The Royal Masonic Benevolent Institution

Cornwallis Court

Inspection report

Hospital Road
Bury St Edmunds, IP33 3NH
Tel: 01284 768028
Website: www.example.com

Date of inspection visit: 24 July 2015
Date of publication: 27/11/2015

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?	Requires improvement
Is the service well-led?	Good

Overall summary

Cornwallis Court provides nursing and residential care. Geoffrey Dicker House although in a separate building, is part of Cornwallis Court and specifically for people living with dementia. The service is as a whole is able to accommodate up to 74 people.

This unannounced inspection took place on 24 July 2015.

There was not a registered manager in post, however there was a manager, and they had applied to be registered and were waiting for their application to be processed. 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.

The manager was not present on the day of our inspection as they were on annual leave. The deputy manager was present throughout the inspection.

People and their relatives told us they felt the home was safe, effective, caring, responsive and well led. Comments included; "I feel safe here", "I am very happy here. The

Summary of findings

staff are very nice and they support me very well with all of my needs", "Personally I think we're very lucky, they [staff] are lovely". And, "The manager is lovely. Easy to talk to. I wouldn't hesitate speaking with them".

There were procedures in place which safeguarded the people who used the service from the potential risk of abuse. Staffing levels were sufficient to meet the needs of people using the service, and staff understood the various types of abuse and knew who to report any concerns to. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. Regular risk assessments were carried out to ensure people's safety.

Medicines were administered by suitably trained staff and in accordance with relevant guidelines.

Staff told us they felt well supported and they received regular supervisions. Training updates were provided regularly and training records were updated to show which training courses had been completed. Where staff wanted to attend any other training courses, they were able to request this as part of their supervisions.

We found good practice in relation to decision making processes at the home, in line with the Mental Capacity code of practice, the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People were asked for their consent before any care, treatment and/or support was provided.

People were provided with sufficient food and drink to ensure they maintained a well-balanced diet and had access to relevant healthcare professionals, where required.

People were provided with sufficient food and drink to ensure they maintained a well-balanced diet and had access to relevant healthcare professionals, where required.

The service had recently introduced an activity programme to ensure people had access to a range of physically and mentally stimulating social and leisure activities, including adapted facilities for people with poor eyesight.

Complaints were addressed, investigated and responded to, although there have been occasions when the service has taken a long time to respond.

People had other opportunities to contribute their views about the service, including residents and staff meetings.

Care records contained personalised and relevant information for staff to assist them in providing personalised care and support to people. However, improvements were needed when communicating changes affecting a person's care arrangements and or within the environment.

Similarly, whilst there was good evidence of personalised information about people in care plans, some people perceived that not all staff were familiar with the content of these plans. The deputy manager agreed to address these issues as soon as possible, with the manager of the home.

The manager carried out regular audits at the home and recorded any required actions on audits and on the 'home action plan'. Actions that had been identified as required to improve the service were verified and signed off by the manager when they had been addressed and completed.

The home promoted a positive culture that was person-centred, open, inclusive and empowering, and people felt able to be themselves and speak with staff or the manager, if required.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The home was safe.

People had their freedom supported and respected and were protected from bullying, harassment, avoidable harm and abuse. Regular risk assessments were carried out to ensure people's safety.

There were enough suitably qualified, skilled and experienced staff on each shift at the home.

Medicines were stored and administered safely, with an auditing system in place to ensure medicines were received, given, stored and disposed of safely.

Good

Is the service effective?
The home was effective.

Staff had the knowledge and skills they needed to effectively carry out their roles and responsibilities. There was a programme of regular training in place to ensure staff continued to develop their skills and knowledge.

People were asked for their consent before any care, treatment and/or support was provided.

People were provided with sufficient food and drink to ensure they maintained a well-balanced diet and had access to relevant healthcare professionals, where required.

Good

Is the service caring?
The home was caring.

People who lived at the home and staff had developed positive, caring relationships. People were able to express their views to staff and they were actively involved, along with their relatives where possible, in making decisions about their care and support.

The privacy and dignity of people who lived at the home was respected and promoted.

Good

Is the service responsive?
The home was responsive.

Care plans of people who lived at the home were responsive to their needs and had been written with the involvement of people, their relatives and other relevant healthcare professionals. Care records contained details of people's preferences, likes and dislikes. However, some people felt that staff did not always know sufficient detail about the backgrounds of all of the people who used the service.

