Care Quality Commission

Royal Masonic Benevolent Institution

Connaught Court

Inspection report

St Oswalds Road
Fulford
York
North Yorkshire
YO10 4FA
Tel: 01904 626238
www.rmbi.org.uk

Date of inspection visit: 8 & 9 October 2014
Date of publication: 06/02/2015

Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

Connaught Court is a large detached building set in well maintained gardens and owned by the Royal Masonic Benevolent Institution. It provides residential and nursing care to men and women who are freemasons, or their dependants. The home provides nursing care or help with personal care. The service also provides care to people living with dementia. The building is on three floors, with lifts to access the different areas. All the people living at Connaught Court have access to outside space. The two dementia units have safe, well maintained gardens where people can walk at any time.

The service can accommodate up to 90 people in four separately staffed units. There are 15 beds on Viking, the nursing unit; 16 on Knavesmire, a dementia care unit, 10 on Fred Crossland, a second dementia care unit and 49 beds on the residential unit, which is sub-divided into Fairfax, Ebor and Yorvik. The needs of people living on Knavesmire and Fred Crossland units are broadly similar. This means people with dementia care needs are admitted to whichever unit has the vacancy.

Summary of findings

The home has 90 single bedrooms and there were 89 people living at the home on the day we visited. The home is situated in Fulford, a suburb on the south side of the city with regular bus services into the centre.

This was an unannounced inspection, carried out over two days on 8 and 9 October 2014. During the inspection we spoke with 12 people who lived in the home, five visitors, 16 staff with different roles and the registered manager of the home. 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. We last inspected Connaught Court in October 2013. At that inspection we found the service was meeting all the essential standards that we assessed.

At this inspection people we spoke with who lived on the residential unit, visitors to that unit and staff stated that there were not always sufficient staff working, to enable people's needs to be met in a timely way. We observed that staff were very 'stretched' particularly over the mealtime period and we observed that call bells rang for a long time, before being answered. We have recommended the provider reviews the staffing levels on the residential unit at all times of the day, to ensure people's needs could be more promptly met.

Additionally we found the service could not demonstrate that people were being properly and regularly consulted about the care and support they were receiving. We noted new electronic records meant written consent was more difficult to obtain. Nevertheless, we have told the provider to take action to evidence that people's mental capacity was routinely being considered and people's consent routinely sought, when decisions were being made about the care and support to be provided.

We found overall that people were contented living at Connaught Court. They felt they and their possessions were safe and the staff were kind and attentive. However we found the way some areas of risk were managed could be improved. We also found important information relating to people's care, medication needs and monitoring fluid intake was either missing or inconsistently recorded. This increased the risk of people getting unsafe or inappropriate care.

We found the environment was clean and well maintained. The dementia care units in particular were planned and furnished in line with best dementia care practice. The staffing levels throughout the home were kept under review and extra staff were used when the need was identified.

Staff had the skills and knowledge to meet people's needs safely and appropriately. People we spoke with told us staff were competent and knowledgeable. Staff were supported to attend training and their knowledge was checked in supervision and at annual appraisals. People's mental capacity was considered when decisions were made about their support needs, although people's care records did not readily evidence that people had consented to the care being provided for them.

The service ensured all staff employed at Connaught Court had completed dementia awareness training. This meant all staff, regardless of their role, had some understanding of the needs of people living with dementia. The service was also supporting staff to receive accredited End of Life Care training in order that they can provide appropriate and effective care for those people, and support for their visitors.

People were offered a varied diet and staff provided respectful support to those individuals who needed help to have sufficient to eat and drink. Specialist equipment was available for those people with assessed needs so that they could manage their meals and fluids without direct supervision. People told us the meals were hot and tasty. People were able to contribute to the menu choices as these were discussed by the resident's committee.

People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and that people enjoyed talking to the staff in the home. The staff team considered people's privacy and dignity whilst providing personal care. Staff knocked on people's bedroom doors and waited to be invited in. This showed they respected people's private space.

The service prioritised person centred care as central to their care delivery. People's care needs were assessed prior to admission and people's backgrounds, life histories and likes and dislikes were explored with them and/or their families. Having this information helped to

Summary of findings

ensure people received the care they wanted and needed and staff were able to talk to people about things that mattered to them. However, the quality and detail of this information was variable.

