The Royal Masonic Benevolent Institution Care Company

Barford Court

Inspection report

157 Kingsway
Hove
East Sussex
BN3 4GR

Tel: 01273777736
Website: www.rmbi.org.uk

Date of inspection visit:
12 October 2017

Date of publication:
02 July 2018

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 12 October 2017 and was unannounced. Barford Court provides accommodation for up to 40 people, who have residential or nursing needs, and people living with dementia. There were 39 people living at the service on the day of our inspection. The service was adapted to provide a safe environment for people living there. Bathrooms were specially designed and doors were wide enough so people who were in wheelchairs could move freely around the building. Accommodation was provided over two floors and split into four units.

This is the first inspection of the service since there was a change in legal entity.

Barford Court belongs to the organisation (provider), The Royal Masonic Benevolent Institution Care Company (RMBI). The Royal Masonic Benevolent Institution Care Company has many care homes throughout England, providing dedicated care to the Masonic community.

There was a registered manager for the service. 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 told us the service had been through a significant period of change, with a new registered manager and deputy manager, a number of changes of staff working in the service and difficulties in recruiting care staff, which had resulted in a high use of agency staff. There was an open culture in the service and this was promoted by the management team who were visible and approachable. One member of staff told us, "It's a great team I really enjoy it here."

People's individual care and support needs were assessed before they moved into the service. People and their relatives told us they had felt involved in making decisions about their care and treatment and felt listened to. Care and support provided was personalised and based on the identified needs of each individual. Personalisation and person centred care focuses on people having choice and control in their life was at the forefront of the delivery of care. There was an outstanding focus on providing care and support that focused on the need of the person but empowered their individuality and identity. The service had achieved an accredited award from Dementia Care Matters. With pride, staff told us how they had implemented the Butterfly approach and provided high quality care to people living with dementia. People's care and support plans and risk assessments were detailed and reviewed regularly giving clear guidance for care staff to follow. People's healthcare needs were monitored and they had access to health care professionals when they needed to.

People told us they felt safe. When asked what the service did well one person told us, "Ensure medications are given on time, they keep me safe, they are good listeners and they give me drinks frequently." Another person told us, "I feel safe we are looked after very well." They felt it was somewhere where they could raise concerns and they would be listened to. Policies and procedures were in place to safeguard people. Staff

were aware of what actions they needed to take in the event of a safeguarding concern being raised. Medicines were stored correctly and there were systems to manage medicine safely. Audits and stock checks were completed to ensure people received their medicines as prescribed. There was a maintenance programme in place which ensured repairs were carried out in a timely way, and checks were completed on equipment and services. There was an ongoing improvement plan in place to maintain and develop the environment. Accidents and incidents had been recorded and appropriate action had been taken and recorded by the registered manager.

Consent was sought from people with regard to the care that was delivered. All staff understood about people's capacity to consent to care and had a good understanding of the Mental Capacity Act 2005 (MCA) and associated legislation. Staff told us they always asked for people's consent before they provided any care and support.

People, relatives and staff felt staffing levels were sufficient but there could be room for improvement. The management team monitored people's dependency in relation to the level of staffing needed to ensure people's care and support needs were met. People were cared for by staff who had been recruited through safe procedures. Recruitment checks such as a criminal records check and two written references had been received prior to new staff working in the service. Staff told us they were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. Training records were kept up-to-date, plans were in place to promote good practice and develop the knowledge and skills of staff. Staff told us that communication throughout the service was good and included comprehensive handovers at the beginning of each shift and regular staff meetings. They felt they knew people's care and support needs and were kept informed of any changes. They confirmed that they felt valued and supported by the managers, who they described as very approachable. They told us the team worked well together.

People were treated with respect and dignity by the staff. They were spoken with and supported in a sensitive, respectful and professional manner. One person told us, "Yes, people around are very caring." People's nutritional needs had been assessed and they had a selection of choices of dishes to select from at each meal. People said the food was good and plentiful. Staff told us that an individual's dietary requirements formed part of their pre-admission assessment and people were regularly consulted about their food preferences.

People and their representatives were asked to complete a satisfaction questionnaire, and people had the opportunity to attend 'residents and relatives' meetings. We could see the actions which had been completed following the comments received. The registered manager also told us that they operated an 'open door policy' so people living in the service, staff and visitors could discuss any issues they may have. One member of staff told us, "I had a feeling there was something special here and it stands out in a crowd. I am happy here it's a good home and it's improving. She (the registered manager) is trying to make sure it is working properly."

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 was safe.

People were cared for by staff recruited through safe recruitment procedures. Staffing levels were monitored to ensure there were enough staff to meet people's care needs.

People had individual assessments of potential risks to their health and welfare, which had been regularly reviewed.

People confirmed they felt safe living at Barford Court. Medicines were managed safely. The building and equipment had been subject to regular maintenance checks.

Is the service effective?

Good

The service was effective.

Staff were aware of their responsibilities from the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS.) Where people lacked capacity to make decisions about their care and treatment this had been considered in their best interests.

Staff had a good understanding of peoples care and support needs. People were supported by staff that had the necessary skills and knowledge.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals when they needed them.

Is the service caring?

Good

The service was caring.

Staff involved and treated people with compassion, kindness, dignity and respect.

People were treated as individuals. People were asked regularly about their individual preferences and checks were carried out to make sure they were receiving the care and support they needed.

