







Royal Masonic Benevolent Institution Scarborough Court

Inspection report

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Ratings

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

Overall summary

We carried out an unannounced visit on 15 December 2014 and a further announced visit was made on 13 January 2015.

Scarborough Court is a purpose built home registered to provide accommodation for up to 55 adults who require nursing or personal care, some of whom are living with dementia. There were 49 people living at the home at the time of our inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered provider had policies and procedures in place to help ensure people were safe and protected from harm. The system for dealing with medicines was appropriate and medicines were administered safely. Staff were aware of the need to protect people from abuse and had undertaken training. They were able to describe the different forms of abuse and the actions they would take if they had any concerns.

Summary of findings

The registered provider monitored accidents and incidents so any concerns were highlighted and appropriate action taken. The premises were well maintained and regular checks were carried out on equipment in the home to protect people's safety.

We looked at the staff recruitment records and they showed checks were carried out prior to staff being employed in the home to help ensure they were suitable to work with vulnerable people. People and their relatives told us they were always sufficient staff on duty and the staff said they always had sufficient time to complete their daily duties.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The registered manager told us that she had submitted four applications to the Local Authority, where it was felt authorisations were required to restrict people's liberty in their best interests and to safeguard them from harm.

We observed lunch being served at the home and staff met people's needs sensitively and the meal was relaxed and unhurried. People told us the food was good and choices were always available. The records showed that

staff had undergone appropriate training to meet people's needs and staff confirmed this. They received regular supervision and were well supported by the management. Staff were able to describe people's needs and they were cared for people in a considerate and dignified manner and that respected their privacy and dignity.

We saw information to show the home made prompt referrals to health care professionals if required and this was confirmed by the professionals we contacted. Two activities organisers were employed and a programme of activities and outings were provided which people could take part in.

People said they knew how to make a complaint and felt their complaint would be taken seriously by the registered manager. We looked at nine care records and found care plans reflected the assessed needs of people so staff were provided with information as to how they should be cared for.

The management team carried out audits and checks to help ensure standards were met and maintained. Annual surveys were sent to people and their relatives to seek their opinion of the service and we found the comments were positive. The results of the most recent survey were not yet analysed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The registered provider had systems in place to protect people from harm and staff had undergone training to identify abuse. The system for administering medicines was appropriate and safe.

People and their relatives told us there were enough staff on duty to meet people's needs.

Recruitment records showed that staff were not employed in the home until appropriate checks and references were received to help ensure they were suitable to work with vulnerable people.

Good



Is the service effective?

The service was effective.

The staff were aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and the need to consider people's best interests when making decisions regarding their care. Applications had been made to the Local Authority in relation to potential restrictions under the DoLS legislation.

Prompt referrals were made to health care professionals if necessary. Staff had undergone appropriate training to meet people's needs. They felt well supported by the management. People said they enjoyed the food served to them and a choice was always available.

Good



Is the service caring?

The service was caring.

People and their visitors told us that the staff were efficient and met people's needs in a caring manner.

The staff were aware of people's individual needs and how they should be met. We saw good interactions and staff were respecting people's privacy and dignity. The staff spent time talking with people and offered reassurance when required.

Good



Is the service responsive?

The service was responsive.

The records showed the care plans had been developed to reflect people's assessed needs. This provided staff with up to date information about how they should care for people.

Two activities organisers were employed and a range of activities were provided at the home. People were supported to access activities of their choice.

People knew how to make a complaint and felt confident to do so. There was a complaints procedure in place and a record was maintained of any complaints received and the outcome of the investigation.

Good



Summary of findings

Is the service well-led?

The service was well led.

A registered manager was in post.

The registered provider had systems in place to monitor the quality of the service provided and people were provided with opportunities to express their opinions.

People and their visitors told us the atmosphere in the home was pleasant and friendly. The feedback we received from health care professionals was positive and the management were proactive and eager to provide a good service. Staff said they were well supported by the management and were able to discuss any issues they may have with the manger.

Outstanding



Scarborough Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out over two days. We visited the service unannounced on 15 December 2014 with two inspectors, a specialist advisor in nursing care and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. A further announced visit was made on 13 January 2015 to complete the inspection.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks

the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home, in particular notifications about incidents, accidents and safeguarding matters. We contacted the commissioners of the service, the local safeguarding adults' team and the local Healthwatch group to obtain their views. During and after the inspection we spoke with two health and social care professionals to gain their views about the service.

