# The Royal Masonic Benevolent Institution Care Company

# Zetland Court

## Inspection report

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13 April 2018

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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

Zetland Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of our inspection visits Zetland Court was registered to accommodate 65 older people and there were 58 people living there. People lived in two buildings in a residential area of Bournemouth. One building provided specialist support for people living with dementia and the main building where people with personal care and nursing care needs lived. At the time of our inspection 11 people were receiving nursing care.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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At this inspection we found the service remained Good.

People were supported by staff who understood the risks they faced and how to support them to reduce these. Records did not always reflect the knowledge held by staff.

Staff understood how to identify and report abuse and advocated on people's behalf to ensure their access to appropriate support from other agencies. Staff also supported people to take medicines safely.

People were supported by caring staff who worked to ensure they enjoyed lives that reflected their life experiences and preferences. Communication styles and methods were considered and staff supported people to understand the choices available to them.

This meant people were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the systems and processes operated in the service supported this.

Staff felt supported to develop their skills and knowledge so that they could provide a high quality of care to people .

People, relatives and professionals told us they could confidently raise any concerns and these were addressed appropriately.

Robust quality assurance systems involved people and led to a safer and better quality service.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains Good. | **Good** |
| **Is the service effective?**<br>The service remains Good. | **Good** |
| **Is the service caring?**<br>The service remains Good. | **Good** |
| **Is the service responsive?**<br>The service remains Good. | **Good** |
| **Is the service well-led?**<br>The service remains Good. | **Good** |

# Zetland 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.

This unannounced inspection took place on the 29 March and 13 April 2018. The inspection team was made up of one inspector, an Assistant Inspector, an Expert by Experience and a Specialist Advisor. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Specialist Advisor had clinical experience nursing older people.

Before the inspection we reviewed information we held about the service. This included notifications the service had sent us and information received from other parties. The provider had submitted a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with seven people. We also spoke with relatives of five further people. We spoke with 13 members of staff who worked in all areas of the home including nursing, kitchen, laundry, maintenance and care staff. We also spoke with the registered manager. We gathered information from two social care professionals who had worked with the service and a visiting GP. We also looked at eight people's care records, and reviewed records relating to the running of the service. This included four staff records, quality monitoring audits and accident and incident records.

Good

# Is the service safe?

## Our findings

People were supported by staff who understood the risks people faced and were motivated to support them to live full lives. They were able to describe the measures they took to help reduce risks. People told us they thought the staff were "fantastic" and that they felt safe. We saw that people were relaxed in the company of staff throughout our visits. Staff worked with people, relatives, friends who knew people well, and appropriate professionals to monitor, assess risks and develop plans and responses together. This meant that people were able retain independence and get the support they wanted. For example, one person had had a number of falls. They were supported to maintain their mobility with safeguards in place that staff understood under the guidance of falls specialists. Records did not always reflect the knowledge held by staff. We spoke with the registered manager and senior staff about this and they began work to address this.

Staff also understood their role and responsibilities to protect people from abuse. One member of staff told us: "I would report any concerns to the manager or I can go to the police, safeguarding or CQC." There was information about safeguarding available for staff, people and visitors.

People had help from, safely recruited and appropriately trained, staff when they needed it. People and relatives commented that staffing had been problematic. One relative told us: "Staff levels are generally ok, but at the weekend they are not good." They also commented on the use of agency staff. We spoke with the registered manager about this and they described that they had been short staffed but positions were now filled and new staff were starting. This was reflected in minutes of staff meetings acknowledging difficulties and identifying the improvements.

People received their medicines when they needed it and in ways that suited them. There were systems in place to ensure that this was done safely. Where issues were identified through regular audits these were addressed and improvements monitored.

People were supported by staff who understood the importance of infection control. A clean and safe environment was maintained and there were robust systems in place for ensuring the safety of equipment and the environment. We found that a suction machine that would be used in an emergency to clear a person's airway was not easily accessible. This was rectified immediately.

There was an open approach to learning when things went wrong. Information was shared appropriately with other professionals, people and relatives and advice sought and shared amongst the staff team. Developmental work to improve safety also planned involving people; a training of falls awareness was scheduled for staff and people to attend together.

Good

# Is the service effective?

## Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty safeguards had been applied for appropriately and the registered manager had clear oversight of this process.

Staff understood the importance of seeking the least restrictive option when providing care to people who could not consent and gave examples of how they sought to establish if a person wanted the support and care they were offering. One member of staff said: "We check… we check in a way that the person can show." Best interests decisions had been made involving professionals and people who knew the person well. The views of the person, and knowledge of their preferences, were respected throughout this process. Whilst staff awareness was good, we noted that a number of people, who did not always use words to communicate, were sitting in a way that restricted their mobility on our first visit. We discussed this with the registered manager and they immediately ensured that this was reviewed. When we visited again only one person was sitting in this way and a MCA assessment and best interests decision had been completed that supported this.

