The Royal Masonic Benevolent Institution Care Company

Prince Edward Duke 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?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This comprehensive inspection took place on 07 March 2017 and was unannounced. Prince Edward Duke of Kent Court is a 50 bed service for older people and people who may be living with dementia. The service is split into two units. The main house has 30 beds and the dementia unit (Mauchline) has 20 beds. On the day of our inspection there were 44 people in total using the service, 25 people in the main house and 19 on the dementia care unit. The manager confirmed there were six vacancies overall.

There was a manager in post at the time of the inspection. 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. On the day of our inspection the service was being managed by two shift leaders (one on each unit), who were being supported by four members of staff on each unit. The manager, who was not on duty on the day of inspection arrived to support the team and was present throughout the inspection.

Staff knew how to protect people from the risks of abuse. They had received training and knew who to contact if they had any suspicions people were at risk of abuse. Robust recruitment procedures were in place. These helped minimise the risks of employing staff who were unsuitable to work with vulnerable people.

People's needs were met by ensuring there were sufficient staff on duty. People, visitors and staff told us they felt there were enough staff available to meet people's needs. During the inspection we saw people's needs being met in a timely way and call bells were answered quickly.

Risks to people's health and welfare were well managed. Risks in relation to nutrition, falls, pressure area care and moving and transferring were assessed and plans put in place to minimise the risks. For example, pressure relieving equipment was used when needed. Risk assessments were updated following any accidents or incidents, the incidents were then routinely analysed to look for patterns.

People's medicines were stored and managed safely. Medication policies and procedures were in place and senior staff had the skills to safely administer medicines

People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS). Discussions with the registered manager indicated that where necessary people's capacity to make decisions had been assessed and decisions taken in their best interests.

Staff confirmed they received sufficient training to ensure they provided people with effective care and support. There was a comprehensive staff training programme in place and a system that indicated when updates were needed. Training included caring for people living with dementia, first aid and moving and

transferring.

People were supported to maintain a healthy balanced diet and people told us there was a good choice of food. People were supported to maintain good health and had received regular visits from healthcare professionals.

People received personalised care and support that reflected their individual needs and requirements. Care plans provided detailed guidance for staff on how to meet people's individual needs, and included information about what was important to them. People were supported to pursue interests and spend time doing things they found enjoyable. There were regular activities available for people to participate in. People spoke positively about the service and care provided. People's needs were met by kind and caring staff. People's privacy and dignity was respected and all personal care was provided in private.

People's care plans contained all the information staff needed to be able to care for the person in the manner they wished. Care plans were reviewed regularly and updated as people's needs and wishes changed. People and their relatives were supported to be involved in planning and reviewing their care if they wished. We saw good interactions between staff and people living at the service. Staff took time to ensure people received any assistance they needed.

There was a positive and welcoming atmosphere at the service. Staff told us they thought there was an open and honest culture in the home. Relatives told us that they could visit at any time and were always made welcome. They also said that staff always kept them informed of any changes in their relative's welfare.

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The registered manager was open and approachable. People were confident that if they raised concerns they would be dealt with. Staff spoke positively about the registered manager and said they felt well supported. People also knew the registered manager well and told us they were always available to speak to.

The management team promoted an open and fair culture within the service. People's relatives felt the management team was approachable and had confidence in their ability to deal with issues fairly. Staff understood what was expected of them, and felt supported and valued by the management team. The provider had developed quality assurance systems to assess, monitor and improve the quality of the service people received.

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 is safe.

Risks to people were identified and managed well. People were involved in making decisions about risk taking and were protected from abuse by the systems in place.

The provider had recruitment procedures to ensure people were protected against the risk of abuse and there were a sufficient number of staff and skill mix to meet people's needs safely.

People medicines were managed well and people lived in a clean and safe environment.

Is the service effective?

Good

The service is effective.

People received care for effectively trained staff. Induction procedures for new members of staff were robust and appropriate.

Peoples legal rights were protected because staff understood how to support people who did not have the mental capacity to make decisions for themselves.

People's nutritional needs were met because they were given choices about food and received a balanced diet and drink.

Is the service caring?

Good

The service is caring.

Caring relationships were developed; people were treated with kindness and respect. Staff listened and responded to people.