The service provided a range of activities and interests that people could join in with. These included film afternoons and evenings, Bridge Club, various music and exercise classes, and weekly services in the home's chapel. Staff employed to organise activities and events also spent time with people who either could not, or did not want to, join in these events. This reduced the risk of those people becoming lonely or isolated. People living with dementia were provided with a range of activities so they could lead stimulating and interesting lives. Those people had access to several animals like a dog, rabbit, cat and guinea pig. Staff were aware which people liked or did not want to pet or talk with these animals.

The service had a clear management structure which staff and people living there were mostly aware of. The managers were regularly seen throughout the home and people living there, staff and visitors told us the registered manager was approachable and available for them.

The service had an active resident's committee which organised and held regular meetings and whose views influenced the way the service was being run. Surveys were used to gain the views of other people with an interest in how the service was operating. Feedback sessions provided by the manager enabled those surveyed to know what was being done as a result of the comments they made.

The service and provider carried out a range of regular checks and audits to satisfy themselves that the service was running well. A new electronic system of care records had been introduced in the past year. Audits on the record-keeping within these care files would help to identify whether some staff required more support to maintain these effectively.

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?

Requires Improvement

A few aspects of the service were not safe.

Whilst the service had processes in place to promote people's safety and wellbeing, some areas of risk management could be improved. Records relating to nutritional risk management and medication management could be strengthened. This would help to ensure people always received appropriate and safe care.

The current staffing levels on the residential unit meant people sometimes had to wait when they needed care and support.

Staff were clear about their responsibility to promptly report any concerns, abusive behaviour and to whistle blow poor practice. Staff were properly recruited and staffing levels within each unit were regularly reviewed.

Is the service effective?

Requires Improvement

The service was not completely effective.

Whilst people told us they were generally happy with the day to day care they were receiving, the service could not evidence that they were routinely obtaining people's consent, and considering their mental capacity when care was being planned and delivered.

People told us they received a varied diet and had access to snacks at any time. However, we found some records to evidence people's nutritional needs and fluid intake could be improved.

We found staff were provided with the training and skills to carry out their work safely and appropriately. This included learning about Mental Capacity and recognising people's rights. The service had a robust induction programme for new staff, who confirmed they completed this before providing any care.

The environment was clean and well maintained. The dementia care units in particular followed best practice guidelines and provided people living there with a stimulating and varied lifestyle.

Is the service caring?

Good

The service was caring.

People told us that they were well cared for and we saw that the staff were caring and people were treated in a kind and compassionate way. The staff were friendly, patient and discreet when providing support to people.

We saw all staff, regardless of their role, speaking and generally interacting with people in a positive way.

Summary of findings

People's privacy and dignity was respected. We observed staff talking with people quietly and discreetly. Care and support given in a communal area was provided with compassion and respect.

Is the service responsive?

Good

The service was responsive.

We found from observation and from talking with people that there was evidence of person-centred care, that is, care focussed around the individual's assessed needs.

The service provided and facilitated a range of activities and meetings to ensure people had the opportunity to live interesting and stimulating lives. The service had a complaints policy and people were confident that any complaints or concerns about the service would be taken seriously and looked into properly.

Is the service well-led?

Good

The service was well led.

There was an experienced registered manager in post who people described as approachable, and who regularly walked around the home and observed how the home was operating.

Staff carried out regular checks on how the service was operating and consulted with people to get their views about their satisfaction with the service provided.

Connaught 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 8 and 9 October 2014 and was unannounced.

The inspection team was made up of three inspectors employed by the Care Quality Commission (CQC). On the first day of our visit to the home we focused on speaking with people who lived in the home and their visitors, speaking with staff and observing how people were cared for. One inspector returned to the home the next day to look in more detail at some areas and to examine records related to the running of the service.

During our inspection we spoke with 12 people who lived in the home, five visitors, 16 staff that included, senior managers, registered nurses, care workers, catering and other ancillary staff and the registered manager. We also spoke with two visiting healthcare professionals. We observed care and support in communal areas, spoke with people in private and looked at the care records for 12 people. We also looked at records that related to how the home was managed.

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.

Before our inspection we reviewed the information we held about the home, including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents that the provider had sent us since the last inspection. We also contacted local commissioners of the service to get their view of how the service was operating.

Requires Improvement

Is the service safe?