People told us care staff provided care that ensured their privacy and dignity was respected.

Is the service responsive?

Outstanding ☆

The provider demonstrated an outstanding commitment and delivery of personalised care. The butterfly approach in dementia care was utilised and the provider had achieved a kite mark status from Dementia Care Matters in their delivery of dementia care. This promoted positive care experiences and enhanced people's health and wellbeing.

People had fulfilling lives because they were fully engaged in activities that were meaningful to them. People told us they felt able to talk freely to staff or the management team about any concerns or complaints.

Is the service well-led?

Good

The service was well led.

The leadership and management promoted a caring and inclusive culture. Staff told us the management and leadership of the service was approachable and very supportive.

Quality assurance was used to monitor and to help improve standards of service delivery. People were able to comment on and be involved with the service provided to influence service delivery.

Barford 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 checked 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 12 October 2017 and was unannounced.

The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience helped us to get feedback from people being supported and their visitors.

Before the inspection, we reviewed information we held about the service. This included any notifications and complaints we have received. A notification is information about important events which the service is required to send us by law. This helped us to plan our inspection. We requested the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke to the local authority commissioning team who have responsibility for monitoring the quality and safety of the service provided to local authority funded people. We also requested feedback from the Clinical Commissioning Group (CCG.) We received feedback from four health and social care professionals about their experiences of the service provided.

We spoke with nine people, four in depth, and five relatives. We used a number of different methods to help us understand the views and experiences of people, as they not all were able to tell us about their experiences due to their living with dementia. 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 spoke with the registered manager, the business administrator, an agency registered general nurse (RGN), a team leader and four care staff, a chef and catering manager, and the facilities manager. Following our inspection we received written feedback from five relatives about their experiences of the service provided.

We looked around the service in general including the communal areas, and a sample of people's bedrooms, and the garden. We observed the lunchtime experience for people on all of the units, observed the administration of medicines on one of the units, and the care and support provided in the communal areas, and activity sessions. We looked at menus and records of meals provided, medicines administration records, the compliments and complaints log, incident and accidents records, records for the maintenance and testing of the building and equipment, policies and procedures, meeting minutes, staff training records and five staff recruitment records. We also looked at eight care plans and supporting risk assessments along with other relevant documentation to support our findings. We 'pathway tracked' people living at Barford Court. This is when we looked at their care documentation in depth and obtained their views on how they found living at Barford Court. It is an important part of our inspection, as it allowed us to capture information about a selected group of people receiving care. We also looked at the provider's own improvement plan and quality assurance audits.

This is the first inspection since there was a change in legal entity for the service.

Good

Is the service safe?

Our findings

People and their relatives told us they felt people were safe, happy and were well treated in Barford Court. Comments we received included, "I think it's quite a safe place, only at night time, you have to ring a bell", "The standard here is very good," "Yes definitely, we are very well looked after, staff and managers are available, " and "Yes, people around are very caring." A relative told us, "He has been here for three years now, his care has been very good, and I am also notified if anything happens."

People had individual assessments of potential risks to their health and welfare and these were reviewed regularly. Care planning was electronic and comprehensive and incorporated individual risk assessments including for falls, nutrition, pressure area care and manual handling which had been completed. Where any risks were identified, staff were given clear guidance about how these should be managed. For example, staff told us that if people were at risk of falls, "We observe and pre-empt falls and there are sensors on the skirting boards and falls mats are used at night." Staff also told us if they noticed changes in people's care needs, they would report these to one of the managers and a risk assessment would be reviewed or completed. People had an air mattress (inflatable mattress which could protect people from the risk of pressure damage) where they had been assessed as high risk of skin breakdown (pressure sore). We were informed by staff the air mattresses were checked daily to ensure they were on the right setting for the individual needs of the person. This was evidenced in the electronic care plans. The system had alerts which flagged up if staff had not completed the required checks and recording.

Regular Health and Safety meetings were held to discuss any issues in the service. A dedicated maintenance worker was responsible for the general maintenance, alongside external contactors who were used for service checks and repairs. Staff we spoke with confirmed that any faults were repaired promptly. Regular tests and checks were completed on essential safety equipment such as emergency lighting, the fire alarm system and fire extinguishers. The registered manager told us about the regular checks and audits which had been completed in relation to fire, health and safety and infection control. Records we looked at confirmed this. There was an infection control champion who had received additional training to undertake this role. They were responsible for ensuring that staff wore appropriate personal protective equipment (PPE). Systems were in place to ensure the cleanliness of the service. Staff had received training in infection control. There were gloves in each person's room and the availability of hand sanitizers had been increased throughout the service. There was an emergency on call rota of senior staff available for help and support. Contingency plans were in place to respond to any emergencies such as flood or fire. Personal emergency evacuation procedures (PEEPs) for all people. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

