

The Royal Masonic Benevolent Institution Care Company

Connaught Court

Inspection report

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Date of inspection visit:
12 November 2019
20 November 2019

Date of publication:
31 December 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Connaught Court is a care home providing personal care and nursing for up to 94 older people. At the time of our inspection 85 people resided at the service.

People's experience of using this service

The environment at Connaught Court was exceptional. Further improvements had been made to enhance the facilities for people to meet their care needs. Recent adaptations meant the service would be able to meet people's changing needs as their dementia advances. Best practice in relation to the environment for people with dementia was followed and embedded within the service. This created a calm and homely environment for people to receive care.

All feedback received about the support provided to people was extremely positive. People who lived at the service received high-quality, personalised support from regular and committed staff. Recruitment checks were in place to ensure staff were suitable to work at the service. Staff had received training and support to enable them to carry out their role. Healthcare professionals felt staff were excellently trained in their role.

People's health was well managed. Excellent relationships with healthcare professionals had been developed to ensure enhanced partnership working and holistic support for people.

People were fully integrated into the local community. They had access to a variety of activities which enhanced their wellbeing and friendships. Complaints procedures were in place and followed. People's wishes at the end of life were explored.

The staff and management team were skilled in effective communication to ensure people felt supported and relaxed.

Risks were managed. Accidents and incidents were monitored, reviewed and analysed. Lessons learnt was embedded in the culture of the service and where improvements had been identified, actions were taken to address this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People received their medicines safely and on time.

There was excellent team work within the service, including the management and provider. Continuous improvement was a clear focus. Passionate and forward-thinking managers led the service and provided an inclusive service that engaged proactively with people, their relatives and the staff team.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Connaught Court on our website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 23 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below

Good ●

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding ☆

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Connaught Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector, an assistant inspector and two Experts by Experience on the first day. 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 second day of inspection was carried out by one inspector.

Service and service type

Connaught 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.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced for the first day. We told them when we would return for the second day.

What we did before the inspection

We reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority. The provider sent us a provider information return prior to the inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the deputy manager, two nurses, two activities coordinators, one senior shift leader, one senior, four care workers, the chef and the facilities manager. We spoke with 15 people, two relatives and one visiting professional. We looked at six people's care records. We also looked at people's medication administration records and a selection of documentation about the management and running of the service. We looked at recruitment information for four members of staff, staff training records, policies and procedures and records of compliments/complaints.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People were safeguarded from the risk of abuse. Staff demonstrated a good awareness of safeguarding procedures.
- The registered manager and staff knew to liaise with the local authority if necessary.
- People and their relatives told us they were supported to be safe. A person told us, "Yes, I feel safe. There are plenty of people about."
- There were enough staff available to meet people's needs. One person told us, "The place is overflowing with staff to see to my needs."
- Systems were in place for the safe recruitment of staff; appropriate checks were carried out to protect people.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood and recognised potential risks to people. Care plans and risk assessments contained explanation of the control measures for staff to follow to keep people safe.
- Accidents and incidents were responded to appropriately. These were monitored, and the provider was able to demonstrate how they had considered lessons learnt and implemented changes when necessary.

Using medicines safely

- Medicines arrangements were safe and managed appropriately; people received their medicines when they should.
- Protocols were in place for medicines prescribed for use 'as and when required' to guide staff when these medicines should be given.
- Robust systems were in place to monitor and support medicines processes within the home. There was significant oversight of medicines process from management and the wider organisation.

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections.
- The environment was extremely clean and well maintained to prevent the risk of infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- At the last inspection we identified that the environment for people living with dementia was exceptional. During this inspection we saw that the service had maintained and enhanced the environment of the home.
 - The areas of the home where people living with dementia lived, were clearly developed in line with best practice. They were homely and informal with a calm and relaxed atmosphere. Numerous items were available to people such as twiddle muffs, old radios, scarves, books, prams and dolls. All areas of the home had access to safe and secure outside space that was designed to meet people's physical and sensory needs.
 - Outside a summer house had been added which provided a quiet space for visitors and people. One person had a special connection to this part of the home and had unlimited access; this impacted positively on their wellbeing. An allotment was utilised by people and chickens created an area where people could help look after the animals and gather the eggs that were used in baking or sold to contribute to a welfare fund for people. One person told us, "I can see the chickens from my room, sometimes I feed them."
 - The service had identified an additional need for people at advanced stages of dementia and refurbished an entire unit to meet this need. This included a sensory room for people.

Staff support: induction, training, skills and experience

- Since the last inspection all staff had undertaken training, including experiential learning, that gave them the skills and knowledge required to carry out their roles. One staff member told us, "I really found the experiential training useful and it had an impact. I walk fast normally, well not anymore, not after I was put in a wheelchair and was walked around fast, it really made me stop and think about it. I walk slower now when moving people."
- People received support from staff team with consistent knowledge and skills to meet people's needs. One person told us, "I always have regular staff, they always know me by name."
- Staff felt very supported and told us their wellbeing was looked after by the management team and the wider organisation. A staff member told us, "Yes the organisation looks after our wellbeing." Since the last inspection, staff had been given access to a number of discount benefits as well as recognition initiatives such as awards, nominations and staff forums. Staff were able to claim £150 per year on alternative therapies including massages and reflexology. A wellbeing room for staff has been included in the recent renovations to provide a place of relaxation when on breaks during their shifts. Staff told us this made them feel supported and appreciated in their role.
- A staff induction and training programme was in place to ensure staff kept up to date with best practice.

