team spent considerable time with them. We did note that one person's lunchtime experience was not as positive as others. They had been assisted to the dining table prior to lunch being ready. Their lunch was brought to them but they could not reach it, they then fell asleep and staff missed the opportunity on two occasions to support them with their meal. This experience was shared with the acting manager.

The chef told us how they fortified food for people who had small appetites. This was in line with nutritional advice and included using cream in mashed potato and custard. They were knowledgeable about the requirements for people who required soft or pureed food and for those with diabetes.

Requires improvement

Is the service effective?

Monitoring charts to document people's food and fluid intake were used for people who had been assessed to be at risk of dehydration or malnutrition. However, when we looked at the records of two people, we found that these were not being completed accurately. The charts did not demonstrate that the people were receiving the food and fluids they needed to keep them well. One person's records showed they had been given tea and toast at 8.10am and then nothing until sandwiches and cake at 6.00pm. Another day showed that the person had been given a cup of tea at 2.00pm and then nothing until 12 midday the following day. Although the staff team assured us that the person would have had something to eat and drink during these times, this could not be demonstrated.

Another person's weight had not been monitored. Staff told us the person had recently experienced unplanned weight loss but no records were kept about this. No changes to the person's diet were made during this time.

People told us they could see their doctor or other health professionals such as community nurses and dentists at any time. One person told us, "The dentist came last week to take some impressions. They are very good if you need to see someone." Relatives we spoke with agreed and told us that they were always kept informed if their relative needed to see a health professional. People's health needs were monitored and referrals to health professionals were made when appropriate

Good

Is the service caring?

Our findings

People who were able to told us the staff team who looked after them were kind and caring and our observations confirmed this. One person told us, "I am very well looked after, they [staff team] are very very kind." Another explained, "Very friendly, some carers are better than others but they are very caring."

Relatives we spoke with agreed. One told us, "The staff are very friendly and they support me as well as [person using the service]. There is always someone you can talk too. It is a really happy place and it is nice to visit."

We observed the staff team interacting with the people using the service. Staff interacted with people in a respectful and friendly way. They spoke in a cheery manner and we heard pleasant conversations throughout. People were treated kindly and support was provided in a considerate manner.

We did note three occasions when staff members were not always discreet when talking to one another when speaking about the people using the service. We shared these with the acting manager. They told us that they would speak with the members of staff concerned to ensure this did not happen again.

The staff team gave us examples of how they ensured people's privacy and dignity was respected. One staff member explained, "I always knock on the door and close it behind me when I'm helping them [the people who use the service].

The staff team respected people's privacy. They ensured that doors and curtains were closed when they were providing personal care and they knocked on people's bedroom doors before entering their room. When they provided support to people who were using the communal areas, this was carried out discreetly and sensitively.

We saw that whenever possible, people had been involved in making day to day decisions about their care and support. The staff team gave us examples of how they obtained people's consent to their care on a daily basis. One staff member told us, "It is important to give choices, even simple choices like which top to wear, or when asking what someone wants to eat, showing them [the people who use the service] what's on offer."

We looked at people's plans of care to see if they included details about their personal history, their personal preferences or their likes or dislikes. We found that the majority of them did. The staff team knew what people liked and disliked. For example what people preferred to be called and what they liked to eat and drink and they ensured that personal preferences were upheld. One staff member explained, "Because we know them [the people who use the service] we know what they like, so if they are unable to tell us, we can make sure they get what they want and like."

For people who were unable to make decisions about their care, either by themselves or with the support of a family member, advocacy services were made available. This meant that people had access to someone who could support them and speak up on their behalf.

Good

Is the service responsive?

Our findings

People who were able to talk with us told us they were involved in deciding what care and support they needed. One person told us, "They asked me what help I needed when I first came, I am very well looked after by the carers." Relatives also told us they and their family member had been involved in deciding what care and support they needed. One relative told us, "I was involved in setting up the care plan and they keep me well informed."

People's care and support needs had been assessed prior to them moving into the service. This was so that the management team could assess whether the person's needs could be properly met. From the initial assessment, a plan of care had then been developed.