People who had support with their medicines told us this had worked well. Feedback was variable of the times medicines were administered however, people did not say this had impacted on the care provided. Comments received included, "Yes it is very good, my feet are washed every now and then and creams put on, in some occasion's I have to wait for staff to come," "Yes it has been ok mostly," "Yes, creams, meds it works very well. Yes medication is given on time," and "Yes medication on time all the time." There were

appropriate arrangements in place to protect people against the risks associated with the unsafe use and management of medicines. Medicines were kept securely and within their recommended temperature ranges. Care staff were trained in the administration of medicines. Staff told us the system for medicines administration worked well in the service. Systems were in place to ensure repeat medicines were ordered in a timely way. A member of staff described how they completed the medicines administration records (MAR). MAR charts are the formal record of administration of medicine within a care setting and we found these had been fully completed. Procedures were in place should there be any error in the recording of medicines administration and a peer to peer checking system had also been introduced. Regular audits and stock checks were completed to ensure people received their medicines as prescribed. Where people took medicines on an 'as and when' basis (PRN) there was guidance in place for staff to follow to ensure this was administered correctly. Where people wished to self-medicate they were supported to do this through a risk management process. We observed one member of staff administer medicines. The member of staff demonstrated knowledge of people and their medicines for example for one person they told us, "He likes his Movicol (Medicine) in cold water from the cooler."

The provider had a number of policies and procedures to ensure care staff had guidance about how to respect people's rights and keep them safe from harm. These had been reviewed to ensure current guidance and advice had been considered. This included clear systems on protecting people from abuse. The registered manager told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. They were aware they had to notify the CQC when safeguarding issues had arisen at the service in line with registration requirements, and therefore we could monitor that all appropriate action had been taken to safeguard people from harm. We talked with care staff about how they would raise concerns of any risks to people and poor practice in the service. They had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse.

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff we spoke with had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

People were cared for by staff who had been recruited through safe recruitment procedures. Where staff had applied to work at Barford Court they had completed an application form and attended an interview. Each member of staff had undergone a criminal records check and had two written references requested. Where registered nurses were working in the service checks had been made on their PIN number. This is an information system which can be accessed to ensure nursing staff were still registered to work as a nurse provided nursing care. This meant that all the information required had been available for a decision to be made as to the suitability of a person to work with adults. The registered manager told us there was an ongoing recruitment process. There had been a period of change with a number of changes to the management team and new care staff being recruited into the service. It had been difficult to recruit care staff particularly nursing staff which had led to a high use of agency staff. Where there were staff vacancies and agency staff had been sourced, these were usually the same people to ensure continuity of care staff providing care. One agency member of staff demonstrated they knew people well and told us they regularly worked in the service. Care staff were supported by the ancillary staff who covered catering, domestic, maintenance and administrative tasks in the service.

People told us they felt safe and attended to by staff. People and relatives told us there were usually enough staff on duty to meet people's needs, but it was an area they felt could be improved particularly at the

weekend. On the day of the inspection, we observed Barford Court to be calm with a relaxing atmosphere. Staff members did not appear to be busy or rushing around. From our observations, people received care in a timely manner. Bedrooms included an emergency call bell which people could press if they required urgent attention and a call bell to press if they required assistance. We did receive some feedback that at times people felt they had to wait for their care. Comments received included, "Yes sometimes, it may take little time for the bell to be answered (Weekends and nights) Weekends there are minimal number of staff but no one has suffered because of that," "They do have staff problems during weekend and nights," and "Yes but there are odd occasions, (Weekends) on a whole I am satisfied." We discussed this with the registered manager during the inspection who showed us the dependency tool which was used to inform and ensure adequate levels of staff were on duty. They told us the number of care staff on duty were the same throughout the week. Where agency staff had been used it had been ensured the same agency staff had been requested to ensure the continuity of care provided. They were already aware of people's concerns at cover arrangements during the weekend and changes in the management rota had already been agreed and were due to commence to try to alleviate some of the concerns raised. Additionally they also showed us the checks which had been completed on the response time to the call bells to monitor and ensure these were answered in a timely way. Staff told us that at times it could be busy, and the majority of staff there was adequate staff on duty to meet people's care needs. One member of staff told us, "I believe there are enough staff. We use a dependency tool and it's measured monthly and if it goes up we put in additional staff." They felt they could ask for more staff when people's care needs changed and could give examples of when this had occurred. They told us minimum staffing levels were maintained. They also spoke of good team spirit. One member of staff told us, "Staff told us that the home had a higher staff ratio and one member of staff told us, "Generally it works well."

Good

Is the service effective?

Our findings

People and the relatives told us they felt the care was good and their health care needs had been met. Comments received included, "Yes there are a number of staff who have been here for years and they have NVQs," "Yes I have been here for eighteen months so it is enough to observe people, we have a very large number of very good staff with a smile on their face and during the weekend they have agency staff," "Yes they always know what is expected of them," and "Yes they are skilled." Relatives told us that there had been an improvement in their siblings care since she moved to the home, "She was immobile and she's mobile now and the staff seem very good."

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 when this is in their best interests and legally authorised under the MCA. We checked whether the staff were working within the principles of the MCA. Staff understood the principles of the MCA. They were aware that any decisions made for people who lacked capacity had to be in their best interests. They gave us examples of how they would follow appropriate procedures in practice. There were clear policies around the MCA. Care staff told us they had completed this training and all had a good understanding of the need for people to consent to any care or treatment to be provided. There were records on people's care plans that, where possible, people had been asked to consent to their care and treatment. Care staff confirmed they always asked for people's consent before they undertook any care or treatment. People confirmed staff asked for their consent before providing any care. Comments received included, "Yes I am quite happy in that respect," "Yes they ask me before doing my personal care," "Yes they always ask my permission," and "Yes they do ask, do I want to do so and so."

