The Royal Masonic Benevolent Institution

Devonshire Court

Inspection report

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Date of inspection visit:
16 March 2017

Date of publication:
30 May 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Devonshire Court on 16 March 2017. This was an unannounced inspection. This meant that the staff and provider did not know that we would be visiting.

At our last inspection of the service on 10 and 11 August 2016 the provider was failing to meet four regulations. These related to governance, safe care and treatment, the submission of statutory notifications and safeguarding service users from abuse and improper treatment. This service was placed in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Devonshire Court provides residential care for older Freemasons and their dependants. Prior to our inspection the service had also been providing nursing care for people. The provider had applied to remove nursing care from their registration. This was effective from 6 March 2017. The home is registered to accommodate up to 69 older people and there were 40 people using the service on the day of our inspection visit.

Within the home there are two units providing a specialist service for older people living with dementia. These are Sherwood and Rutland which currently have capacity to support 10 people each. These units have their own lounge, kitchen and dining area. Other accommodation is provided over two floors. There is a large communal dining room, lounge, conservatory, library and activity room. There are also smaller lounges/dining areas throughout the accommodation.

The service had a registered manager. 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.

People told us that there were not enough staff to meet their needs. Staff confirmed that in some areas of the home this was the case. The registered manager told us they would review the deployment of staff to make sure people received the care when they needed it.

Staff were aware of how to report and escalate any safeguarding concerns that they had within the service and, if necessary, with external bodies. Safe recruitment practice was followed.

People received their medicines safely. Systems were in place to monitor the health and wellbeing of people who used the service. People's health needs were met and when necessary, outside health professionals were contacted for support.

People were protected from avoidable risks. Risks associated with people's care were assessed and managed to protect people from harm. The environment was maintained to keep people safe. Regular safety checks had been carried out on the environment and the equipment used for people's care to ensure that they were safe. Staff understood how to follow these.

Staff had received training and supervision so that they could meet the needs of the people who used the service. Staff told us that they felt supported.

People were supported in line with the requirements of the Mental Capacity Act 2005. Where people were assessed as lacking the mental capacity to make informed decisions, these were made in their best interest on their behalf.

People enjoyed the meals provided and where they had dietary requirements, these were met.

People's independence was promoted and people were encouraged to make choices. Staff treated people with kindness and compassion. Dignity and respect for people was promoted.

People were supported to remain active and offered opportunities to engage in activities that were of interest and meaningful to them.

People received care that was centred on them as individuals. People's care needs had been assessed and were reviewed to make sure they continued to be met. Staff had a clear understanding of their role and how to support people who used the service.

People were given opportunities to feedback about the service they received. Action had been taken based on people's feedback. Complaints were addressed in line with the provider's policy.

People and staff felt that the registered manager was approachable and action would be taken to address any concerns they may have.

Action had been taken to make the required improvements following our last inspection in relation to monitoring the quality of the service. Systems were in place to measure the quality and care delivered. However these had not yet had time to fully embed to demonstrate that improvements were sustainable. The provider supported the registered manager in their role and monitored the service to make sure that people received care in line with their policies and procedures.

The registered manager understood their responsibilities for reporting incidents or events that happened in the service to CQC and other agencies.

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

The service was not consistently safe.

People told us that there were not enough staff to meet their needs. Staff understood how to keep people safe from harm.

Risks associated with people's care needs were assessed and action taken to prevent harm. Safety checks had been carried out on the environment and the equipment used to help people to remain safe.

People's medicines were managed so that they received them safely.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and supervision to support them to meet the requirements of their role.

People's consent was sought. Where there were concerns that people lacked the mental capacity to make decisions for themselves, this was assessed and best interest decisions made on their behalf.

People were supported to maintain good health. People enjoyed the meals provided and where they had dietary requirements these were met.

Is the service caring?

Good

The service was caring.

People were supported by staff who were caring and treated people with dignity and respect.

People's independence was promoted and encouraged. People were offered choices in a way that they understood.

People felt that they mattered and had involvement in the care

that they received.

Is the service responsive?

Good

The service was responsive.

People received care that was individual to them and their needs. People had contributed to the planning and reviewing of the care that they received.

People were encouraged to engage in activities that were of interest to them and to remain active.