Our findings

We identified some concerns around the staffing levels on the residential unit. Staff on the nursing and dementia care units told us there were usually sufficient staff to meet people's needs promptly. People we spoke with who were able to respond told us that was the case. However, people living on the residential unit, their relatives and staff told us the staffing levels there meant people sometimes had to wait for care and support. They told us "I have a calling device (call bell). It's not always answered. The staff don't neglect us, but sometimes they're busy and we have to wait." Another commented "It takes a long time to answer buzzers. I don't have to wait as long as some people. Once here, they (the carers) do help." A care worker told us "The staffing levels aren't great. Over the whole home there may be enough staff, but they're not spread out right." However, they added "We work well as a team." We observed that sometimes the call bell rang for a long time. We noted on one occasion that the call bell rang for 12 minutes before it was switched off.

Visitors we spoke with also said they thought more staff were needed on the residential unit, particularly because staff had to support people on the first floor and the basement floor. One visitor who had stayed with their relative through the night said "It's like the Marie Celeste at night. We didn't know where the staff were and we didn't want to use the call bell because of the noise. It took 15 minutes to find anyone and in the end we had to ring the bell."

A healthcare professional also told us it was sometimes difficult to find care staff to feedback to, at the end of their visit. They said they planned to speak with the manager about this.

We noted staff seemed particularly 'stretched' over the mealtime, when people were either in the dining room, or in their own room, and staff were also assisting people to move between the two areas. We discussed the staffing levels with the registered manager who told us she had already asked for an extra carer each morning on this unit. We were shown correspondence from the provider to evidence that this was being acted on.

We also identified some concerns around the way some risk was assessed and managed. Whilst we were told that people were weighed on a monthly basis, and more frequently if necessary, we did not see a system to assess whether people were at risk of losing weight, or becoming malnourished, either because of a poor appetite, a health-related problem, or perhaps because of a problem with their teeth or dentures. Without carrying out such an assessment the service could not determine whether an individual required extra nutritional support to maintain their health and wellbeing. When we spoke with the registered manager about this she told us she planned to ensure their new records included a nutritional risk assessment so that this aspect of care could be better monitored.

We also noted that whilst there were records to show that people's ability to manage their own medication was risk assessed on the residential units we could not find evidence of these assessments on the nursing unit. We spoke with one person who looked after some of their own medicines on the nursing unit. They told us that staff checked with them that they could manage them alright but they had never had to sign any agreement about looking after them. When we spoke with one senior person they were unaware of any such assessment process and did not think these checks were routinely completed. When the service does not check on an individual's understanding and competencies around managing their own medication then the provider cannot be assured that those people are taking their medication safely and as prescribed.

We also identified some concerns about the way topical medication, like creams and ointments, were managed. We did not see any clear guidance for staff to follow to ensure people received the right cream to the right part of their body. For example on the residential unit we saw one person was prescribed a cream to be applied twice a day, although the record did not state where the cream was to be applied. We looked at the person's care records in relation to 'skin integrity'. We found there was no written guidance about this, or why it was to be applied. The worker we spoke with knew where the cream was to be used but told us the individual could not tell staff where to apply it because of their dementia. Clear written guidance was needed to ensure people received their medication in a safe, consistent way. On the same unit we found one topical medication stored in a bathroom, but the individual was no longer prescribed this. The care worker thought it had been left in the bathroom in error.

Requires Improvement

Is the service safe?

We found on the nursing unit that the nurses signed on the medication records for topical medication administered, although the worker told us this task was usually completed by the care workers. It is best practice for the person administering the medication to sign the medication record so there is a clear record of this care, and who provided it. We also saw that whilst one person was prescribed a cream to be applied twice daily the medication record indicated this was only being administered once a day.

Despite these comments we found overall that people's medication was well managed. We talked with three people about their medication and they all told us they received their medication regularly, and when they needed 'as required' medication, then they received those promptly. We looked at six medication administration records and found these were, in the main, well completed, which confirmed people were receiving their medication safely and as prescribed. We found that staff attended medication training and one care worker we asked confirmed that their competency to administer medication was checked by the provider's training manager at least once a year.

We found it difficult to check that people were receiving safe, appropriate care as information was not recorded in a consistent way within people's care records. For example we saw one individual was receiving care to their skin at irregular intervals. We asked to see the rationale for this and the associated discussion with a healthcare professional. This information took a long time to find as the care worker could not locate where the information was recorded. We found evidence to indicate that the individual had not always received this care at the times recommended by the healthcare professional. If there is not clear guidance to ensure staff record information consistently and in the right place, then there is an increased risk that incorrect or unsafe care will be provided.