The registered manager told us they were aware of how to make an application and about the DoLS applications that had already been made and had been agreed. They were monitoring and ensuring these were being followed and updated as required. Care staff told us they had completed this training and had a good understanding of what this meant for people to have a DoLS application agreed, and they were clear who had been put forward for a DoLS application. People's records also highlighted to care staff who had a DoLS in place, or if there were any actions they had to follow to support people where an application had been agreed. Bed rail risk assessments were in place for people where bed rails were used and where possible people had consented to their use.

People were supported by care staff that had the knowledge and skills to carry out their role and meet people's individual care and support needs. The registered manager told us all care staff completed an induction before they supported people. This had been reviewed to incorporate the requirements of the care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. There was a period of shadowing a more

experienced staff member before new care staff started to undertake care on their own. Staff told us they received two weeks Induction and shadowing until able to work on their own.' A 'buddy' system was part of induction where an experienced member of staff worked with the new staff member until they are confident and competent. One member of agency staff told us that they had received thorough induction before commencing work in the service.

Staff received training to ensure they had the knowledge and skills to meet the care needs of people living in the service. An in-house trainer had been recruited, to work in the service and support staff ensuring training and refresher training was completed within the required timescales. Care staff received training that was specific to the needs of people using the service, which included training in moving and handling, medicines, first aid, safeguarding, health and safety, food hygiene, equality and diversity, infection control and dementia care. The training completed was given through a mixture of online learning packages or practical sessions. Additionally external trainers came in to provide training for example on medicines administration. Support and guidance had also been provided to staff from the dementia in reach team. Care staff told us their training was up-to-date and had helped them understand and support people. One member of staff told us, "We get regular training. (Staff member's name) the in-house trainer sends out posters and a letter when we need to attend training." Another member of staff told us," We are put on numerous courses." A further member of staff said, "There are lots of opportunities for extra training." Staff had also been supported to attend professional training.

Staff told us that the team worked well together and that communication was good. They told us they were involved with any review of the care and support plans. They used shift handovers, and a communications book to share and update themselves of any changes in people's care. They told us they were provided with supervision and annual appraisal. This was through one-to-one meetings. These processes gave care staff an opportunity to discuss their performance to identify any further training or support they required. There was a supervision and appraisal plan in place which senior staff were following to ensure staff had regular supervision and appraisal. Additionally there were regular staff meetings to keep staff up-to-date and discuss issues within the service. There was an employee of the month award within the organisation. This was where staff and people living in the service or their relatives could nominate a member of staff who had who had been deemed to have worked above and beyond during the month.

People's nutritional needs were assessed and recorded, and people's likes and dislikes had been discussed as part of the admissions process. People's risk of malnourishment was assessed and reviewed on a monthly basis. The provider used a screening tool to identify anyone who may be significant risk of malnourishment or experiencing weight loss. Where people had lost weight guidance was in place which included for fortified snacks and drinks to be offered in-between meal times. Food and fluid charts were in place for care staff to record people's nutritional intake. This enabled staff to monitor people's food and fluid intake and identify where people may need additional encouragement. Records were accurately maintained to detail what people ate to inform staff if people had had adequate food and fluid during the day. This was to ensure care staff had a clear and full picture of if people had received adequate fluids during the day to maintain their wellbeing. People's weights were monitored regularly with people's permission and there were clear procedures in place regarding the actions to be taken if there were concerns about a person's weight. Members of staff had been identified to be food and drink 'champions' for the service, who told us that they were working on improved methods to help support people with eating and drinking. For example, with the use of red crockery and coasters with people who required help and support to eat and drink. There are also knife and fork indicators by the place settings to alert staff that the person required support. They followed key policies in the service such as the lead nurse hydration policy and speech and language team (SALT) guidance. They also monitored the completed assessment tools and people's weekly weights and discussed anybody at high risk with the manager and shift leaders.

Barford Court's kitchen was contracted out; a separate agency was responsible for organising chef's and kitchen assistants. A menu was in place and displayed throughout the service. People and their relatives spoke well of the food provided. Comments received included, "I am very pleased indeed, there is a variety in the menu, by enlarge things are well presented. We have a well-balanced diet," "Yes I do, I have ample choices and alternatives," and "Yes, but I haven't got a very good appetite, I have trouble eating. "The chef told us there was a rotating menu, which was based on people's likes and dislikes. They had been working with people and their relatives to meet specific dietary needs. The menus detailed three main courses including vegetarian options and salads were available. Omelettes and fish or sandwiches are offered as requested. The chef showed us they had information available on the dietary requirements and likes and dislikes of each person. For example, where a pureed or soft diet was required. Additionally staff told us of support given to people to meet their individual dietary needs which had included enlisting the support and guidance from SALT, discussions with the person and their family as to their requirements, buying specific food in and creating a specific individual menu plan. This showed us that staff were aware of individual's preferences, needs and nutritional requirements. People were asked to select from the choice available. Staff came around the day before to ask them what they would like to eat from the menu. Where people were living with dementia they were asked on the day to select their choice using a plated up dinner for the choices available. Water and juices were offered before lunch and tea afterwards. One relative wrote the following comment, 'My mother has been a resident at Barford Court since August 2014. (Person's name) is now 96 years old and her physical condition has greatly improved since arriving at Barford Court. (Person's name) has had a long history of eating disorders and she now looks well thanks to the gentle encouragement and tempting, well presented meals at Barford Court '