Requires improvement

Summary of findings

Complaints were addressed, investigated and responded to, although there have been occasions when the service has taken a long time to respond.

People had other opportunities to contribute their views about the service, including residents and staff meetings.

Is the service well-led?

Good 

The home was well-led.

The home promoted a positive culture that was person-centred and open. People felt able to be themselves and speak with staff or the manager, if required.

The manager provided good management and leadership at the home.

Regular audits were carried out and robust records were maintained to assist with the delivery of high quality care.

Cornwallis 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 inspection took place on 24 July 2015 and was unannounced. This meant the provider did not know we were going to carry out an inspection on the day. The inspection was carried out by two inspectors.

Prior to the inspection we reviewed any previous notifications or concerns we had received about the home. This information was used so that we could check how and if they had been dealt with appropriately.

During our inspection we spoke with nine people who lived at the home and three of their relatives to obtain their views of the support provided. We spoke with four members of staff, which included the deputy manager, the administrator, six care workers and three ancillary staff, including catering and domestic staff.

We looked at documents kept by the home including the care records of four people who lived at the home and three staff personnel files. We also looked at records relating to the management and monitoring of the home, including any audits carried out and reviews of care documents and policies.

Good

Is the service safe?

Our findings

People said that they felt safe living in the service. A person said, “I feel safe here. It’s much better than at home because I’ve got people to look after me. I’ve got a button I wear around my neck so I can get help at any time.” Another person said, “I feel very safe here because the staff make sure that I have everything I need.”

Staff told us, and the records we saw confirmed that they had completed training in how to keep people safe and had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm.

Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They said that they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved. Relatives were reassured that their family members were safe in the service. One of them said, “I’m confident that my [family member] is safe because the staff are so kind. I never have to worry about leaving them here when I go home.”

We saw in each of the care records that the provider had used established systems to ensure that risks to people were identified and managed effectively. This included people's risk of developing pressure ulcers and of becoming malnourished. We saw records which demonstrated that people's weight was monitored on a monthly basis, in order to guard further against the risks of malnutrition. We saw evidence of care staff being mindful of people’s safety, for example, when providing drinks for people, checking first that they were not diabetic and required special drinks with low sugar content. This showed that staff were aware of the risks associated with health conditions and ensured vulnerable people were protected from harm.

Staff had also taken action to reduce the risk of people having accidents. For example, people had been provided with equipment to help prevent them having falls. This included people benefiting from using walking frames, raised toilet seats and bannister rails. Radiators were fitted with guards and hot water temperatures were controlled to reduce the risk of burns and scalds. Some people had rails fitted to the side of their bed so that they could be comfortable and not have to worry about rolling out of bed. Each person had a personal emergency evacuation plan to ensure that staff knew how best to assist them should they need to quickly leave the building. This showed that procedures and processes were in place to guide staff on how to ensure the safety of the people who used the service.

We saw that when accidents or near misses had occurred they had been analysed and steps had been taken to help prevent them from happening again. For example, when a person had fallen the manager had asked for advice from a healthcare professional to see if the person’s walking aid could be changed.

There were reliable arrangements for ordering, storing, administering and disposing of medicines. We looked at the arrangements for people's medicines in Geoffrey Dicker House. We saw that they were safely stored in a trolley and a refrigerator within an air conditioned medical room. Keys to the medical room were kept safely by a named senior staff member. This meant that the service stored medicines securely.We found that staff monitored the storage temperatures of the medical room and the refrigerator on a daily basis. Records indicated they were within the safe storage temperature range. This meant that medicines were stored at recommended safe temperatures.

Medicines were delivered to the home from the pharmacy. Regular medication was delivered in a monitored dosage system, with dosages and set times for administration clearly marked. We saw that people's medication administration record (MAR) charts were easy to read and up to date, with staff having signed appropriately when they had administered each medicine. There were no gaps in any of the records we inspected. Where medicines had been given on an "as required" basis or had been refused, staff had written the explanation of the circumstances on the back of the MAR chart. Clear written instructions were in place for each person who was prescribed “as required” medicines, so staff knew when medicines should be given and when they should not.Each person had their photograph on a sheet of paper in front of the MAR sheet. This meant that staff could identify people correctly before giving medicines to them. This sheet also contained important allergy information. We saw accurate and up to date records for the receipt of medicines into the home and

Good

Is the service safe?

the return of medicines to the pharmacy. Bottles containing liquid medicines and packets containing loose medication had been dated upon opening, which meant the amount of liquid remaining could be accurately checked against administration records.