People were able to express their views by being involved in discussions, with staff and family members.

People had their wishes met because staff had received training and had appropriate guidance to follow

Is the service responsive?

Good

The service is responsive.

People received personalised care that was responsive to their needs,

People had access to a range of organised activities that reflected their interests.

People knew how to make a complaint and told us they would be comfortable to do so. Complaints were investigated and acted upon.

Is the service well-led?

Good

The service is responsive.

People received personalised care that was responsive to their needs,

People had access to a range of organised activities that reflected their interests.

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Prince Edward Duke of Kent 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.

The inspection took place on 07 March 2017 and was unannounced.

The inspection team consisted of three inspectors.

Before our inspection we reviewed the information we held about the service, which included the Provider Information Return (PIR). This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law. We also considered any information which had been shared with us by the Local Authority

We spoke with people who lived at the service who were able to verbally express their views about the service. We also spoke with staff and observed how people were cared for. Some people on the dementia care unit had complex needs and were not able, or chose not to talk to us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also observed the care and support provided to people and the interactions between staff and people throughout our inspection. We used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care and support in both units in the lounge, communal areas and during the lunch time meal.

During this inspection we spoke with eighteen people who used the service. We spoke with eight care staff members, two senior shift leaders, and the manager. Additionally we spoke with three relatives and one visiting healthcare professional. We also attended the handover meeting held between shifts.

We looked at six people's care records, staffing rotas and records which related to how the service monitored staffing levels. We also reviewed daily records, recruitment and training records and records relating to the quality and safety monitoring of the service. We looked at the premises and also looked at information which related to the management of risk within the service,

Good

Is the service safe?

Our findings

People were supported to remain safe and evidence of this was seen in people's care plans. Many of the people who used the service, (more predominantly on the dementia care unit – Mauchline) were unable to fully express their views due to their varying levels of dementia and limited abilities to communicate verbally but we did observe that people appeared relaxed and comfortable with the care and support they were receiving. One relative told us, "I am completely at ease knowing that [person] is being well looked after and is safe." We also spoke with people in the main house about feeling safe at the service, people told us that they were safe and felt happy and well supported.

Staff knew how to keep people safe from harm. They knew how to recognise the signs of abuse and were confident in the action to take if a concern arose. All the staff that we spoke with were confident in the managers ability to respond to any concerns in a timely manner. We also observed staff knew people well. We observed staff supporting people to mobilise safely with walking aids and to transfer from wheelchairs to lounge chairs. Staff spoke calmly and gave clear verbal instructions to people to reach backwards for the chair to ensure that they were in a safe position before they sat down in the chair. We also observed staff assisting a person to transfer with the standing hoist, they provided reassurance and verbal prompts throughout the manoeuvre. On Mauchline House staff told us that 7 people were hoisted and that one person used the standing hoist. We saw everyone had their own sling and replacements were available if they were being laundered.

People's risks were managed well. Care plans included detailed risk assessments that provided staff with the information needed to manage the risk. The care plans we reviewed for people confirmed this and also included incident records of any falls or pressure area breakdown whereby trends were monitored. Outcomes were discussed with staff to ensure they were aware of the risks and what to do to reduce them. For example we saw manual handling risk assessments in place for one person who was identified as requiring a hoist for transfers. The risk assessment clearly identified how many staff were required to assist them and which size sling was required for the manoeuvre. Additionally we saw with another person a smoking risk assessment had been completed for them as they enjoyed a cigarette. The person did not have the capacity to manage this independently but had smoked all their life and continued to request to do so. The assessment identified how many cigarettes the person usually smoked a day and provided information for staff about how to support them, where was safe to smoke and where the person's cigarettes should be kept. We saw this being put into practice during the inspection.

Risks to people in emergency situations were also well managed and planned for. There were appropriate emergency evacuation procedures and regular fire drills took place which had been recorded. People had individual evacuation plans in place (PEEPs). Equipment had regular checks and there were quality monitoring systems in place to ensure equipment remained safe for people and staff to use. The service was clean and infection control procedures were being followed, by staff wearing appropriate protective clothing when carrying out different tasks.