We saw one person required manual handling equipment to transfer them from their bed to their chair. Their records did not clearly describe how this was to be done. We were told that a nurse should use their professional judgement, however this guidance needed to be clearly recorded so that all staff carried out the manoeuvre in a safe and consistent way.

However, despite these findings people told us they were contented. One person told us "Yes. I feel safe. The staff are kind. I have confidence in them." A second said "I have peace of mind in a safe environment." Other people said they had never thought about feeling safe, but commented "The staff are all very nice and obliging" and "This is a nice place to live. We're well cared for."

We found the service was clean and well maintained. We noted the nursing unit was undergoing some building work at the time of our visit and we saw the provider had taken steps to minimise the risks of harm to people living and working in that area. Staff were following pre-arranged plans in order to minimise the disturbance to people living on that unit.

We saw the provider employed a maintenance team to monitor the décor and to ensure equipment was well maintained. We saw maintenance records where staff reported issues that needed repair or review. We saw these requests were dealt with promptly and effectively. A well maintained environment helps to keep people safe.

We found that the service had safeguarding policies and procedures in place. Staff told us, and we noted from records, that the provider ensured staff attended training and refresher training in protecting vulnerable adults from harm. People we spoke with told us they would report any concerns and were confident that senior staff would look into these properly. Staff we spoke with were clear about the need to report concerns promptly and recognised that these must always be reported, even when an individual asked them not to. Our records indicated the provider had reported any allegations, or potential allegations, promptly to the local authority and to the Care Quality Commission (CQC).

We were shown a copy of the service's whistleblowing policy. We saw this policy had been reviewed within the past year. We spoke with one care worker who knew of this policy and why it was in place. However they said they would feel comfortable talking with the manager about any concerns. CQC have not received any concerning information about the service in the past year. We looked at the recruitment files for four staff and found appropriate checks had been completed before the person was employed. Good recruitment processes contribute to keeping people safe.

We asked nursing staff about the staffing arrangements on a weekend. They told us that whilst the nursing staff may be in charge during the weekend, the senior staff provided

Requires Improvement

Is the service safe?

on call cover and were available when needed. The nurse described occasions when the on-call manager had come to the home and worked 'on the floor' to ensure individual's care delivery was not compromised. They commented that the senior team were approachable and helpful and they did not worry about having to contact them.

We looked at the records of accidents and incidents that happened at Connaught Court. We saw that senior managers had an oversight of these records. We saw, following incidents, that changes had sometimes been made to the way people were supported in order to minimise the risk of a similar incident happening again.

It is recommended that the provider reviews the needs of people living on the residential unit, to be satisfied that the current staffing levels at all times of the day are sufficient to meet those needs.

Requires Improvement

Is the service effective?

Our findings

We identified some concerns about the way the service obtained consent and ensured that care and support was delivered in line with that individual's agreement. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. It was not clear how the provider ensured that individuals had been consulted with about their care needs, and that an individual had agreed and consented to the care and support being given to them.

For example, we saw that people's care and support needs were assessed prior to moving to the service and we saw that people's needs were kept under review and their records were updated to reflect changes made. However, we did not see evidence that people had been consulted about these changes. Furthermore we did not see any care records relating to 'consent' or an individual's mental capacity when people's needs were being considered.

We noted people living at Connaught Court had their nutritional care needs assessed in that their records identified when individuals needed special equipment or support to promote their independence around eating and drinking. We noted staff were aware of these needs and provided this support in a kindly manner.

We also saw that people's weights were being monitored. However, because the service did not have a consistent way of determining which people were at risk of becoming malnourished, then this risk may be assessed differently by different care staff.

We observed that some people's food and drink intake was being monitored as the provider had identified some individuals who were at risk from not eating or drinking enough. We were told that healthcare advice had been sought about one person's intake but the records did not readily evidence this discussion. We also noted some days' intakes fell below that recommended by their doctor. Whilst the individual appeared hydrated, we did not see records to indicate that staff had acknowledged or taken action to address this apparent shortfall.

People we spoke with told us they liked the meals at Connaught Court. They told us "The food's very good. I had a wonderful breakfast this morning." Another told us "We get plenty to eat and drink during the day." We asked three people sharing a table about their lunch. All agreed that their meal was hot, tasty and sufficient.