The provider's complaints procedure was accessible to people. People's feedback had been sought and action taken as a result.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People and their relatives felt the service was well-led and the registered manager was approachable.

Systems were in place to monitor the quality of the service and action had been taken to make the required improvements.

The registered manager was aware of their registration responsibilities with Care Quality Commission.

Devonshire 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.

We undertook an unannounced inspection of Devonshire Court on 16 March 2017. The inspection team consisted of three inspectors, a specialist pharmacy advisor and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. We spoke with 10 people and four relatives of people who used the service.

During our inspection visit we spoke with 12 staff members employed by the service. This included the facilities manager, the domestic supervisor, an activities coordinator, the finance manager and five care workers. We also spoke with the registered manager, acting deputy manager and the regional operations manager. Two health care professionals were visiting and we spoke with them to gain feedback about the service.

We looked at the care records of seven people who used the service at the time of our inspection. We looked at three staff recruitment files to see how the provider recruited and appointed staff. We also looked at records associated with the provider's monitoring of the quality of the service and staff training.

We observed care and support provided in the communal areas of the service. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not people were comfortable with the support they were provided with.

Since our last inspection, the provider had sent us weekly updates on actions that they had taken to make improvements. Before this inspection we reviewed notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We contacted health and social care professionals who have contact with the service to gain their views of how the service was run and about the quality of the care and support provided. We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to ask them

for feedback.

Requires Improvement

Is the service safe?

Our findings

During our last inspection we found that the provider had failed to safeguard people from the risk of abuse. These matters were a continued breach of Regulation 13: Safeguarding service users from abuse and improper treatment. Health and Social Care Act 2008 (regulated activities) Regulations 2014. We checked to see if they were now meeting this regulation and found that they were.

Staff were aware of how to report and escalate any safeguarding concerns that they had within the service and, if necessary, with external bodies. They told us that they felt able to report any concerns. One staff member told us, "I am really aware of the whistle blowing policy. Any worries I would pass it to shift leader, manager or operations manager." Another staff member said, "Report straight away! I would whistle blow to CQC [Care Quality Commission] or head office. It's my duty of care." The registered manager was aware of their duty to report and respond to safeguarding concerns. We saw that they had taken action when they needed to keep people safe. They had ensured that the relevant professionals had been made aware of any concerns and had acted upon their instructions if needed. The registered manager had ensured that all staff had received training with regards to identifying safeguarding concerns and taking appropriate action if they had concerns. We saw that there was a policy in place that provided people using the service, their relatives and staff with details of how to report concerns and who to. The provider had arranged for an independent whistleblowing or concerns feedback telephone line so that staff could make contact confidentially to seek advice or to report concerns.

The provider had followed their recruitment procedures. These ensured as far as possible that only people suited to work at the service were employed. The necessary pre-employment checks had been carried out. These included Disclosures and Barring Service (DBS) checks. These are checks that help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce.

At our last inspection we saw that people were not protected from risks relating to their day to day care. These matters were a continued breach of Regulation 12: Safe care and treatment. Health and Social Care Act 2008 (regulated activities) Regulations 2014. During this inspection, we found that the necessary improvements had been made in order to assess risks and to put measures in place to reduce the risk of harm to people. We found that risk assessments had been completed in areas such as moving and handling, nutrition and skin care. The information within these included assessments and guidance from external health professionals where appropriate. For example a speech and language specialist (SALT) had advised that a person be provided with meals that were of a softer texture to prevent the risk of them choking. Staff demonstrated to us that they understood the risks and actions they were required to take to prevent harm to people. Where people displayed behaviour that could cause harm to themselves and others, staff were guided on how to support people to minimise the risk of harm. For example one person's care plan detailed what could trigger the person's anxiety such as cold plates and the temperature of their food. We saw that when people's needs changed, staff guidance had been updated to reflect people's current needs. This meant that staff had the information they needed to minimise the impact of the assessed risk.