Staff were supported to access training outside of the core mandatory training, this included accredited sepsis training and visits to an undertaker to enhance their knowledge around death and increase their ability to support people and their families at this time. A visiting professional told us, "The quality of staff seems really good. They're all very knowledgeable and interested in people's care. Even down to the minute detail – it shows good quality."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People benefitted from excellent access to healthcare services. The service built trusting and open relationships with local professionals which impacted directly on the support available to people. A visiting professional told us, "The staff are good at reaching out. They have a good knowledge of what the requirements are, and they ask the right questions. Pressures sores have been managed well here. They know who to get out. They're proactive."
- Staff were allocated as champions in various areas including health related outcomes. They actively supported staff to make sure people experience good health outcomes. This included additional dedicated hours to focus on their area.
- People told us they had regular access to healthcare services. They told us, "I'm seeing an optician on Thursday; I see the chiropodist and visit a private dentist. GP is just around the corner. See the diabetic nurse at the clinic every Monday."

Supporting people to eat and drink enough to maintain a balanced diet

- Snacks were available throughout the day. One person told us, "There is fruit on offer every day, pears, apples, grapes, oranges and bananas. We can just help ourselves."
- People were protected from risks of poor nutrition and dehydration. Positive staff relationships established with people, were used to encourage those reluctant to eat. People with dementia were shown choices of their meals to support them with decision making. Staff were attentive to people's needs during lunch time and if someone was not enjoying their meal, appropriate encouragement was offered. A replacement meal was offered when necessary.

Assessing people's needs and choices

- Assessments of people's needs were completed, and care and support were regularly reviewed. Assessments were individualised and reflected all elements of people's needs.
- The service provided a holistic approach to delivering care and support which was in line with best practice. Organisational leads in areas such as clinical and dementia were actively engaged in seeking new innovative approaches to delivering care. They worked with other agencies including training providers and accreditation schemes.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people did not have capacity to make specific decisions or consent to their care, records showed decisions had been made in people's best interests.
- Applications to deprive people of their liberty had been made and systems were in place to monitor these.
- There were staff champions in place for MCA and staff demonstrated a good understanding of supporting people to make their own decisions and choices.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness; they were actively listened to and their choices respected. People told us, "I get on well with the staff, they are all nice to me", "Staff listen to me" and "The staff are very caring very attentive."
- People's rights were respected and reflected in care planning. One relative told us, "They treat [Name of person] as an individual."
- Staff were friendly and demonstrated a passion for providing a good quality service. One staff member told us, "I absolutely enjoy the job. Socialising with staff, people and their families gives me a sense of purpose and I love doing what I am doing."
- Staff demonstrated a good knowledge of people's personalities, diverse needs, and what was important to them. A relative told us, "I think the best thing about the service is the staff. They care that people are treated as individuals. When [Name of person] first came, within days, they knew her name, from the carers to the kitchen staff."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care. They knew when people wanted help and support from their relatives. Where needed they sought external professional help to support decision making for people, such as other health professionals. A person told us, "I know there is a care plan ... they [staff] talk to me about it."

Respecting and promoting people's privacy, dignity and independence

- People were treated with compassion, dignity and respect. One person told us, "Yes, staff always knock first and say 'Morning [Name of person]'." Relatives told us, "Well when she needs personal care, the staff prefer us not be in the room" and "Yes indeed the staff respect their privacy. The fact the staff always draws the curtains as [Name of person] is on the ground floor, they speak to them nicely. Staff would say 'we have just come to freshen you up'."
- People were supported to remain as independent as possible. Staff could describe how people were encouraged and supported to do things for themselves, including house hold tasks such as washing and personal care. People were encouraged to look after one of the many animals within the service including birds, rabbits and chickens. One person told us, "Yes the staff do absolutely encourage us to be independent."
- Systems were in place to maintain confidentiality and staff understood the importance of this. Care files and other private and confidential information were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans sometimes lacked specific details about people care needs. However, staff knew people well and delivered personalised care. The registered manager had recognised the need for more detailed care plans and the deputy manager had already commenced a programme of workshops to support staff with care planning.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were knowledgeable about people and had a good understanding of their preferences and interests; this enabled them to provide personalised care.
- People regularly engaged in the local community. This included people accessing the 'dreams come true initiative'. People were supported to visit old schools, work places and events such as cricket games and go in hot air balloon rides. One person told us how they visited a local mining museum where his father and grandfather had worked. One person told us, "We had a lovely day, we were looked after well."
- A variety of activities were made available by two very enthusiastic activity coordinators to suit various interests. Events included guest speakers, films and music, fitness activities and shows. Time was also made available, so people could access one to one support with activities. One person told us, "There are wonderful activities here if you want to join in with them."
- People were supported to maintain contact with family and friends and build new relationships.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, and reasonable adjustments were made to ensure information was presented in a way people could understand.
- Information in people's care plans supported staff to understand people's forms of communication.