Safeguarding information was available for staff guidance and people, relatives and visitors had access to

information on how to raise issues outside the service if they wished. Staff told us that they had received safeguarding training and one member of staff informed us they had discussed safeguarding at one of their supervisions. Staff were able to inform us what action they would take if they suspected abuse. They were aware of how to raise a complaint or how to whistle blow. Staff said they would feel safe to do this and would feel confident to speak with senior staff and managers.

People were able to request support from staff using a call bell system in their rooms. Staff were always visible in the communal areas and people were discreetly assisted to the bathroom. During the inspection staff were not rushed and responded promptly and compassionately to people's requests for support.

People were supported by sufficient numbers of staff. There were four care workers and one shift leader on duty providing care for 19 people in the dementia unit. All of the staff and relatives that we spoke with felt that there were enough staff available to meet the needs of people living in the service. Our observations throughout the day confirmed this, we saw that the staff on Mauchline House had the time to sit and talk with people and that when people required assistance staff were available to support them in a timely fashion. This was also the case in the main house and other units. People told us they felt fully supported by staff that met their needs in a timely way. Our observations confirmed this. One relative told us that there were always enough staff available to care for their relative, they went onto say that people who were less able to look after themselves were never neglected by staff. The manager informed us that they always tried to ensure that there were enough staff on to provide both routine tasks and time with the people that used the service.

Staff told us that recruitment processes were robust and that they had experienced relevant checks and provided appropriate supporting documentation. The policies and staff siles supported this. We reviewed four staff files for a range of staff and found that they were all recruited in line with safer recruitment practices and contained all of the information required to ensure they were safe to work with people within the care service. The staff files also evidenced good support and development of staff in line with the needs of the people using the service.

People were supported to take their medicines safely. Medicines were managed by staff who had the competency and skills to administer them safely. People told us they had confidence in the staff who administered their medicines. The home used a blister pack system with printed medication administration records. MAR sheets matched the blister packs and checks were made on all medicines being administered. We spoke to the senior member of staff administering the medicines on both units, they demonstrated a clear understanding of the safe storage of medicines, the management and recording and administration of medicines. For example a few people were being administered covert medication (disguising medication by administering it in food). We saw evidence in their care plans of agreement for this from their GP and family. Information provided detailed information on how to administer them also, for example crushing them and putting in a cup of tea. Observation on the day showed staff handling medicines safely and discussing medicines with people before administering them. We also saw that people who were prescribed medication in patch form had clear plans in their care plans regarding the rotation of sites and that these entries were all up to date. One person told us," I have no worries about my medication, I have what I need, staff are very good at bringing me tablets if I need them.

Good

Is the service effective?

Our findings

People received effective care and support from staff that had the skills and knowledge to meet their needs. People were very complimentary about the staff who supported them. One person told us, "All the staff here are very good, I feel safe here".

Staff informed us that they had received training including equality and diversity. One member of staff told us, "I have received lots of training, but also I know what is expected of me with regard to treating people with equality, thinking about their diversity and making sure they are happy and safe." Staff had completed training which provided them with the skills and knowledge to effectively meet the needs of people living at the service. Staff told us that they completed a mixture of e-learning and face to face training which included; manual handling, health and safety, fire and COSHH. Staff working on Mauchline House had completed specialist dementia training and told us that the unit was reviewed annually by an external agency to ensure that the needs of people living on the unit were being met. The home had engaged the support of 'Dementia Care Matters' and was assessed as operating in line with their quality marks for excellent dementia care.

The in house trainer explained and records confirmed that in depth analysis of people's needs was the driver for training offered. For example, some people require complex moving and handling procedures, so the home brought in an expert moving and handling trainer and designed a scenario based course to suit both new starters and those staff who required refresher training. Following the training they have an additional moving and handling trainer who carries out competency assessments via observations. If the observations identify a lack of confidence or skill then the staff member would be supported via additional one to one sessions with the expert trainer. On the day of inspection we observed, well trained staff carrying out moving an handling manoeuvres well.

Staff were given opportunities to complete nationally recognised qualifications in care and talked openly about the training they received including a staff member who informed us that they were currently completing their level three in Health & Social care, and felt supported to develop their skills and understood what was good practice was. Other comments from staff included " I have on going training and can discuss with manager my professional development". "I can access policies and read them." One staff member told us about their induction, this included shadow shifts for 2 weeks, which could be extended if required. Another member of staff who had previously worked at the service as an agency staff member, told us they were still expected to complete the 2 weeks of shadow shifts also as part of their initial induction.