The environment was checked to ensure that it was safe and the risk of harm to people was minimised. The

support that people needed in case of an emergency had been assessed. The equipment that was required to do this safely was in place. Fire drills were carried out both during the day and at night; these include practicing evacuation using different role play scenarios to ensure that staff are prepared should an incident occur. The facilities manager also carried out separate training with the shift leaders around taking control in emergency situations. Records reflected that fire safety checks were carried out and there were procedures in place for staff to follow. There was a business continuity plan in place to be used in the event of an emergency or an untoward event. Window restrictors were in place on the first floor to prevent the risk of people falling from height. Where people required specialised equipment to keep them safe, this was provided and checked for its safety. One person's relative told us, "[person using the service] does keep getting out of her bed and the sensor mat tells them she is up and about."

When accidents or incidents had occurred action had been taken to prevent reoccurrences. We saw that records were kept detailing the incident including what happened prior to, during and after the event. We saw that following an accident, changes had been made to the physical environment, equipment used or staff support strategies in order to minimise the risk that it would happen again. For example, we saw that one person was referred to health professionals following a fall. Another person's mobility equipment was checked and repaired following them sustaining a cut from a sharp edge.

During our last inspection we found that the provider had failed to provide safe care and treatment to people. We were aware that the local authority's safeguarding team had investigated and substantiated a number of concerns relating to the administration of medicines to people at Devonshire Court. These matters were a continued breach of Regulation 12: Safe care and treatment. Health and Social Care Act 2008 (regulated activities) Regulations 2014 We checked to see if they were now meeting this regulation and found that they were.

We reviewed the management of medicines, including the electronic Medicine Administration Record (eMAR) for 11 people. We discussed with staff and observed how medicines were ordered, stored, administered and recorded. We found that suitable systems were in place. People's allergies were consistently recorded on the eMAR and within their care plans to inform staff and health care professionals of any potential hazards of prescribing certain medicines to people. Following the previous CQC report the home had sought external advice on managing medicines and had adopted practices that kept people safe. All the staff who administered medicines had undertaken training and had their competency checked. A full medicines audit, covering storage, stock checking and record keeping was completed monthly with actions taken where concerns were identified. Stock checks were completed twice weekly to make sure people had the medicines they required.

Some people were managing their own medicines and staff told us this was encouraged. Self-administration was considered when pre-admission assessments were completed and people were able to choose to self-administer some but not all of their medicines if they so wished. We saw that risk assessments were in place that addressed every aspect of self-administration to ensure risks could be reduced and people could be supported to retain their independence. We spoke with two people who were administering their own medicines and both were very happy with the arrangements. Both people confirmed that staff were supportive and available if they needed help and they were aware of the regular reassessment of the self-administration arrangements to ensure this remained safe for them. This process of reassessment was fully documented within people's care plans.

People told us that they felt safe. One person said, "I do feel very safe here, it's the staff they are very good to us really they are." A person's relative said, "No concerns about (relative's) safety really." A visiting professional told us, "I am completely satisfied that they are safe."

Some people told us that there were not a sufficient number of staff to meet their needs. Some people using the service and their relatives reported concerns about the length of time it took staff to respond to their call bells. For example, one person using the service told us, "Waiting is my bugbear. I go and get them if I have to wait too long." Another person said, "Although the care is good when it comes, you have to sit here and wait. Some days it's waiting and waiting. I need two girls [staff] and one comes but goes again and it seems ages before two come back." People's relatives confirmed this. One person's relative told us that their relative had experienced incontinence as a result of having to wait for care staff to support them to use the toilet. Another told us, "I am here most days for two hours or more and sometimes when I press the bell for my wife it does take a little while for them to come to do what she needs. You see what happens is in the main one will come between five and 10 minutes after I press the bell, but because my wife needs two people to move her, she goes away again. It can be a long time before two come back to do whatever it is she needs doing." The registered manager checked the time that staff took to respond to call bells. They told us that 98.6% of call bells were answered within 10 minutes in the month prior to our inspection. Some staff confirmed that they felt that there were not enough staff to meet the needs of people in some areas of the home. The registered manager told us that they regularly reviewed the staffing levels based on people's needs. The staffing levels had effectively increased since our last inspection. More staff had been employed to support medication administration and other administration tasks in order for care staff up to be able to concentrate on supporting people. We fed back people's concerns regarding staffing numbers. These were not concerns that had previously been raised with the manager by people using the service. They told us, Care plan audits are carried out at least monthly and shift leaders monitor people's dependency on a daily basis to make sure that changing needs of people are identified and staffing is adjusted if required. They told us that they would review staffing levels again and make changes if required. The registered manager told us that they would review how staff were deployed in order to ensure that people's needs were met.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs. One staff member told us, "It couldn't be better. I was sent to London yesterday for infection control training." They went on to say, "If you have any issues with moving and handling you can ask for training, you don't have to wait for the refresher." Another staff member told us, "Trainers are quite good. Training is really helpful. It is really useful. We learn things." Staff received training and support when they started working for the service to enable them to gain the skills to meet people's needs. One staff member told us, "I've been impressed how thorough it is." They went on to say, "They give you a buddy when you first start. Buddy was really there for me. Support was good and made me not shy to ask questions." New staff were required to complete induction training which followed the Care Certificate standards. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector. Records reflected that the staff member had received training and had shadowed experienced staff members in order to learn from them and to understand their role.