We saw people were provided with meal choices and catering staff told us alternative meals could be provided when people did not want or like the menu options. We observed people being helped, when necessary, in a respectful and discreet manner. We saw people living on the dementia care unit were offered a choice of the plated meals so that they could choose the one that appealed more to them. This helped to show their communication needs were being considered at mealtimes.

The service employed a small team of workers whose role was to help people at mealtimes, as well as to ensure people had extra snacks or drinks when they wanted them. This helped to make sure people had sufficient to eat and drink. Two workers told us that staff had access to the main kitchen at night, so that people could have extra snacks at any time.

We also noted one person had a planned healthcare appointment and the service had ensured they had an early meal before they left the home. This showed the service had systems in place to ensure people always received their meals.

We spoke with two staff who told us they completed an induction programme when they started working at the service. They each told us this gave them the skills to support people appropriately. One worker told us. "The training is very good." We saw from records and speaking with staff that all the staff team, regardless of their role, had completed dementia awareness training, so that they better understood the needs of people with memory problems who were living there. We were given a copy of the training records for the staff team and picked three people's names at random. We saw these had all completed annual training in moving and handling, fire safety, safeguarding adults and infection control management. All were in date for three yearly training in health and safety, first aid, mental capacity and food hygiene. This helped to show the service ensured staff were given the skills and knowledge to carry out their work.

Staff told us they worked on specific units so they could develop closer relationships with the people living there. The manager told us the service had a team of bank

Requires Improvement

Is the service effective?

workers and staff sometimes picked up 'extra shifts', so there was low usage of agency staff. Those workers we spoke with confirmed this way of working. From the rotas and from speaking with the manager we found the service had required agency cover for two shifts in the past month.

Staff told us the managers regularly walked around the service and were approachable and available if they needed advice. Staff confirmed that general and unit staff meetings were regularly held and we saw the minutes from the latest general meeting on August 2014 and from two of the units in July and September 2014. Staff said the meetings were advertised in advance and they were able to add items to the agenda if they had areas they wished to discuss. One person told us "Connaught Court is a good place to work."

People we spoke with told us Connaught Court was a good place to live too. Visitors commented that there was a happy relaxed atmosphere and that staff were kind and friendly. We also noted this was the case.

We spoke with one person about their health and how the service helped them to stay well. They said they would tell a carer if they felt unwell and the home would ask the doctor to visit them. They confirmed that they were always seen in their own room, in private. We asked a visitor about the way their relative's wellbeing was managed. They told us "People get excellent care here." They said the service was very good at informing them if their relative was less well, or when something untoward had happened. They said they had confidence in the service and could go away, knowing their relative was being well looked after.

We spoke with two visiting healthcare professionals and they told us the service provided good care overall. Both told us the service contacted them appropriately for advice and one described how the staff had contacted them promptly when an individual's healthcare needs changed.

A care worker confirmed they had attended Mental Capacity Act (MCA) training earlier this year. They explained "All people are capable of making choices and decisions. People have rights." They explained that people living with dementia mostly had capacity to make some choices and these had to be respected."

We asked a senior worker about the MCA and how this affected their day to day working. They explained people had rights to choose how to live their lives and that a best interests meeting was required if the person did not have the capacity to make those decisions for themselves. We asked about their understanding of deprivation of liberty safeguards (DoLS). They said they would discuss any concerns with their manager, but recognised that they could not place restrictions on people's liberties without getting formal permission to do so.

We spoke with the registered manager about DoLS applications. We were told that no one living at the home at the time of inspection required an application to be made under DoLS, as there was no one who was subject to a level of supervision and control that may amount to deprivation of their liberty. We saw the service used specialist equipment which in some circumstances could be used as a way of restricting people's ability to move around. The manager told us these were used to enable people that would otherwise be 'bed-bound' to sit out of bed. We looked at the care records for one person who used this equipment and found evidence to confirm this.

Good

Is the service caring?

Our findings

People told us that they were happy living at Connaught Court. They told us the staff were kind, friendly and helpful. They commented "I'm treated pretty well. They're very kind girls. And men." Another said "It's the best place to end my days. We all get on well together." We spoke with five care workers and they showed in their responses that they understood the needs of the people they were supporting. They knew about the kinds of foods people liked or did not like. They knew when people were at risk of harm, for example, from falling or developing a bed sore and were able to explain how they were minimising that risk.