Background checks had been completed for staff before they had been appointed. This included a check being made with the Disclosure and Barring Service. In addition, other checks had been completed including obtaining references from previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service. The registered persons had established how many staff were needed to meet people's care needs. We saw that there were enough staff on duty at the time of our inspection because people received all of the practical assistance they needed. For example, when people used the call bell to ask for assistance staff responded promptly.

People who lived in the service and their relatives said that the service was well staffed. One person told us, "There always seem to be plenty of staff on duty whenever I've called. I've never had to search around for someone". During our inspection we observed staff responding to people in a timely way, for example, if they wished to use the toilet, or needed assistance with mobilising from one part of the building to another. We also saw care staff taking time to respond to people's emotional and social needs. For example, we saw that staff responded when they observed people presenting as distressed or confused, taking time to reassure the person concerned and stay with them until they were relaxed. Records showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover which the registered persons had identified as required, on the basis of the assessed needs of people using the service. Staff said that there were enough staff on duty to meet people's care needs.

Good

Is the service effective?

Our findings

Staff had completed an induction on commencement of their employment at the home, which included mandatory training areas. We looked at the training schedule held by the home and saw that staff received regular training updates in areas including safeguarding, moving and handling, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to keep them up to date with their knowledge and skills.

People told us they received their care in the way they wanted it and that they were given choices about their care and support. One person told us; "I am very happy here. The staff are very nice and they support me very well with all of my needs." Another person told us, "I have great faith in the staff and I know they have my best interests at heart." One person's records identified a good example of a person exercising their choice about whether to undergo an eye operation after weighing up the positives and negatives of such a procedure, and staff respecting this choice. This helped staff to ensure they provided care in the way people wanted.

We looked at the staff supervision and appraisal schedule kept by the manager. Most staff had received supervision, in line with the provider's policy and staff who had not received it within the last two months had dates identified for when they would meet Staff received an annual appraisal and were regularly provided with feedback about their performance. This gave them opportunities to develop their skills and knowledge.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes and services. DoLS are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We found the staff to be acting within MCA 2005 legislation and observed people being asked for consent before any care and support was provided. Capacity assessments had been completed for people where it was deemed necessary. Where significant decisions were required in people's best interests, meetings had been hosted to consult openly with relevant people prior to decisions being taken. Where people were being necessarily deprived of their liberties, for example because of risks to their health and welfare, the necessary DoLS applications had been submitted to the local supervisory body. The deputy manager was knowledgeable about MCA and had an up to date understanding of DoLS requirements, reporting that the home had been in touch with local healthcare teams for clarification. This meant that the provider acted in accordance with legal requirements.

People told us they felt the food provided at the home was good. They also told us they were able to choose what they ate. One person said; "We choose what we want from off of the menu. If we don't want what is on the menu, we can just ask for what we want and the kitchen [staff] make it for us."

Nutritional assessments were completed to assess whether the person was at risk of becoming nutritionally compromised and that these were reviewed with frequency. Care records demonstrated people were encouraged to maintain a well-balanced diet that promoted healthy eating and gave the person choice over what foods and drinks they consumed. Assessments had been completed to identify any support that the person required when eating their meals. For example, one person was on a thick pureed diet that needed to be calorific and fortified. Kitchen staff were able to describe the methods they used to fortify meals, including using double cream, butter and supplements where these had been recommended. This meant that people's dietary needs were met.

We observed lunchtime in two of the dining rooms at the home. Mealtimes were not rushed and the dining areas were bright, airy and well-decorated which supported people to eat meals in a relaxed and positive atmosphere. . Several people asked for, and were provided with a different meal to the one they initially requested. This was done with helpful conversations with the person to establish what they wanted to eat. We saw care staff promoting people's independence by offering assistance with mobility, such as hand on hand guiding of cutlery, which was appropriate to their needs. This demonstrated people had a good dining experience and were supported sufficiently to eat and drink and maintain a balanced diet.

People and their relatives were involved in regular reviews to monitor their health. Where required, referrals were made to, and assistance sought from appropriate healthcare professionals. We saw care records contained

Good

Is the service effective?

details of any visiting healthcare professionals that the person had seen and details of each visit. This demonstrated people were supported to maintain good health and have access to relevant healthcare services.