Staff were supported in their role. One staff member said, "There is always support. You never feel like you are on your own." Staff received regular supervision. During supervision meetings their understanding of the provider's policies and procedures, safeguarding and medicine practice was checked. They were given opportunities to discuss their support and training needs. Staff's ongoing training needs were monitored and staff received training and updates in order to make sure that their knowledge was current.

People told us that not all staff understood their needs. One person said, "Four of the regular day girls have gone on to nights you see, that means we have lots of agency staff during the day or young new girls who are in training. We miss the regular ladies." Another person said, "New girls keep appearing, unfortunately they do not know or understand me. I have to keep explaining to them what I need." A third person said, "Some of the other new ones seem okay girls but they are not trained up yet." The registered manger told us that they had redeployed some experienced staff to work nights in order to increase the skill base and knowledge within the night staff team. The registered manager had recruited new staff in order to reduce the reliance of staff who were employed via an agency. On the day of our inspection there were staff present who were being inducted into the service. Where agency staff were employed at the service we saw that they received a thorough induction so that they understood people's needs as well as key information about the home such as health and safety procedures. They were allocated a"buddy" who they can go to for guidance and support. The registered manager ensured that regular agency staff were used to promote consistency of care. They told us that they were working to reduce reliance on agency staff in order to make sure that people received consistent care from staff who had the right skills and knowledge to meet their needs.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were. The registered manager had requested a DoLS authorisation for people who may require them. We found that one person's DoLS authorisation required the service to provide the person's relative with a monthly update on their relative's progress. We saw that this had not occurred formally. However, we were told by the registered manager that the person's relative had received updates when they visited the person which was at least weekly.

We saw that mental capacity assessments had been completed when there were concerns about people's ability to consent to their care. Decisions had been made in the person's best interest when it was evidenced that they no longer had the mental capacity to make the decision for themselves. We saw that the least restrictive option had been considered. For example, a person had refused their medicines. The people who were best placed to make the decision on the person's behalf were involved. This included their relatives and their doctor. Where people retained the mental capacity to make some decisions, such as what to wear and what to drink, this was recorded.

Staff had received training and support to aid their understanding of the MCA. One staff member explained to us the factors that could affect a person's capacity to make decisions such as if they were suffering from an infection. They explained that people's capacity to make decisions could fluctuate and that this should be taken into account when offering them care and support.

The service was registered to provide nursing care to people at our last inspection. Since then the provider had deregistered the nursing element of their registration with us. This meant that they could no longer provide nursing care to people. In preparation for the deregistration of nursing, the registered manager had worked closely with the local doctor's surgeries and district nurses to ensure that people's health needs continued to be met when the service no longer provided nursing care. We saw that district nurses visited people in the home to provide the nursing care they needed. A visiting health professional told us, "Carers do a good job." They went on to say, "I ask the carers to check things and that happens."

People were supported to maintain good health. Where people's health needed to be monitored this took place. One person told us that they were monitored following a fall. They said, "All the next day they kept taking my blood pressure because I had banged my head and injured my legs." A person's relative told us, "They got the doctor out to her about two weeks ago. They do let me know after the event. They also get the chiropodist roughly every six weeks for her feet. Her health is well taken care of." People received access to health professionals when they needed to. Care records included guidance for staff on how to respond to changes in people's health needs. Daily records showed that staff had followed this. For example, we saw that staff offered laxatives to a person when it was identified that they were constipated. Records showed that staff referred to, and worked with other health professionals, to manage people's health conditions. For example, through visits from district nurses and dentists. A visiting health professional that we spoke with confirmed this.