We were also told about additional training which is bespoke to the service which has a positive impact on people's lives. Staff have recently experienced, customer services training to ensure that they have the skills and competencies to communicate well with people and visitors and there has also been a focus on experiential learning such as having another person support you to eat and isolation training, where staff experience being in a room with no activity for a period of time so they better understand what good quality care means to people. Staff told us this type of training was exactly what they needed to help them deliver the best care to the people they care for.

People in the main house were able to give consent and were able to make decisions about what care or treatment they received. People's records showed how individual consent had been gained from people regarding their day to day living arrangements from those who had capacity to consent. One person told us they felt that they continued to make decisions about their support. On both units we observed people were always asked for their consent before staff assisted them with any tasks. Staff discreetly offered help to people and gave them time to decide if they wished to be helped at that particular time or task. The provider information return stated staff had received training on the Mental Capacity Act 2005 (the MCA.) This meant staff were taught to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Staff records confirmed staff had received this training. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care plans showed staff assessed and recorded when people lacked capacity to make decisions and recorded best interest decisions.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. There was an up to date policy on the use of DoLS and the manager had identified people who required this level of protection, mainly on Mauchline House, and we saw authorisations had been applied for and granted appropriately and referred to the least restrictive options.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. There were reminders in place for the staff cooking the meal for anyone with specific dietary needs. Staff were also aware of what foods contained to prevent people with allergies being given the wrong food. People were observed at meal times to be enjoying their meals, being given a choice and were given sufficient food and drink.

On Mauchline House, lunch time was a sociable and enjoyable experience for people – we observed positive interactions between staff and people who chatted, laughed and joked together. One person asked for a glass of wine, staff responded and asked if they would like red or white wine and they were given their chosen option in a wine glass. Staff supported people to choose their meal by showing them both options served on a plate and vegetables were served in a separate dish so that people were able to help themselves. We observed that one person was late starting their meal because they had been at the hairdressers – staff still showed them both meal options so that they were able to choose their preference. Another person chose an omelette instead of what was on the menu and this was provided. Gravy and condiments were accessible on each of the tables. People were offered more if they wanted it and staff encouraged people to be as independent as possible and offered assistance when people were observed to be struggling to cut their food. We saw verbal prompts were given when people had stopped eating. One person was eating their meal with their fingers, they were repeatedly encouraged by staff to use their cutlery but clearly struggled to do so. We did not see any assistive cutlery available or offered to them which may have enabled them to use it independently. The main course was fine to eat with their fingers but pudding was apple pie and custard which did not work so well. We discussed this with the manager who said they would attend to ensuring appropriate finger foods were available and assistive cutlery.

On Mauchline House also there were snack baskets available and we saw people helping themselves to fruit, biscuits and cake. Drinks were also accessible to people and available throughout the day. We heard staff speaking to people about what food was on the menu that day and about what food they liked to eat.

One person's care plan we reviewed, provided guidelines for staff about how to support them at lunch time, including gently encouraging them to eat when they were observed not to have stopped and gently reassuring them that their meal had been paid for if they became anxious – we saw this guidance being put into practice by staff at lunch time. Another person had been assessed as requiring a soft diet. The person required assistance with their meal and their care plan instructed staff to ensure that they assisted them at a pace set by the person and we saw this put into practice by staff at lunch time. Food and fluid charts were in place – people were weighed monthly and where a need for concern had been identified people were weighed weekly. However, we reviewed the care plan for one person who had been identified by as requiring weekly weights and saw that they were in fact being weighed monthly – over a 4 month period their weight was in fact stable but their BMI was low which gave them a high MUST (risk of malnutrition) score. On three consecutive months it was documented, 'if no improvement in screening score after 1 month refer to the GP for supplement prescription' – this was first documented in November 2016 but there was no record of a fortified diet until February 2017. Whilst on this occasion we noted no risk to the person concerned this could have been better monitored and recorded by staff.