We observed an individual being transferred with the aid of a hoist. This manoeuvre was carried out slowly and carefully and the individual was 'talked through' the procedure by the care workers carrying out the task. They also ensured the individual's dignity was protected during the procedure. This showed the workers treated the individual respectfully and with compassion.

We noted in all the areas we visited that the atmosphere was calm and relaxed. People were relaxed and comfortable in the presence of the staff team. We observed staff routinely knocking on people's doors and waiting for the individual to respond. This demonstrated that they respected people's bedrooms as private and they needed to be invited in.

On each of the four units we observed staff interacting with people living there. We noted staff were kind and friendly. They listened to what people said to them, and respected their views and choices. This indicated people's rights were being respected and they were included in discussions about how they spent their time. We noted all the people, regardless of where they lived, had access to outside space. This promoted their rights and their well-being.

We carried out a Short Observational Framework Inspection (SOFI) on each of the two dementia care units. From the SOFI we observed that staff engaged regularly and positively with the people living on those units. Staff used non-verbal communication like smiling, or touch, to show they cared about those individuals. Care workers spoke with people about their past lives and about things that interested them. Staff listened to people and promoted an interesting and stimulating environment for them.

We observed many examples of positive interactions between the staff and people living at the home. We saw ancillary staff, like domestic and laundry workers, were helpful and caring. The service employed activities workers and a monthly calendar enabled people to look forward to events they were interested in.

We saw the provider displayed information about advocacy services, so that people could gain independent advice and support, if needed. We saw this and other leaflets providing information was displayed in the main entrance area, although it was not clear if the information was was accessible to all the people living there.

We noted from training records that all the staff attended equality and diversity training as part of their induction training. Two carers we spoke with confirmed this. This training helped staff to recognise people as individuals, with different backgrounds and values.

We observed that staff called some people by their first name, and some they addressed more formally. However one visitor told us that their relative did not like being called by their first name, as had sometimes happened. They also commented that their relative had received personal care on one occasion from a male care worker, which they had not liked. They said the manager had sorted this immediately she was told of this. We spoke with a care worker and they told us of another person who received personal care and support from female care workers only. We looked at their care records but could not see this recorded anywhere. We discussed this with the manager who explained that their new records were being amended as 'omissions' were identified. She told us that she would ensure information about people's preferences was recorded.

Good

Is the service responsive?

Our findings

We asked people living at Connaught Court whether they were involved and included in decisions made about their care. People said staff consulted with them about the care they needed, and how they spent their time. People said they could usually choose when to get up or go to bed and how to spend their day. We saw throughout our inspection staff gave people the time they needed to communicate their wishes. We observed positive interactions between staff and people, and staff showed in their responses that they expected people to be in charge of their day-to-day lives. One care worker told us "What's really good about this home is that people can do what they want."

We asked people about their care records and whether they had the opportunity to read these. We found most people we spoke with, who could respond, were unaware they had care records, however in the main this was not an issue for them.

The provider had implemented computerised care records in the past few months. Staff told us they had received training on the new way of working, but those we spoke with felt they were still learning how best to complete these. We saw people's life histories and preferences and choices had been recorded on these records, though the quality of those we saw was variable. Good quality information was needed so that those preferences could be identified. This was particularly important for people living with dementia or who had other communication needs, so that care staff were aware of them and could try to meet them

We noted the service employed two activity organisers who provided group activities and one to one sessions for those people at risk of becoming isolated. However, we noted that activities were mostly provided on weekdays only. This meant those people with few or no friends and family had little occupation at the weekend. However, we did not speak with anyone who thought this was an issue for them.

People told us of some of the activities they enjoyed. One person said they liked "Going to the Gentleman's Club for a whisky, and keep fit classes." They added that they enjoyed a glass of wine, and going out with their family. Another person told us they used to go out a lot but they were less able now. They said "I would just love to go out now and again." We noted that the monthly activity calendar did include events in the community. The service has a library and a chapel, where services were regularly held.

We saw a range of activities going on when we visited. There were friendships evident and we saw people going out with family and friends. We met one service user who had their own cat, and we saw a number of pets on the dementia care unit, including dogs owned by staff but brought to the home to provide a more homely environment. The service had a vegetable plot and kept some chickens. People living there helped with caring for these, which added interest and stimulation to their daily lives.