People that we spoke with reported that they were pleased with the quality of food that they were served. One person told us, "The chef is very good and will get you what you like for breakfast. Today I had bacon. The chef is most cooperative." People told us that that they were offered a choice. One person said, "We do get a choice of food, it's hot and we do get vegetables. I don't fancy what we have on the menu today so I have ordered fish. If the menu is not what we like they will get us an alternative." A person's relative told us, "The food is very good. If they did not like what was on the menu in the dining room, they would be offered

an alternative." We saw this taking place in the dining room at lunchtime.

People were supported to have enough to eat and drink. A staff member told us, "Throughout the shift we are constantly encouraging with drinks. For a service user with dementia we would stay with them and encourage them to drink because if you leave it he won't drink it." Where people had specific dietary needs these were catered for. For example, where people had been assessed by a health professional as being at risk of choking, soft or pureed meals were provided. Where people required assistance with their meals, this was offered in a dignified manner and at a pace that was suited to them. We saw that in the areas of the home where people with dementia lived, staff ate with them. This was with the aim of encouraging people to eat and promoting a social and relaxed environment at meal times.

Where people were identified as being at risk of not having a sufficient amount to eat and drink, staff were required to monitor their food and fluid intake. We saw that these had usually been completed. We did see that records relating to people's food and fluid intake had not always been completed throughout the 24 hour day for some people. For example, one person's care record indicated that they had not been offered drinks after 5.00pm until the following morning. Care staff confirmed that this was not the case and that people were offered drinks and snacks throughout the day and night. The registered manager told us that they would review the way that staff completed these records and take action to ensure that they were accurately maintained.

Good

Is the service caring?

Our findings

People told us that staff were caring. One person said, "Regular staff are kind and patient and helpful." Other comments included, "The carers are great girls, kind and helpful. No concerns about the normal staff. New ones just keep appearing but they all seem fine." and, "The care is generally very good, they really do care, well the majority of them anyway." A person's relative told us, "They are good, [staff member's name[is marvellous! Nothing is too much trouble" They went on to say, "I never worry about [relative's] care. I go home and think he is well cared for." Staff that we spoke with demonstrated that they had a caring approach. One staff member told us, "Staff are caring. When you are a care assistant you have to be a naturally caring and loving person and that's what everyone is." Another staff member said, "People that work here give 100% to the care."

Throughout our inspection we observed staff supporting people in a caring manner. For example, staff talked people through tasks as they supported them. We overheard staff tell people, "I am just going to pull your chair back" and, "I am going to put foot plates on [the wheel chair]." One person did not appear comfortable in the dining room. After various attempts to improve this, this person was assisted to their room where they were more comfortable and a tray of lunch was taken up to them. During our inspection we observed staff of all grades interacting with people using the service. We asked the domestic supervisor about this. They told us that this was part of their training because domestic staff often had more time to spend with people than care staff. They explained that whilst domestic staff were completing duties such as dusting, they used that as an opportunity to spend time with people. They said, "We call this butterflying, little five minutes here and there. It makes a difference to their day."

People were supported to make choices. One staff member told us, It's all about their choices." We observed that staff offered people choice through the use of visual aids and this demonstrated that they understood people's needs. For example, a choice of two meals were presented to people to help them understand what was available. We observed another staff member ask people, "Would you like tea or coffee? Would you like a biscuit or a piece of cake with your drink?" People's care plans guided staff about people's communication needs and the style they should adopt to support this. For example, where people used specific gestures to indicate a preference this was recorded to guide staff.

Staff supported people to remain independent. One staff member told us, "We would offer people who are able to wash their own face to do this, do their own cardigan etc." We saw that some people were supported to be independent in monitoring their physical health needs and administering medicines. People had been supported to maintain and develop these skills. Care plans were written to guide staff to promote people's independence where possible. For example, one person's care plan described tasks they were able to remain independent with such as choosing their own clothes.