Food hygiene procedures were followed and there were clear audit trails of records and checks being kept and carried out. These included emergency lighting, hot water temperatures, and service engineer reports. The kitchen area was observed to be clean and hygiene procedures were followed by staff supporting with meals, which meant people were protected against the risk of infection caused by poor infection control. The home had been awarded five stars by the local environmental health department which showed high standards of food safety.

People were complimentary about the food served in the service and said there was always a choice of meals. One person told us, "We can choose what we want, but if we change our mind they would give you something else." A family member informed us, the food here is very good here and my [relative] has never complained."

We observed a staff hand over and staff told us that they were kept informed of any changes in people's care plans or any significant changes in condition, medical appointments at shift handovers which were led by the shift team leader on duty. Staff told us that they felt that the information provided at the handovers provided them with the information that they required to enable them to care for people effectively. People's health needs were well managed. Staff monitored people's health and arranged for them to see healthcare professionals according to their individual needs. Diabetic care plans were reviewed and regularly updated. People told us that staff supported them when they had health concerns. Staff supported people to access a variety of health and social care professionals including GP's and DN's. Where the need for additional support was identified staff referred people for specialist advice such as the dietician, Speech and Language Therapist and physiotherapist. Records showed that staff kept families informed of any changes or deterioration in people's conditions and all of the relative's that we spoke with were confident that staff acted promptly if their loved ones became unwell and kept them informed of any changes in their condition.

Good

Is the service caring?

Our findings

Caring relationship had been developed and people were observed being treated with kindness respect and compassion. Staff were observed listening to people and people seemed relaxed and happy. One person told us, "the staff are so supportive, I don't know how I would have got on without their help." Another person told us, "The staff are so caring." One staff member said," "We are their friends, relative, carer, whatever they want us to be on that day."

One relative told us, "It's out of this world. I think that they are marvellous. Nothing is too much trouble." They went on to tell us how their relative had initially been admitted for respite care and then stayed as a permanent placement. This relative was positive about the way staff encouraged their relative to maintain their mobility as they had fallen before and had been confined to a wheelchair. Another relative told us that when it was their wedding anniversary the kitchen staff cooked them and their wife a special meal, baked them a cake and decorated the dining room for them.

Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms.

Throughout the home staff acknowledged people as they passed and spoke to visitors welcoming them into the home. Everyone we spoke with complimented and praised the staff who supported them. People's comments included, "Staff are very kind and polite", and, "Very caring staff." We observed numerous examples of staff providing support with compassion and kindness. Staff spent time chatting easily, laughing, and joking with people.

During lunch time staff were seen to be busy setting out lunch's but still greeted people warmly as they arrived for their lunch. People that needed support were supported to a table of their choice and helped at a pace of their choice. Staff demonstrated clear concern for people's comfort making sure their chairs were close enough to the table for them to reach their meals. Staff approached people from the side when serving their meals offering choice and alternative meals if needed. People also showed compassion and kindness to each other, offering to help if the staff were unavailable for short periods of time whilst serving the lunch. We observed people after lunch meeting with each other having a cup of tea and chat.

Interactions between staff and people were seen to be kind and personal. When staff were assisting people with their mobility it was at the person's pace. Throughout the inspection visit we saw people were actively involved in decision making. We observed staff sitting and chatting with people and their relatives, they were engaging people in conversation which was of interest to them and encouraged people to join in the conversation. One person's care plan identified specific words that they would use when requesting to go to the toilet. We saw the service had thought about how people could make independent choices for example, on Mauchline House, the toilet doors were painted in a different colour to bedroom doors and were labelled with words and pictures. Research has shown that painting toilet doors a contrasting colour assists people living with dementia to identify where the toilet is. People's bedroom doors were also painted in contrasting

colours. Another person's care plan identified that they were non-verbal, their care plan provided staff with clear guidelines about how to effectively communicate with the person through the observation of their body language and facial expressions, for example if they became fidgety this was an indication that they were upset.

Visitors moved around the home with ease and seemed to know other people living at the home as well as their relatives. One relative told us, "It's brilliant, it's amazing they couldn't do more." Their family member had moved from another service to be closer to them, they went on to say that the staff couldn't do more to have supported the person of the family during the move. People told us they were able to have visitors at any time. People said they were supported by kind and caring staff. One staff member told us, ""It's a pleasure to come to work."