Lunchtime was relaxed and people were considerately supported to move to the dining area, or could choose to eat in their bedroom. People were encouraged to be independent throughout the meal and staff were available if people wanted support, or extra food or drinks. Individual needs were catered for such as serving gravy in small jugs so people could help themselves. People ate at their own pace and some stayed at the tables and talked with others, enjoying the company and conversation. One member of staff told us, "We ensure what the person has had; we ensure they have fluids and assist them. We make details about what they have eaten or drunk. We speak to SALT about food and we can ring the kitchen to request a different option and we have a key to the kitchen out of hours and can make them sandwiches or toast." Regular residents and relatives meetings, quality assurance questionnaires, improved access to the chef , and menu feedback cards had been used to develop the menu provided discuss menus informed by ideas and people's likes and dislikes as well as the residents and suggestions are welcomed

People's health and wellbeing was monitored on a day to day basis. Staff understood the importance of monitoring people for any signs of deterioration or if they required medical attention. Care plans contained multi-disciplinary notes which recorded when healthcare professionals visited such as GPs, or the speech and language team (SALT) and when referrals had been made. Feedback from the healthcare professionals we spoke with supported this. Care staff told us that they knew the people well and if they found a person was poorly they should report this to the manager. People were supported to maintain good health and received ongoing healthcare support.

Good

Is the service caring?

Our findings

People and their relatives told us people were treated with kindness and compassion in their day-to-day care. They told us they were satisfied with the care and support people received. They were happy and they liked the staff. "Relatives comments included, "Oh yes, they laugh and joke with him, they offer a cup of tea and cake, he enjoys and has fun," "Oh yes, they are now, previous year's no, people are smiling, kind, they have happy faces," and "Yes, I was a teacher I know how their caring is 9/10 they are very kind and caring." One relative provided a written comment, 'In response to your request regarding my mother's care at Barford Court I am happy to say that during her stay, which is five and a half years now she has been really happy and as she has said on many occasions lucky to be in such a nice environment and I am pleased that she is so well cared for. I visit once a week and all the staff that look after her are very caring and supportive and always take the time to talk to her. I have no hesitation in recommending this wonderful home.' One member of staff told us, "I make sure the residents are well supported; we are there for the residents and what they want or need. We are welcoming and have created a friendly and approachable culture.'

People were listened to and enabled to make choices about their care and treatment. Staff told us since the new registered manager had started working in the service there was now a real drive towards person centred care being provided. One member of staff told us," My role is to remind staff not to be task orientated and to consider how they would like their relatives to be treated. We probe and question in a social way and build a story with someone." Another member of staff told us, "They get up when they want to or stay in their rooms it's their choice." A third member of staff said, "We give residents choice, it's not regimented, they can get up when they like or stay in their pyjamas all day. This is their home." Staff ensured they asked people if they were happy to have any care or support provided. For example, we observed staff informing and encouraging people to take part in the activities arranged on that day. Staff provided care in a kind, compassionate and sensitive way. They answered questions, gave explanations and offered reassurance to people who were anxious. Staff responded to people politely, giving people time to respond and asking what they wanted to do and giving choices. We heard staff patiently explaining options to people and taking time to answer their questions. Staff were attentive and listened to people, and there was a close and supportive relationship between them. When asked what the service did well one person told us, ""They meet people's needs with diversity, they are doing a good job." One member of staff told us, "We always treat people with respect and take into account their backgrounds and cultural behaviours. We banter with the residents. We are courteous to our colleagues too." Another person told us, "They listen to you."

Staff recognised the importance of promoting people's identity and individuality. People's rooms were personalised with their belongings and memorabilia. People had their photographs and other items that were important to them. People were consulted with and encouraged to make decisions about their care. They also told us they felt listened to. People's personal histories were recorded in their care files to help staff gain an understanding of the personal life histories of people and how it affected them today. Care staff demonstrated they were knowledgeable about people's likes, dislikes and the type of activities they enjoyed. Staff spoke positively about the standard of care provided and the approach of the staff working in the service. One member of staff told us, "We want the best for the residents even if staff don't always

understand person centeredness we work hard to change that and respond well to resident's needs. We talk through ideas and concerns and find a way."

Staff were working towards a more inclusive environment for Lesbian, Gay, Bisexual, Transgender (LGBT) people in the community. The registered manager documented, 'As we are based in such a diverse city as Brighton and Hove I believe we have a duty of care to promote, support and raise awareness amongst staff of the wider issues that may face the local older LGBT group (and our own staff), therefore, we have made links with the Terrance Higgins Trust and have held numerous HIV awareness training in the home and contacted the local LGBT Rainbow Choir to ask if they could come in as an entertainment.'

Throughout the inspection, people were observed moving around the service and spending time in the lounge or dining area. People's rooms were personalised with their belongings and memorabilia. People showed us their photographs and other items that were important to them. People were supported to maintain their personal and physical appearance. They were dressed in the clothes they preferred and in the way they wanted.