People's needs were assessed and personalised care plans developed that outlined the support, care and treatment they needed. Staff understood people's care and support needs and could describe these with confidence. They received personalised training and support from an in house trainer to ensure they could provide this support safely. The trainer described the way they supported staff to learn in practice and how this could be adapted based on individual learning needs. Staff spoke highly of the support and training they received. People and relatives told us this training was effective. One person told us: "The staff are excellent." New staff received a comprehensive induction and if necessary were supported to undertake the care certificate. This is a national training programme to ensure staff who are new to care have a positive induction.

The senior team kept up to date with current practice by attending maintaining local professional links, self-directed learning and through information shared by the provider. This ensured that people received care and support that reflected current good practice.

People were supported to maintain their health. One relative told us: "They are on top of everything." Records reflected contact with health professionals and a visiting GP told us that they were confident in the information provided by staff and that they were contacted appropriately.

People had access to health professionals and information necessary to support them to maintain their health was detailed in their support plans. We noted that recording around oral care had not always been effective, this had already been identified by senior staff and awareness was being raised amongst the staff team and additional monitoring had been introduced.

People enjoyed food that they described as being 'superb'. Mealtimes were social and elegant for those who liked this style of eating and choice was available where people preferred to eat away from others. People were involved in the planning of menus with a committee set up that worked with the chef to plan nutritious and varied meals. People were supported to have enough to eat and drink and the systems in place to ensure this were robust and respectful.

The environment was well maintained to a standard that reflected respect for the people living and working in the home. People living there could find their way around easily. Red Admiral Wing was specifically designed for people living with dementia and was decorated and furnished sensitively and appropriately. This part of the home was being refurbished in a way that was sensitive to people's needs.

Good

# Is the service caring?

## Our findings

People were supported by staff who cared about them and knew them well. Staff spoke with respect and kindness about people and their discussions were warm and familiar. People and relatives told us they liked the staff making comments such as: "the care they get here… everyone is and individual the whole atmosphere is like a family… " and "They look after family too we are always welcome … if you could give more than 100% you would give it to these people." Another relative had written expressing "Professionally and compassionately he went out of his way". This view of a community that family and friends were welcomed into was identified by people and relatives.

Care plans focussed on people's strengths and promoted their independence and rights. This ensured that dignity was promoted at all times. Care plans detailed communication needs and staff used this information to ensure that people were able to make as many decisions as they could about their own day to day lives and to contribute to group decisions. Staff encouraged people to participate in decisions about their own day to day care and wider decisions about issues affecting the whole home.

Good

# Is the service responsive?

## Our findings

People received care that reflected their individual needs and preferences. They were supported to live their lives in ways that reflected their wishes and staff were able to provide examples of the importance of this approach for all the people they supported. A relative told us: "They are getting the best care possible". Where people's needs had changed the support they received had been adapted to ensure they retained the things that were important in their lives. One relative reflected on this and told us: "They respond to things changing. They are wonderful."

People had been supported to carry out activities they enjoyed. The home was run by The Royal Masonic Benevolent Institution Care Company and people were able to continue with their masonic activities in a respectful and supportive environment.

People's preferred communication styles were recorded within their care plans and staff checked if people were receiving information in ways that suited them.

If people had concerns these were listened to by staff. Relatives told us that all staff and the registered manager were approachable and listened. They told us if they wanted to address any issues and that actions were taken quickly.

Staff were committed to providing excellent end of life care and people had personalised plans in place to support this. Messages from families and friends reflected supportive and personalised experiences with comments and references such as: "exemplary care", "Their last 18 months were surrounded by love and happiness.", "Thank you for the outstanding care you provide." And "You took us under your wing."

Good

# Is the service well-led?

## Our findings

Staff were proud of their work and felt involved in improving the service alongside people, relatives and senior management. All the staff we spoke with were proud of their work and made comments such as: "This is the best place to work". Staff spoke highly of the registered manager who in turn spoke highly of the team. Relatives also commented on the staff team with one relative referring to the registered manager saying: "They lead an excellent team."

Staff were all clear on their responsibilities and understood who they could seek guidance from. There was a registered manager who knew the staff and people using the service well. 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. Staff referred to the values of the provider organisation and understood how these underpinned their work.

People and relatives were asked about their view of the service and this contributed to an on going improvement plan. This plan was evidenced by work on going around the building and staff were very aware of planned changes and the reason recent changes had been made. Quality assurance processes had been effective in identifying areas for development and in reinforcing values.

Robust monitoring led to improved outcomes for people and staff. People benefited from detailed analysis of risks and people's experiences that informed care plan reviews and staff development. For example falls analysis had led to professional input and clear guidance for staff. A falls awareness workshop had been scheduled to be attended by both staff and people living in the home. This workshop was scheduled for Learning at Work week alongside a range of learning opportunities designed to strengthen understanding and build relationships within the home. This reflected the caring and open culture evident amongst the staff team and within the wider community of the home.