We saw people on the dementia care units were baking. Care staff had a 'can do' attitude where all the people who wanted to participate could do so. We saw staff worked with people to help them contribute, rather than completing tasks for them. There was a relaxed atmosphere on both dementia care units, and people's views and opinions were sought and listened to.

We spoke with people about what they would do if they had a concern or were worried about something. People who could respond said they would report this, either to their visitor, a staff member on their unit or to one of the managers. People mostly knew who the managers were, and said they saw them frequently around the home. People were confident that concerns would be looked into properly.

We saw the complaints procedure was displayed in the entrance area. We spoke with a visitor who told us they had cause to raise a concern in the past. They said this had been dealt with promptly by the manager and they were satisfied with the outcome. We looked at the service's complaint's records. We found the records relating to how individual concerns were managed were mostly not very detailed, so it was difficult to determine whether these had been looked into properly. Also, records did not indicate whether the complainant had been informed of the outcome and was happy with this. We also noted correspondence from the provider earlier this year commenting on the records relating to written complaints. Whilst people we spoke with who had raised a concern

Good

Is the service responsive?

were satisfied with the way this had been handled, the provider may find it useful to consider the quality of all the records relating to the management of concerns and complaints.

Good

Is the service well-led?

Our findings

The service had an active resident's committee that met regularly and discussed how the service was operating. We saw that although senior managers were involved in these meetings, they were chaired and run by the people living there. The committee included a relative of an individual with dementia. This helped to make sure that the views of people with dementia could be heard. We asked one committee member how they represented the views of all the people on 'their' unit. They explained that they spoke to each person, if possible, in advance of their meeting to check whether they wanted any aspect of the service discussing. They said the committee's views brought about change and the provider was "quite responsive" to requests made. They gave us examples of improvements made, which had been brought about as a result of discussions at these meetings. For example the service purchased new clothes protectors for mealtimes and improved wheelchair access to some outside spaces.

One relative we spoke with told us they had completed a survey in the past year or so, where they commented on how the service was operating. They said feedback from the survey was provided, but they did not attend the feedback meeting where the survey results were discussed. The manager told us she attended a meeting with families and friends to discuss comments raised in the survey, and how these were to be addressed.

The visitor told us the registered manager's name, said they knew who she was and that they would be confident in raising a concern with her, if necessary.

Staff we spoke with told us they also attended meetings where they could raise issues and be kept informed of how the service was operating. They confirmed that they were paid for attending these meetings and for attending training in their own time. Staff told us that Connaught Court was a good place to work and they felt included and valued. The service recognised staff's contribution by staff being able to nominate colleagues for awards for good practice, making innovative suggestions, or providing outstanding help to an individual.

The service had also surveyed the staff team in the past year and a care worker said they had received feedback from this, in minutes. In addition to this, the service had a staff focus group that met with managers to discuss the running of the service.

Staff told us the senior management were regularly seen in the different units in the home. All described the registered manager as available and approachable. Staff told us they would feel comfortable talking with the manager about a concern. They were confident their concern would be listened to and taken seriously.

The service had invested in dementia care provision over recent years. We saw the National Dementia Care Strategy was available for people to read and the environment and decoration of the dementia care units were in line with best practice guidance.

The manager told us the service was a member of the Alzheimer's Society so they had access to up to date information about meeting the needs of people with dementia. Community groups, such as the Parkinson Society, held some meetings at the home to enable people living there with an interest in that area to meet up with like-minded people.

The provider regularly carried out a range of audits to satisfy themselves that the service was running well. We were shown a number of these and saw they were well completed, with action plans recorded, where necessary.

We did however; note that the electronic care records were not yet embedded, with the result that information about people's care needs was difficult to find. This increased the risk of people receiving incorrect or unsafe care. The local commissioners who visited a few weeks earlier, to carry out their own checks on how the service was operating also told us information within these records was difficult to locate. The provider may find it useful to consider the training provided and whether this provides staff with the guidance and support they need.

We saw all accidents and incidents were checked by the senior management team and we noted actions were taken to better manage the risk, or reduce the chance that the incident would happen again. The manager told us that overall analysis of these incidents were reviewed by an independent company, which meant there was a delay in

Good

Is the service well-led?

the manager having this information, to determine whether more organisational change was needed. The provider may also like to consider this way of working and whether this delay was acceptable.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards.**