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and view their opinions. We asked staff how they involved people in their care reviews, they informed us that they reviewed the plans monthly and sat with the person and where possible the person's representative to ensure that the plans were up to date. We spoke to relatives who agreed that they had been consulted in the care plan reviews.

Care plans contained information about people's preferences as to how they wished their care to be provided and information about their likes, dislikes and previous interests and life history. One person's care plan contained information for staff about how to effectively communicate with them. Staff that we spoke with were aware of the information contained within their care plan and explained to us that the person often refused assistance with personal care but when this happened they left them alone for a short period of time and then returned to offer assistance. They told us that if necessary this process was repeated a few times but was effective as the person would accept care in the end. Another person's care plan identified that they frequently chose to sleep in a chair rather than in a bed. There were clear guidelines for staff about how to support the person regarding this decision including elevating the person's legs and placing a sensor mat in close proximity to the chair.

Systems were in place which ensured people's wishes and preferences during their final days and following death, were respected. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People's care plans were computerised but were very detailed and informative. They included records of initial assessments completed by the manager prior to individuals moving into the service. This was to make sure the home was appropriate to meet the person's needs and expectations. This was confirmed by the manager who informed us that if the service did not think they could meet someone needs, they would ensure they were no inappropriately placed in the service. Included in the assessment was the person's preferences, history and likes and dislikes. People were encouraged to make choices about moving into the service and also to visit prior to making the decision to move in. This enabled people to see the service and meet some of the staff and residents. We saw this happened with one person who was considering moving to the service.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. The care plans showed that people where able had been involved in the assessment and planning of their care. These plans were reviewed with the person on a monthly basis. Care plans also had well-being profiles and daily routines. They also held end of life care plans with relevant information. The manager told us, "I am proud I work here, we like to maintain our standards of care,"

One relative informed us, "My [relative] had a full introduction to the service and can choose what they do. Staff sat down with us and discussed the care plan. They went into things in a lot of details." Information was also available that gave a detailed description of what people could expect when they moved in, as well as suggestions about what to bring with them. Resident meetings were held and satisfaction questionnaires sent to people and their families. One person told us, "The staff here know me very well. It is a lovely place to be." People were able to make choices about all aspects of their day to day lives. People told us they were able to make choices about what time they got up, when they went to bed and how they spent their day. One person told us, "I like to wake up early and go to bed when I want." Another person told us, "If I want a little lie in they are always kind enough to let me sleep.

Activities were taking place in the lounge and people were asked if they would like to join in. We saw people joined in and staff also stayed and supported the activity. We observed people talking to each other smiling and enjoying the activities. There are other lounges where people could choose to sit quietly as well as a large glass fronted conservatory on Mauchline leading on to the rear courtyard area. The courtyard area was accessible to people and there were raised beds and a potting shed which were used by people. One person had painted the potting shed and the fence. Staff performed a pantomime for people at Christmas and the service rented a beach hut in Clacton which people regularly visited in the summer months. The service had their own mini bus which they used to take people.

On the dementia unit (Mauchline) there were numerous and varied tactile objects that people were able to pick up and engage with if they chose to. These included hats, books, clothes pegged onto a line, books and puzzles. Around the unit there were several quiet seated areas where people could spend time out of their rooms but away from the hustle and bustle of the communal areas. The service had also created a small

sweet shop area. Activities on the unit were varied and meaningful to people. Staff on the unit told us that each day there were different activities taking place including cake making, gardening, singing, 1:1 chats, book reading and walks around the grounds. Staff also told us that, when able, they tried to involve people in day to day activities. For example, one person enjoyed spending time in the kitchen and staff supported them to do this, their care plan described them as someone who had always enjoyed being busy, staff were aware of this and supported them to complete tasks such as drying up and laying the table.

People told us that there was always something to do and that staff told them what was happening and where. We observed that after lunch the chef came into the dining room and asked people if they wanted to attend the cookery club. The cookery club took place upstairs and was a real opportunity for people, staff and relatives to make something together, chat and have fun. There was a wonderful atmosphere within the cookery club room with plenty of laughing and joking and everyone was encouraged to be involved. The jam tarts made were then later brought to the units and shared with people and staff. Staff also spent time with people who chose to spend time in their rooms which meant that they were not socially isolated. There were chairs and tables for people to enjoy sitting out in the outdoor areas. The service also had views of the nearby golf course which people could enjoy. We asked staff how people made choices about going out on the bus, we were informed that people liked to be involved in choosing where they would like to go and this happened at all times.