Care records were maintained and stored electronically. Plans of care were in place for each person we reviewed and these detailed their care and support needs. We did find it difficult to determine people's current needs as some of the plans of care contained historic information. In addition, the interventions identified within the plans of care had not always been completed consistently. For example, one person who had a diagnosis of diabetes, their plan of care stated that they required their blood sugar levels to be tested four times a day. When we checked the records held we found that on some days their blood sugar levels had only been recorded as being tested twice a day. The staff team assured us that all the checks had occurred, however there was no evidence to demonstrate this.

The majority of the plans of care had been reviewed on a monthly basis. This enabled the staff team to identify any changes in people's health and take the appropriate action. This included for one person, contacting their GP and for another person who had difficulty swallowing, contacting the local Speech and Language Team.

Relatives and friends were encouraged to visit and they told us they could visit at any time. One relative told us, "I can come any time and I am always made welcome, the carers are lovely."

People were supported to follow their interests and take part in social activities. The service had two activity coordinators. The coordinator on duty during our visit had a very kind, caring and happy personality which shone throughout the day and made a big impact on the people who used the service. We saw how happy people were to see them [the coordinator] as they walked around the service and they actively encouraged people to participate in activities.

A variety of activities were held on a daily basis including games, bingo, quizzes, nail painting, chair exercise, chapel services, food tastings, outside entertainers and talks. Trips were also organised including a trip to the garden centre, a narrow boat trip and a pub lunch. One of the people who used the service told us, "The activities are really fun. A delight was the canal trip" Another explained, "Without her [activities coordinator] and her work, the home would be a poorer place."

People told us that they knew what to do if they had a concern or complaint to make about the care and support they received. One person told us, "I would tell [the acting manager], she would deal with any worry we had." Another person explained, "The process for complaints is very good."

A formal complaints process was in place and this had been followed when a complaint about the service had been received. We saw that when a complaint had been received, this had been acknowledged and an investigation had been carried out. When a complaint had been substantiated action had been taken to drive improvement. When people had concerns, these had been taken seriously.

Requires improvement

Is the service well-led?

Our findings

People who were able to talk to us told us they felt the service was properly managed and the management team were open and approachable. A new acting manager had recently been employed and all but one person's relatives we spoke with were aware of the change. One person told us, "[acting manager], I like her, I think she'll sort things." Another explained, "I think the new manager is going to be great, she is very friendly."

Staff members we spoke with told us they felt supported by the management team and they felt able to speak to them if they had any concerns or suggestions of any kind. One staff member told us, "The new manager has got time for you, I feel fully supported." Another explained, "I feel supported, it is one of the best [homes]."

People who used the service, their relatives and staff were all encouraged to share their thoughts of the service provided. Regular meetings had been held and a consultation event had been planned for the evening of our visit. The acting manager explained that people's views of the service were very important to them and they wanted people to be involved in the running of Devonshire Court. A meeting had also taken place the day before our visit for the people using the service. People we spoke with told us that it was a very positive meeting. One person explained, "There was a little agitation regarding bed changes, cleaning and laundry, but they listened to our points and notes were made. It was an all-encompassing meeting."

The staff team were aware of the provider's aims and objectives and a copy of these were displayed at the service for people to view. One staff member told us, "We are here to provide person centred care, it's all about the people who use the service, to treat people with respect and dignity and to look after their health and their safety."

There were systems in place to regularly check the quality and safety of the service being provided. Regular monitoring visits had been carried out by the provider's quality compliance manager and the regional manager. During these visits checks on the service were made to make sure that the service was safe and fit for purpose.

Regular audits had been completed on the records held. These included people's care records, their medication records and Incidents and accident records. This was to make sure they were up to date and accurate and reflected the care and support provided by the staff team. When we looked at people's care records, we found there were minor shortfalls in the quality of record keeping. Some people's food and fluid charts had not been accurately completed, some people's plans of care had not been updated, weight charts had not been completed for two people identified at risk of losing weight and capacity assessments had not been completed. This meant that the auditing processes in place for people's care records had not been robust.

Regular checks had been made on the equipment used at the service and on the environment. These included the checking of the moving and handling equipment used and the temperature of the hot water. We did note that two of the four assisted baths were out of order. The person responsible for the maintenance of the building informed us that costing's for the repair of the baths were currently being processed.

The management team knew their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. A procedure for reporting and investigating incidents and accidents was in place at the service and the staff team were aware of these.