We looked at the arrangements in place to protect and uphold people's confidentiality, privacy and dignity. Staff demonstrated they were aware of the importance of protecting people's private information. People's comments included, "Yes I think so, definitely staff don't talk about other residents," "Yes, nobody talks about me" and "Yes and very much." People told us they were treated with respect. People told us care staff ensured their privacy and dignity was considered when personal care was provided. Staff members had a firm understanding of the principles of privacy and dignity. As part of staff's induction this was covered and the registered manager undertook checks to ensure staff were adhering to the principles of privacy and dignity. Two members of staff had been identified as dignity 'champions.' One member of staff told us this role was, "To ensure residents are treated with respect by the way you talk to them and that food and personal care is done in a dignified manner. We lead by example,'" They were able to describe how they worked in a way that protected this. People told us care staff ensured their privacy and dignity was considered when personal care was provided. People told us their privacy and dignity was considered when care was provided. Comments we received included, "Yes I am quite happy in that respect," "Yes they ask me before doing my personal care," "Yes they always ask my permission," and "Yes they do ask. I want to do so and so."

People had been supported to keep in contact with their family and friends. Relatives told us they were free to visit and keep in contact with their family members. They said they were made to welcome when they visited. Throughout the inspection, we saw relatives coming and going, spending time with their loved ones in the communal areas or the person's own bedroom. One relative provided a written comment, 'The home itself is an extremely comfortable place for relatives and friends visiting your residents, and speaking for my wife and me, we have always been led to feel welcome. Our contacts with all members of the staff have, without exception been always of a very amiable nature, and we have never felt that our presence was in any way unwelcome or was causing any sort of inconvenience to your staff. My wife and I are more than happy with the 'Barford Court Experience', and consider it fortunate that Mum and Dad have been able to find their situations so well catered for.' The registered manager was able to confirm they knew how to support people and had information on how to access an advocacy service should people require this service.

Outstanding ☆

Is the service responsive?

Our findings

Management and staff continuously looked for ways to improve people's care with positive experiences and fulfilling lives. Staff spoke with pride and passion about the way people were cared for. When asked what the service did well one member of staff told us, "The activities and engagement with people. We have activities and entertainers and people really get into it."

Staff at Barford Court demonstrated outstanding person centred care. One member of staff told us what had changed in the service during the last year, "It's a lot more positive, and is much more person centred. The home is much more homely." Staff could clearly tell us how people preferred to spend their day, but recognised people should always be offered choice and be empowered to spend their day how they so wished. A life story consultant had been engaged in developing the information held about people's life story. This had helped care staff have a greater insight into people's life and experiences, their likes and dislikes. People received a book at the end of the experience which care staff could use the information from to work with people.

Barford Court had achieved recognition for how they delivered the Butterfly approach implemented by Dementia Care Matters (a leading organisation in dementia care.) The approach focuses on life outcomes for people living with dementia. Based on butterflies, which are colourful, can flit around a room or be still and can brighten a second in someone's life. Dementia Care Matters associated this with how person centred care should be delivered; care should be delivered in a manner which touches people's lives. One staff member told us, "The service has implemented the butterfly scheme and was at the service was at the highest level one." Staff told us a higher ratio of staff had been ensured to facilitate this approach, there was no staff uniform, and they had provided person centred care with no regimentation or task orientation.

The activities that people were engaged in had ensured they led fulfilling lives. Throughout the dementia unit, various sensory items were available, along with comfort items (prams, soft toys), cognitive items (books, catalogues), movement items (clothing, hats), musical items and work life items (an old type writer). Rummage boxes were available along with items in relation to the Masons and Second World War. Throughout the inspection, people were supported to engage with activities that promoted their well-being and identity. Staff members provided activities and interactions that were based on people's individual likes and life history. Good planning and design can help in making it easier for people to interpret and navigate a service in safety, and the use of colour and contrast had been used in different ways to assist in this.

A successful application for a grant from a Masonic charity funded regular fortnightly, 'Open Strings Music' sessions had been facilitated which had brought interactive, responsive music sessions into Barford Court. One member of staff told us, "People can pick up the instruments and make music." The registered manager documented the impact these sessions had had on people, 'Often when the facilitators had started a music session, people had seemed to be in their own separate worlds, absorbed in individual activities such as knitting, doing jigsaw puzzles and reading the newspaper. Sometimes people were sleepy at the start of the session, or can seem quiet and withdrawn, as people started to engage with the music, and with each other in the process. For example, for one person often now has greeted us by extending her arms out to us in a

welcoming gesture. She's usually very restless and wonders around, but it's different with the music. I've never known her to sit still for so long. We could have a conversation about music.'

An interactive reminiscence package had been purchased. It was used throughout the service. People had been added individually to the system and been used to create a personalised package of their life story, likes and dislikes, all about me and reminiscence preferences. There were a large selection of activities which included sing-a-long, jigsaws, a shooting gallery, quiz, armchair exercises- bubble spin, Skype, painting, reminiscence: Music, poetry, photos, relaxation music , historic speeches and BBC television clips. On the day of the inspection two people were completing a quiz. This was in the lounge in the dementia unit. It created a lot of conversation as people tried to answer the questions. People sitting in the room also joined in and benefited from the activity.