The service had not received any complaints; however complaints procedures were in place which showed that people were encouraged to complain if needed and that any complaints would be taken seriously and investigated. The outcome would then be shared with the complainant. The notice board in the communal area contained information for people and their relatives about how to make a complaint or raise a concern. Although none of the people or relatives that we spoke with had ever had the need to made a formal complaint they were all aware of the process to follow if they needed to raise a concern or make a complaint and were confident that the manager would address any issues raised in a timely and appropriate fashion. One person informed us, 'I have not had to complain but I would if I needed to, the manager is very approachable." Families were also encouraged to provide feedback in the form of annual satisfaction surveys,

Good

Is the service well-led?

Our findings

The home was well led. People were overwhelmingly positive about their experience of living in the home. One person told us, "You can't fault it, it's lovely, No traffic noise." Another said, "The staff are lovely here, They get you anything you want." One person jokingly added, "You pay for it mind!, but it is worth it as it is so lovely here."

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The registered manager had a clear vision for the service which was to create a cohesive home for people who lived there and staff who worked there. Managers meetings were held and their vision and values were communicated to staff through meetings and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

Supervision files showed that staff were monitored and supported and knew what was expected of them in regards to their responsibilities. One member of staff told us "this is a nice place to work and I have on-going training." Another staff member told us, "We get a lot of support from the management." To make sure people benefitted from up to date guidance and practice, information was shared with staff through regular meetings. The minutes of a recent staff meeting showed they had discussed infection control and ordered new flannels as a result of that.

On the day of our inspection the home was being managed by the two senior team leaders for each side of the service, they were seen to be visible to all throughout the day. The manager, although rostered on a day off joined the inspection for the day and took an active part in providing information for the inspectors. One member of staff told us, "The manager is a good support and we can go to her for advice anytime". It was clear on discussion with the manager and senior staff that they were aware of their responsibilities, and had the skills and training to be managing the service in the absence of the registered manager.

The home used a mixture of in and out house trainers, and staff were being assessed by external assessors to complete various levels of a recognised national qualifications. Knowledge gained through training was used in practice. For example the manager kept their skills and knowledge up to date by on-going training and development themselves. We saw there were staff incentive schemes run throughout the service and with sister homes. These were known as the RMBI OSKARS and identified nominated staff members monthly who had achieved over and above what was expected.

The manager had arranged and driven a staff pantomime which was held in December, staff told us that they really came together to rehearse and practice and felt like this cemented an already strong team. People told us that it was really great to see the staff laughing together and enjoying each other's company. One relative told us "it was so good of them to take time out on their days off to come and rehearse, but that is just the kind of people they are."

There were visitors in the home on the day of the visit and we saw that people who lived at the service always had staff available for advice and support. Throughout the inspection people and their relatives consistently commented on how happy they were with the care provided at the home. Staff informed us they were happy in their work. One staff member told us, "Care here is for everyone, we're all here to work as a team." They went on to say that the shift leaders and the registered manager also provided personal care to people when needed and were always helpful. Ad hoc comments from relatives, visitor and people using the service were welcomed. We observed that there were comments boxes available for all to use throughout the home. Any comments were acted on immediately if appropriate and outcomes brought to relevant staff and relatives and residents meetings.

The culture of the service was open, honest and caring and focused on people's individual needs. It enabled people to discuss issues and raise concerns. The service has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

The registered manager conducted regular audits to check on the quality of service provision. The audits included infection control, medicines administration, the environment including cleanliness, safeguarding, mental capacity and DoLS applications, complaints, plans of care and dignity and respect. We saw that where the manager found any issues this was recorded and any action that needed to be taken for improvement. There was also a regular audit of the plans of care and the competencies of staff to administer medicines. Regular audits helped the registered manager maintain or improve standards.

Through regular reviews of the needs of people and ensuring the staff met these needs, the Leadership team within the service ensured that people living at Prince Edward Duke of Kent Court, experienced very good care.