People were treated with dignity and respect. All of the people we spoke with without exception felt that staff treated them with respect and dignity. People described being covered with towels and that blinds were drawn when they received personal care to protect their dignity. Two people told us that they would have preferred to be able to go into the bathroom in their wheelchairs and they were unable to do this due

to the width of the doors. One person said, "For privacy and dignity I would feel safer in the bathroom when I am washed because people come in [to the bedroom] when you are having a wash and it's just that little bit more private." We raised this with the registered manager who told us that they would look into a solution for this problem. Staff demonstrated that they understood how to promote people's dignity. One staff member told us, "Knock on the door, ask, cover people up, all the little precautions make a difference to people's day."

People were listened to and felt that they mattered. One staff member told us, "Residents are in control of their own care. They know what's going on. It's based on what they like or don't like." In each person's bedroom there was a poster that informed them of who their key worker was. A key worker is an identified member of staff who is responsible for supporting a person to achieve their care goals. This meant that people knew who they could discuss their individual needs with or talk with about any worries they may have. One person who had recently moved into the service had been allocated a 'buddy'. This was another resident who had agreed to check on them and offer any advice or support if they needed it.

People's bedrooms were personal to them. They contained a television, items that were important to them such as photographs of their families and friends as well as items they had brought from their previous home. People told us that they felt the home was well maintained and kept clean and warm. This was our observation throughout our inspection visit. Communal areas displayed artwork and pictures of old Leicester and surrounding villages that helped people to remember areas that they had visited. There was good signage on doors to aid people's orientation.

Good

Is the service responsive?

Our findings

People were supported in a manner that was centred on them as an individual and took into account their needs and wishes. People's care plans reflected their individual needs. These included preferences such as their preferred gender of carer and where they preferred to eat their meals. We saw that staff supported people according to the information in their care plan. For example, one person's care plan stated that they did not like to spend time alone in their bedroom and liked to socialise and be groomed and dressed smartly. We saw that staff supported the person to the communal room and with activities as stated in their care plan. We observed that the person was dressed smartly. We saw that another person had a comfort doll which they used to help them remain calm and focused on a preferred activity. This had been agreed in the person's care plan. We observed staff respecting the person's wishes and interacted with them and the doll in a manner that was reassuring to the person and encouraged them to meet their emotional needs. For example, we heard one staff member say, "Can we put baby to nursery so that you can have dinner." A staff member told us, "The home is good for person centred care."

Where people displayed behaviours that could cause harm or upset to themselves or others, staff were guided on how to support people to remain safe and relaxed. The registered manager had appointed two staff members to take the lead on ensuring that people were supported with their behaviours in a positive way. The staff members had received specialist training in this area. One staff member told us, "It was informative in lots of ways. How to bring out the positive behaviour. I found new ways of bringing the best out of people. Doing things that people like and enjoy. Focusing on things people like." They told us that they observed people in order to know when best to intervene and support someone who was experiencing anxiety. They said, "It might be agitation, their voice may change, they may walk away or not eat."

People's care needs had been assessed prior to them moving in to Devonshire Court. This was so that the registered manager could be sure that the service could meet the person's needs. The provider had reviewed and updated its assessment policy in order to ensure that more robust assessments took place. A person who had recently moved into the service and their relatives had met with the registered manager to discuss their needs and preferences. A senior member of staff had then visited the person and together they wrote their care plan. This person's care was reviewed frequently following them moving into the service in order to check that the service was meeting their needs.

Staff followed care plans in order to ensure that they supported people in the ways that they preferred and that met their assessed needs. One staff member said, "It's about following the care plan and what's in it." Staff were clear on what support each person needed. When staff arrived on shift they received a handover from the shift leader to inform them of people's wellbeing and if there had been a change to people's support needs. The staff handover sheet guided staff to document changes to ensure all staff were aware of people's needs. Shift leaders were required to check that all care tasks had been completed at the end of each shift.

We saw that care plans were reviewed. Care plans were updated if people had any changes in their needs; where there were no changes this was noted in the records to continue to use the care plan as planned.