A full time activities co-ordinator arranged activities in the service during the week. People told us there were regular activities provided which they could join in with if they wished to. Comments received included, "Yes every afternoon we have a singer, bowling on Tuesday morning and we also go out with the minibus for a drive," "Yes a minibus for a drive, quiz, bingo," and "Yes, bowling, bingo or go to the day centre." Or external groups or entertainers were booked to come in and entertain people. The notice boards had information about activities people could attend during the week and people also received their own copy of the programme. Activities included baking, crosswords, quizzes and puzzles, pamper sessions, and flower arranging. The provider had a dedicated mini-bus which enabled staff and volunteers to take people out on trips. Alongside participating in activities, people pursued their own individual hobbies and interests. Members from a local Masonic Lodge had arranged trips out. People were being reminded and encouraged to join in the activities on offer. We observed an external group came in and people played indoor carpet bowls. A large group of people congregated in the main reception area the winter garden along with staff. Staff members sat with various people, laughter was evident and the game sparked conversations between people and staff.

Onsite was a day care service for non-residents wanted company and support during the day, and the opportunity to meet local people in the community. People did attend the day care and were able to join in art and craft groups, physical activities including yoga, dancing and tai chi, gardening, daily skills, for example cooking, games that help co-ordination skills such as Wii and table football, and listening to films, music and computer skills. This enabled people to meet and socialise with people living in the wider community. To further enable people to access the local community, 'Cycling without Age,' had been arranged. This group of volunteer cycle-pilots take people out on 'Trishaw' cycle rides,' To feel the wind in their hair,' and enable people to keep their social connections. There was also support with fundraising and close working with a number of other charities.

The volunteering group, the 'Association of Friends' visited the service on a regular basis, providing companionship and friendship to people, raising money and running a shop within the service. There was a strong emphasis on the promotion of volunteers and recognition of the contribution volunteers bring and the level of support they provide for people. The bar area in the central lounge 'The winter garden,' was in the process of being extended and refurbished to provide a better space for social interaction, with a cafe/bar feel and to increase the availability of refreshments.

An external provider visited the service monthly, and brought in different animals or birds each time, including the miniature horse for people to see. Two staff brought in their dogs Bo and Ebony to meet people. They had become part of the community and people had been kept up-to-date about Bo and Ebony through the services bi-monthly newsletter.

Staff were in the process of painting the first of a number of murals. The murals were to have a local theme and the first depicted a typical street of houses in the area. Although none of the people had yet to help with the painting it had provoked a lot of discussion as people had passed by. A member of staff told us whilst they were painting, "Some residents come out and sit with us and have a chat." People and their relatives were being asked to contribute and provide ideas to be included on the mural. The member of staff told us, "Residents have suggested cats in windows and signs we could use. Residents' families have joined in. A resident's granddaughter will help paint flowers. It's been a good discussion piece between staff and residents."

Before someone moved into the service, a pre-admission assessment took place. This identified the care and support people required to ensure their safety so staff could ensure that people's care needs could be met. The registered manager told us everyone was visited prior to any admission. Records we looked at confirmed this. People and their relatives confirmed an initial assessment had been completed. Comments received included, "I had to apply online, yes I had an assessment done, "I don't think so, actually the manager visited me," and "Yes, the lady met me in the house I was before and we had a chat."

Staff told us that care and support was personalised and confirmed that, where possible, people were directly involved in their care planning. Where people were aware of their care plans comments received included, "Yes I have a profile about me, I feel people listen and try to put things into operation, "Yes, I think so mostly," and "Yes, it is in my room, staff know it very well." The care and support plans were detailed and contained clear instructions about the needs of the individual. They included information about the needs of each person for example, their communication, nutrition, and mobility. There were instructions for care staff on how to provide support that was tailored and specific to the needs of each person. Where possible people were supported to be independent and care plans detailed the care people liked to undertake themselves and where they needed support. One relative provided a written comment,' The staff are unfailingly kind and assist (Person's name) as much as they are able.' These had been reviewed and audits were being completed to monitor the quality of the completed care and support plans. Where appropriate, specialist advice and support had been sought and this advice was included in care plans. For example, records confirmed that advice and support had been sought from the speech and language team (SALT).

Regular reviews of people's care and support plans, in 'residents' and relatives' meetings' and by completing regular quality assurance questionnaires had enabled people to comment on the care provided. People's comments included, "We have resident meeting once every six weeks I do raise many things.", "Yes every two weeks, my wife attends those on my behalf, food issues are raised," and "Yes I do go to residents' meeting and there is a care survey that comes around regularly." Residents' meetings held confirmed people had been asked for feedback. They had been kept informed of the changes in the service.

People were encouraged to raise any concerns and told us they felt it was an environment in which they would feel comfortable in doing so. Comments received included, "No concern at all, I am quite satisfied, needs are met," and "Yes workers first, if persistent I would go and see (Staff member's name)," "Yes I have raised concerns with night nurse, They dealt with it pretty well, yes," and "Yes the business administrator / or manager, I have raised concern and it is on the process to be dealt with."

Good

Is the service well-led?

Our findings

People and their relatives told us they felt the service was well-led. Comments received included, "All depends on the house manager, the manager got her finger on the job," "Yes it is at the moment," "Absolutely it is," and "Yes, since we have this new manager, she is excellent." Staff told us they thought the service was well-led. Comments received included, "It's a really good place to work and I wouldn't go to any other care home,'", "As staff members we are more empowered," "I feel at home and I like it here it's better than other homes I've been,' and "She (Registered manager) is passionate about the care provided. She has enthused carers working with people. We have less people who are task driven. She is trying to ensure we can be as good as we can. She sees people and not tasks."