We found the home was warm and clean. Domestic and housekeeping staff told us this was the case every day. Geoffrey Dicker House was decorated following advice from dementia specialism teams. The two different corridors had different scenes, one a beach scene, to help people orientate themselves. There were rummage boxes available for people to occupy themselves with things to do, in line with best guidance. There was old style memorabilia all over the house and staff were constantly engaged with people, talking about the past, looking through books and magazines and watching the television. Geoffrey Dicker House had a secure garden where people could explore safely and busy themselves with gardening. It was raining on the day of the inspection, but staff told us this was well utilised in nice weather. This meant that people living with dementia had appropriate support in a suitable environment to enhance their sense of well-being.

The environment was accessible to people with severely reduced mobility and included specialist mobility equipment such as a range of different hoists and assisted baths. The provider employed maintenance staff, who were responsible for ensuring maintenance checks were clearly recorded for a whole range of areas. These included, but were not limited to, the gas and electrical appliances at the home being tested for safety within the last year. The lifts, fire alarm systems and fire prevention equipment had also been appropriately checked. This demonstrated that the provider had taken steps to provide care in a safe environment that was appropriately maintained.

Good

Is the service caring?

Our findings

We asked people and their relatives how they felt about staff at the home. Everyone we spoke with told us they felt care staff were kind and attentive. Comments made by people included; “We couldn’t have better carers”. And, “Personally I think we’re very lucky, they [staff] are lovely.” We were not able to speak with some people due to their communication needs, although we spent time in their company and observed the care they received from staff. All of the interactions we saw were warm, respectful and friendly. We observed people’s body language and saw several examples of people smiling and laughing with staff who were interacting with them. Staff were attentive to people's needs. There was a calm and relaxed atmosphere in all parts of the home throughout the day.

One relative of a person who lived at the home told us; “The staff here are just brilliant. They do a marvellous job with [family member] and I couldn’t wish for better care.” Another relative said; “I know the carers come in regularly to check on [family member]. I’ve got no worries there.”

Throughout the day, we carried out observations and saw that people were treated with kindness and compassion. People who lived at the home were clean and well presented. During our observations, we did not see any staff member discussing people’s care and support needs openly, or within ear shot of others. When personal care was provided, bedroom and bathroom doors were kept shut to ensure the person’s privacy and dignity was maintained. This demonstrated that staff were respectful of people’s privacy and dignity.

We asked the deputy manager if any information regarding advocacy services was provided to people at the home. The deputy manager told us that, although this information is not provided as a matter of routine, it would be provided to people when required.

The manager, staff, people who lived at the home and visiting relatives told us there were no restrictions on visiting times at the home. One relative told us, “it’s good we can come whenever we want. We always feel welcome.”

A ‘Do Not Attempt Cardio Pulmonary Resuscitation’ form (DNACPR) is used if cardiac or respiratory arrest is an expected part of the dying process and where CPR would not be successful. In care records we looked at, where required and appropriate, DNACPR forms were in place. If the person lacked capacity to make this decision. DNACPR forms contained information about the person’s condition and reasons why CPR would not be attempted. These forms also contained signatures of relevant professionals who had been involved in the decision, including a GP and a nurse from the home. Care records contained details of any funeral arrangements, where people and/or their families had been willing to speak about this. This meant the home had arrangements in place to ensure the body of a person who had died was cared for and treated in a sensitive way, respecting people’s preferences.

Requires improvement

Is the service responsive?

Our findings

People told us they felt communication systems could be better. Several people stated that they felt they were not informed when the provider changed particular policies. For example, people told us that they were not told about a change in policy which resulted in residents being required to fund certain transport costs they did not have to previously. Similarly, one person told us they felt people should have been consulted and involved more when the management team were rearranging the way rooms were used, as all the conservatories had now been reallocated for different functions than they were used for previously. We spoke to the deputy manager about these perceptions and they agreed to discuss with the manager ways they could improve in this area when they returned from leave.

People told us they felt the staff were responsive to their needs. They told us that staff gave them choices about what they wanted to wear and they were able to choose what times they went to bed and got up in the morning. One person told us, "We are allowed to be different here, that's one good thing."