People were involved in some of the care plans reviews. For example, we saw that one person had been consulted to check how they liked their bed to be made and safety equipment set out during the night. A person's relative told us, "My wife and I do come to six monthly care plan reviews." However it was not always clear how people or their relatives were routinely involved in the reviewing of care plans. The registered manager told us that further involvement of people in their own care planning had been identified as a service improvement and that they were working towards this.

People were supported to remain active and offered opportunities to engage in activities that were of interest and meaningful to them. On the day of our inspection we observed a visiting professional deliver a 'music and movement' session to people. One person told us, "Oh I love it. I look forward to the sessions." We observed the session and noticed that people enjoyed the music and the enthusiasm of the session leader. The activities coordinator encouraged people to do as much as they were able to. The session leader told us, "They enjoy my sessions and all participate well." People told us that they were involved in activities as they wished. One person said, "We can go up to our rooms if we want, we can sit and read if we want, watch TV if we want or do an arts and crafts activity if we want." We saw that the activities notice board showed extensive social events and activities for March 2016. We also saw that a magazine was provided to each person. This contained quizzes and trivia along with information about the planned activities for the month.

The service employs activities co-ordinators who organise events and activities for people to participate in. They offer one to one support with activities for people who choose not to participate in group activities or who are unable to access communal areas. The registered manager told us that they had recruited a third activities co-ordinator so that activities could take place throughout the day and into the evening and over a seven day period. Throughout our inspection we observed people taking part in activities that they enjoyed.

People were asked for feedback about the activities that were on offer. We saw that people were asked to comment on what they had enjoyed and the things that they had not enjoyed. People were also asked about the things that they would like to have available to them to participate in in the future. These might be regular events or their dream activity. The provider was taking action to try and meet people's wishes.

People's feedback had been sought and action taken based on their feedback. People using the service were invited to meetings where they were encouraged to offer feedback. The provider had conducted satisfaction surveys with people using the service and their relatives. We saw that there was also a comments box in the foyer for people to be able to raise issues anonymously if they wished. The registered manger told us that they had taken action to address people's feedback. For example, a laundry hand washing service had been made available weekly as this had been requested. We saw that at a residents meeting a new draft menu was proposed and accepted by people. The menu style was chosen from a selection. We were told that people liked the chosen version because it was easier for them to read. The chef attended residents meetings to gain monthly feedback which was actioned and reviewed again at the next meeting. On a daily basis the chef went into the dining room and conducted a walk round to obtain daily feedback to make changes if they were required. We did see that concerns about staffing numbers had been raised at residents meetings and through the satisfaction survey. The registered manager told us that they continued to review staffing numbers and would speak with people to identify times when people felt that they were not receiving the support that they needed.

There was an effective system for handling complaints. During the inspection we found that people felt that they could make a complaint if they needed to and that action would be taken to address their concerns. A person's relative said, "I don't have to complain, I have asked questions and requested things I would like but they do it." We saw that the complaints procedure was on display in the foyer. Where complaints had

been received we saw that action had been taken to address the concerns in line with the provider's policy. We saw that the provider had taken appropriate action to investigate the complaint and where appropriate issue an apology to the complainant.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found that the provider had failed to notify us of significant events. These matters constituted a continued breach of Regulation 18 of the Care Quality Commissions (Registration) Regulations 2009. Providers are required to ensure that CQC is informed of significant events that happen in the home. At this inspection we found that the provider had notified us appropriately. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating was given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found that the most recent report was on display in the home and on the provider's web site.

At our last inspection we found that robust monitoring of significant events that happened within the home was not taking place. These matters were a continued breach of Regulation 17: Good governance. Health and Social Care Act 2008 (regulated activities) Regulations 2014. This included the absence of monitoring falls that people experienced and incidents of behaviour that may cause harm. Systems were not in place to ensure that when these events occurred, the provider took action to prevent further reoccurrence and to learn wider lessons for the care of other people using the service. At this inspection we found action had been taken to prevent reoccurrence when events had occurred and there were robust systems in place to monitor the service to ensure that good quality care was delivered to people.

Following our last inspection, the provider implemented an improvement plan in order to identify and address action required to make improvements. Actions had set time lines, they were resourced and the people that were responsible for ensuring the action happened were held accountable to the plan. Where internal audits had identified an area for development, for example with regard to infection control, these actions were added to the improvement plan. The provider reviewed the plan periodically in order to ensure that systems that were in place continued to drive improvement. At the time of this inspection these systems were still being embedded and the provider had not yet had the chance to demonstrate that the improvements would be sustained.