Barford Court belongs to the 'The Royal Masonic Benevolent Institution'. Established in 1842 for people of the Masonic community, the provider has a long established history and key governing values which include treating people as individuals whilst meeting their needs and allowing them to experience wellbeing and meaningfulness. Barford Court opened in 1996 as a nursing home, later introducing the dementia support unit. Staff felt there was a culture of honesty and transparency with a real focus on person centred care. One staff member told us, "I love it here I immediately felt at home. I was welcomed by staff. It's the place I am meant to be. It feels like we are a family there is warmth generated which the visitors comment on."

There was a clear management structure with identified leadership roles. Staff spoke highly of the leadership style of the registered manager and the sharing of information within the service. One staff member told us, "She (The registered manager) is very approachable and her door is always open." Another member of staff told us, "(Registered manger's name) is a good manager. The home feels more like a home. She is open and approachable." The registered manager was supported by a deputy manager and a senior business administrator. There was a team of registered nurses and a senior member of care staff. The management team promoted an open and inclusive culture by ensuring people, their representatives, and staff were able to comment on the standard of care and influence the care provided. Staff told us the managers were approachable, knew the service well and would act on any issues raised with them. Comments received included, "I feel very much supported and the manager has an open door policy and she is easy to chat to and very approachable," 'I'm listened to and taken seriously," and "I find managers very approachable and I am happy here." Staff supervision, appraisals and staff meetings had provided the opportunity to both discuss any problems arising within the service, as well as to reflect on any incidents. These provided staff with the forum of making any suggestions or raising any concerns. One staff member told us, "Staff meetings are very much an open forum; you get listened to." Another member of staff told us, "(Registered manager's name) is listening to people. She says come and see me if you need anything or advice. There is more of a presence and getting up and involved with staff forums and staff suggestions." Staff confirmed that any suggestions were listened to and acted upon. Staff told us of one recent scenario whereby improvements to the laundry systems were made as a result of issues raised within the staff meeting and by people living in the service. Feedback from health and social care professionals was that staff in the service worked well with them.

Senior staff carried out a range of internal audits, including care planning, checks that people were receiving

the care they needed, medication, health and safety and infection control. They were able to show us that following the audits any areas identified for improvement had been collated into an action plan, work completed to address any shortfalls and how and when these had been addressed. The provider regularly visited and audited the care provided. Accidents and incidents were recorded and staff knew how and where to record the information. Remedial action was taken and any learning outcomes were logged. Steps were then taken to prevent similar events from happening in the future. The registered manager told us how outcomes had been discussed as part of a 'team debrief' so that all staff could benefit from understanding why the event occurred, and contribute to putting measures in place to prevent reoccurrence.

Policies and procedures were in place for staff to follow. Senior staff were able to show how they had sourced current information and good practice guidance, which had been used to inform the regular updates of the services policies and procedures. The registered manager documented, 'We have also promoted excellence in End of Life care through e-learning and classroom training. I am also a member of the local Care Forum, Registered with Skills for Care, signed up to the Social Care Impact and Dignity in Care groups and registered our interest with local universities for any dementia research, that may be help us.' Members of the management team had also signed up as 'Dementia Friends' to further enhance the dementia care provided.

People and their relatives had had the opportunity to comment on the care provided through meetings and quality assurance questionnaires. Changes had been made in the service following feedback received. For example, following feedback from the meals survey daily menus have been changed. Things were not 'crispy' enough. The size of dining plates used had been changed and water jugs and glasses were now on the table. A bimonthly newsletter was also used to keep people up-to-date as to what was happening in the service.

The organisation's mission statement was incorporated in to the recruitment and induction of any new staff. The mission statement was detailed in the service user's guide for people, visitors and staff to read. The aim of staff working in the service was, 'The RMBI corporate values are: We are personal, caring for residents and each other in a way that meets their individual needs. We are professional, drawing on best practice to work together and provide expert care. We are supportive, enabling our residents to live the best lives possible and fostering a sense of community within the RMBI and our Homes. We are learning, continually seeking out ways to improve what we do, using mistakes as development opportunities and embracing innovation and creativity in our approach to care. We are respectful and proud of our heritage, our residents and each other. Above all, we are kind, dealing with everyone we meet both compassionately and warmly. Our mission statement is underpinned by a set of values which include: honesty, involvement, compassion, dignity, independence, respect, equality, safety and empowerment.' Staff demonstrated an understanding of the purpose of the service, with the promotion and support to develop people's life skills, the importance of people's rights, respect, diversity and understood the importance of respecting people's privacy and dignity.

Staff have launched the first of the provider's new values, 'Kind', by holding sessions with it's Values Champion, the organisation's pharmacy and dementia lead, and with staff, people and their families. The values have been added to staff handover sheets and reinforced at handovers. 'Thank you, Fridays' have been, implemented for people, staff or any visitors to the service to nominate someone to say thank you to. The Management team has challenged staff to do something kind every day and then make note of their actions for the mood board which is on display in the service.

The registered manager spoke of good support and had been working to complete a Diploma in dementia

care. They understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). Senior staff had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. There was a policy and procedure on people's responsibility under the Duty of Candour. This is where providers are required to ensure the there is an open and honest culture within the service, with people and other 'relevant persons' (people acting lawfully on behalf of people) when things go wrong with care and treatment.