Improving care quality in response to complaints or concerns

- There were systems in place to respond to any complaints. The complaints procedure was available within the service. Suggestion boxes and regular meetings provided further opportunities for concerns or complaints to be shared.
- People knew how to raise a complaint but didn't feel the need to. One person told us, "Oh yes, I know how

to complaint. If I had any I would. I don't have any complaints."

End of life care and support

- End of life care planning was in place. Care plans reflected basic information regarding people's choices at end of life, this area was being improved through workshops regarding care planning.
- A visiting professional told us, "We support with a lot of end of life. The staff manage that really well. They know the processes and who to call for support."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager demonstrated a strong commitment to provide person-centred, high quality care by engaging with people and stakeholders. The management team were extremely knowledgeable in their role and passionate about people which directly impacted on outcomes for people. They ensured the person's needs were paramount and that best practice was being followed. This was evident in the ethos of the way the home was run.
- People, their relatives and professionals told us they believed that the service was very well led, and they had trust in the management team. One person told us, "The registered manager is excellent. They are very easy to speak with and very kind." A relative told us, "I think it is an excellent run home." A healthcare professional told us, "The management are very approachable really. They're part of the team. They're involved on the shifts and they know the residents by name. Their door is always open."
- Staff were highly motivated and positive about the management team and the wider provider. One staff member told us, "[Name of registered manager] is approachable and they listen. Higher management from head office, they come and visit. It's not about them and us, it's about us working together as a whole team. I feel that the ethos of working together is genuine from the provider."
- The provider proactively involved staff in the running of the wider business. This included working groups and forums. Staff could directly access advice and support from internal sources within the company empowering them to speak openly and honestly about their experiences. For example, human resources surgeries where staff could directly access advice and guidance on internal procedures. This impacted by reducing complaints and grievances made by staff. Working groups involving staff had helped to improve the supervision process, making this more flexible and supportive. The provider's recent 'night project' which involved observations and feedback from people and night staff, had the potential impact to directly reduce incidents during the night time.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider demonstrated a commitment to engaging with everyone using the service and stakeholders. The management team worked to break down barriers to communication with people and relatives sharing their views. For example, the management team would hold an afternoon tea for people where the management did the serving. This broke down barriers to approaching the management and helped build relationships. The registered manager said, "It's a really lovely afternoon and people chat and get to know us more." Relatives were invited to an annual cheese and wine event. Topics for discussion, about the

running of the home, could be chosen by the relatives.

- Annual surveys were used to gather the views of people, relatives and professionals. The surveys showed positive responses and actions taken where necessary. Actions included providing more support for staff who may suffer from stress, this included recognition initiatives such as awards and 'thank you' treats and a new wellbeing room to provide staff with a quieter environment for relaxation during their breaks.
- The positive working relationship with the local surgery enhanced people's access to healthcare and improved their outcomes. The management team were dedicated to building relationships with stakeholders and this had been achieved successfully with the local surgery.
- The service had strong links with the local community. People were supported to engage in a variety of local activities and were well known. A local community group was well attended by people from Connaught Court and the service would sometimes host this group. The deputy manager told us, "Its lovely when we host this community group as people are proud to show off their home to people. They like to feel they are hosting something at home."
- The management team were sensitive to family's needs and included them in their own dementia training. The registered manager told us, "If people and their relatives want to access our training they are welcome. We found this had increased families understanding of their loved one's condition and helped them understand what we do."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team and provider were deeply committed to continuous improvement that would benefit people using the service. Whilst the renovation work on the new advanced dementia unit was only just completed, the provider shared plans in place to further enhance facilities within the service, including a café and a permanent shop.
- There was a solid structure of governance embedded in the service. The registered manager was supported by a management team who monitored quality and compliance with regular audits and action plans. The oversight provided by such in-depth reports demonstrated a commitment and accountability at all levels to ensure quality. Medicines audits were exceptionally detailed, and this resulted in additional hours being allocated to a medicines champion to support with the monitoring of these processes. The impact was a smooth and safe medicines process.
- Report's and action plans were in place to identify and drive forward any areas for improvement. The registered manager looked for innovative new ways to support people in ways that met their needs. This included looking at best practice and research. This was evidenced in the continued development of the environment and new ways to engage staff and improve their wellbeing.
- The provider shared best practice and worked with other providers to enhance people's experiences whilst receiving care. This included being part of the Independent Care Group for York and North Yorkshire.
- Opportunities to reflect on practice and lessons learned was embedded in practice. This was a constant process considering whether things worked or didn't work for people. The constant development of practice and progress within the home evidenced that the culture was very much about learning, moving forward and improvement.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- There was an open and transparent culture within the service. The registered manager had an 'open door' policy.
- We saw the management team communicated extremely effectively with all stakeholders and kept them up to date. One visiting professional told us, "Its lovely. I go to different care homes every week. This is one of the best, if not the best."