The provider had consulted with external professionals who were experts in their field in order to review their practice and plan for improvements. A professional with expertise in medicines management had reviewed medicines practice in the home. They had identified where improvements needed to be made and worked alongside senior staff at Devonshire Court to devise a plan to implement change. We saw that as a result of this, practice had improved and staff had greater confidence in supporting people to take their medicines.

The registered manager had taken action to prevent reoccurrences of events when it had been identified that something had gone wrong. For example, a person's sensor mat had been faulty and had not alerted staff when the person had fallen. The registered manager had investigated and found that this equipment had been checked daily; however the check was only visual and as a result had not identified the fault. They arranged for physical checks of the equipment to take place following the incident. Complaints and concerns were also monitored on a weekly basis by the Regional Manager and a lessons learned approach

adopted to learn from these and encourage good practice.

The registered manager ensured that checks were made in all aspects of the service delivery to ensure that they were effective. For example, we saw that spot checks had taken place at night on three occasions in 2017. People's care plans were checked to ensure they contained the relevant information and had been updated. We were told that a third of the care plans were checked each month by senior staff. We saw that call bell times were checked to determine if people were waiting for long times. We saw from the records that staff were responding to call bells and turning them off in a timely manner. However, people had told us that staff turned the call bells off but did not then always immediately attend to their needs. We asked the registered manager to investigate if people always received the care that they had requested following staff having turned the call bells off. Two quarterly infection control audits had been carried out within the home. Weekly and monthly safety checks had taken place, to ensure that the home environment remained safe, secure and maintained. Both infection control and health and safety were discussed at monthly quality review meetings.

People told us that they thought the service was well led. A visiting health professional told us, "It is good in general. There has been a lot of change. They gave me all the information [I needed]." People had access to the registered manager and saw them regularly. One person said, "She does come and speak to us regularly, I don't have any problems here at all." A person's relative told us, "[Registered manager] She is lovely." Another person's relative said, "She is always here somewhere. I pop in and see her if I need to." All of the people we spoke with knew who the registered manager was and they were able to name her. The registered manager visited people daily in the dining room. We observed that they went around the tables and spoke with people. We saw that other senior staff also chatted with people during lunch.

People using the service, their relatives and staff were kept informed of what was happening at the service. We saw that meetings happened regularly and were well attended. One person's relative said, "Meetings? Yes there are regular ones." At these meetings the registered manager welcomed feedback and updated the attendees on changes that were occurring in the service for example, staff changes. We saw that input from outside agencies had been shared with people via notice boards. For example, when the local clinical commissioning group conducted an inspection of the service, their findings report was displayed.

Staff felt supported by the registered manager. One staff member said, "[The registered manager] is always a friendly face. She seems to have turned it [Devonshire Court] round." Another staff member told us, "[The registered manager] is a lovely nice lady. Every day at lunch time she goes round to talk to people. She's a very busy lady. It's nice to see the [Registered manager] is that supportive. She's transformed this home and has some big goals for this home."

Staff were clear about their roles and responsibilities. They had access to the provider's policies and procedures and understood how to follow them. The registered manager had introduced a policy of the month which all staff were required to read and sign to say that they were able to follow the guidance. We saw that action had been taken in line with the provider's disciplinary procedure when required. For example, when concerns about a staff members practice regarding the administration of medicines had been identified, we saw that staff received retraining and supervision.

The registered manager had allocated staff members lead roles based on their skills, experience and interest. This was with the aim of empowering staff and encouraging them to take ownership of a particular area of the service in order to improve it. For example, two staff members had been appointed as 'behaviour champions' and other staff had taken on the role of medicines champions for the home. These staff had received additional training and support in order to undertake the roles.

The service delivery was based on best practice in the field of dementia. The environment was decorated in a way to stimulate conversation and interaction between people and staff. We saw that the home was accredited with Dementia Care Matters. This is an internationally recognised award which is given to services that are able to demonstrate good practice when supporting people living with dementia. Staff demonstrated that they understood how to support people with dementia in line with best practice guidance.