We looked in care records and found that people and their families had been involved in making decisions about their care and support, where appropriate and possible. One person told us, "Oh yes, my care plan-they keep it in my room and they come in every month and update or change it." We saw that care records contained details of people's background and history, to assist with providing personalised care. For example, one person's care plan gave details about the person's past employment and hobbies, and staff were encouraged to engage the person in conversations about these subjects if they appeared distressed or anxious. We spoke with several care and nursing staff about people who lived at the home and they were able to tell us about people's lives, likes, dislikes and preferences. This demonstrated information was made available for staff get to know people better and to provide a personalised and person-centred approach to their care and support. Some people felt the staff did not always use the background information relatives had provided. One person told us, "We take a great deal of time to do them and when some staff are questioned they know nothing about the person's past and that is an opportunity missed especially when managing changing behaviour."

People told us they were able to maintain good social relationships with others. Comments included; "We [people who lived at the home] chat a lot to each other and we're good friends" and "You couldn't stop us talking if you tried, we all get on."

We asked people about activities that were available for them. People told us that the management team had recently employed some new activities workers, who had introduced a number of new organised activities, which they had enjoyed. On the day of our inspection we saw a display from the recently formed gardening club. People also told us they had recently been playing scrabble with extra-large pieces so people with impaired vision could participate. A relative told us that a painting class was taking place when they visited their family member, but they had been tired so chose not to participate. This showed us that whilst a variety of social and recreational activities were available, people were able to choose whether or not they took part and their choices were respected.

People we spoke with had no need to make a complaint but told us that, if they did need to, they knew how to do this. We looked at the complaints records held at the home and found that concerns and complaints were addressed, investigated and responded to. There had been occasions where the provider had failed to respond to written complaints, however, these had been acknowledged with the appropriate apology and response to the issues raised. We saw examples of improvements to practice following complaints, including changes to the environment and activity provision. We were told of a visit by the Chief Executive Officer (CEO) of the provider that took place shortly after our visit to the home, partly to undertake a tour of the home. A relative who was visiting a relative at the time told us, "He thanked me for the comments and that it was those that made him respond with a variety of actions and this latest visit. So the comments were received in a positive light". This showed us that the provider used feedback to improve the service.

People who lived at the home, their families and friends and staff members all told us the manager was approachable. They told us the manager always had their office door open when they were available to speak with. This demonstrated the manager made themselves available for people to speak with to raise any concerns, complaints, compliments or to give any feedback.

Good

Is the service well-led?

Our findings

People told us they felt able to speak with the manager and that they were involved in decisions about the home. One person who lived at the home said; “The manager is lovely. Easy to talk to. I wouldn’t hesitate speaking with them.”

We also asked staff if they felt supported by the manager. All staff we spoke with confirmed that they did. One member of care staff told us, “Yes, the manager does support me and it’s good to work here” and, “I’ve worked in a few care homes. This is the best one and I wouldn’t hesitate to agree to a relative of mine being cared for here.” This demonstrated staff were adequately supported to effectively carry out their roles and responsibilities and that they felt the manager was approachable.

Audits carried out at the home were done regularly. This included audits and checks of care records, quality assurance, medicines, mattresses, laundry and cleaning. We saw that, where actions had been identified from the audits, these were recorded and signed when completed. The deputy manager confirmed that a staff survey had recently been undertaken and a team meeting had been scheduled to talk through the results and formulate an action plan in response to any themes or issues identified by the results of the survey. This demonstrated effective systems were in place and, where issues or actions were identified, these were addressed and resolved.

There were regular staff meetings held at the home, which were used as an arena to discuss any concerns, provide feedback and raise any issues about the service provided. There were also regular meetings held for people who lived at the home, their relatives and/or visitors, however some people told us they would prefer more notice of these meetings taking place, and information about the outcome of these meetings in a formal way, such as a newsletter. We spoke to the deputy manager about this issue and they agreed to consider ways they could respond to this request.

We carried out observations throughout the day and spoke with the deputy manager and found that the attitudes, values and behaviours of staff were kept under constant review. The deputy manager carried out regular supervisions, where the values and behaviours of staff were discussed. The deputy manager told us that they, and the manager also carried out a daily walk-around of the service to keep under constant review the values and behaviours of staff. This meant the management team could ensure that staff understood the organisational values and were able to put these into practice.

We checked records of incidents the service was required to notify external agencies. We found that the manager had ensured that all the legal requirements had been complied with. This showed us that the service was operating in accordance with relevant regulations.