During our visit we spoke with fourteen people who used the service and observed their experiences. We also spoke to eight visitors, the registered manager, the deputy manager, a nurse, nine care staff, the activities co-ordinator, the cook and administration manager.

We looked at nine care records, seven medicines administration records, accident records and other records related to the management of the home.

Is the service safe?

Our findings

All the people we spoke with said they felt safe living in the home. Comments included, “I’ve never felt concerned about anything here,” “I’ve not felt so unworried for years. I used to be frightened all the time before I came in here” and “I feel safe because I’m looked after well.” A relative said, “[relative] could not be in safer hands.” Another visitor said they visited the home most days and said their relative had been relaxed since they came to live in the home and everyone was very friendly.

People told us they were given their medicines when they required them. Comments included, “They make sure I take my tablets on time, they are very good like that” and “They are very good about my medicine and make sure I don’t cheat.” One person who required a controlled drug said, “I go to the other floor where the nurse and I both sign for it.”

The registered provider had policies and procedures in place for administering medicines. The system for dealing with medicines was electronic and automatically reminded staff to electronically sign the medicines administration record (MAR) so there were no omissions. The nurse on duty told us, “It is superior to anything I’ve used before and more safe and effective than a paper based MAR system.” The medicines cupboards and trollies were well organised and the treatment room was tidy and clean. There was evidence that people had their medicines reviewed on a regular basis and staff who administered medicines had undergone training. We observed a medicines round on the nursing unit which was conducted professionally and safely.

The staff had undergone training on protecting vulnerable adults. They were able to describe the different forms of abuse and the procedure to follow if they needed to report any concerns. Comments included, “I’ve done my training but I’ve never seen anything wrong” and “I would see the manager if I was worried about anything but I’ve never needed to.” There were policies and procedures in place to help safeguard people from abuse. A television monitor was located in the reception area which displayed details of how to report abuse. This meant the provider had taken action to reduce the risk of abuse happening. The registered manager was aware of incidents that should be reported and the authorities and regulators who should be contacted.

The administration manager showed us the system in place for dealing with people’s personal allowances and money they deposited at the home for safe keeping. We saw receipts were kept for each expenditure. These were signed by the person and a member of staff or two members of staff where people could not sign for it themselves. This meant people were protected was potential abuse.

The registered provider had arrangements in place for the on-going maintenance of the building and routine safety checks were carried out. Health and safety meetings were held and a representative from the property department visited each month to check the premises. We looked around the premises and they were well maintained and in good order. One person said, “Any maintenance or repairs are sorted out straight away by the handyperson.”

We saw a fire risk assessment had recently been completed. A contingency plan was in place. This contained information about procedures to follow in an emergency, for example telephone numbers and temporary accommodation details if people needed to move out due to an emergency situation. Information was available to inform the staff how each person should be evacuated from the building in an emergency and these were reviewed regularly in case people’s needs changed. This meant there were arrangements in place to deal with foreseeable emergencies.

There was a robust system in place to record accidents and incidents. They were monitored by the manager and head office to ascertain if risks could be reduced and if there were any lessons to be learnt.

We looked at the staff recruitment files and found them to be well organised and there was evidence to show the appropriate checks had been carried out before staff commenced work. These included identity checks, two written references, one of which was from the person’s last employer and Disclosure and Barring Service checks, to help ensure people were suitable to work with vulnerable adults. We saw application forms which included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people.

People told us there was always sufficient staff on duty. Comments included, “If I need anything I ask and there is

Is the service safe?

always someone there” and “Until recently I used to push my own wheelchair to the dining room but my wrists are sore now. I told them and now they come and collect me and I never have to wait.”

At the time of our inspection there were was a nurse, shift leader and eight carers on duty to care for 49 people. In addition to this the registered manager, deputy manager and activities organiser were on shift. The manager told us

that the home employed two bed makers each morning and their role was to go to people’s rooms, make their bed, chat with them and assist them to make their own bed if they wished. We did not see people waiting for care to be provided and staff responding to people’s needs, assisting people to move around the home and spending time with them.

Is the service effective?

Our findings

People who spoke with felt the staff were efficient and able to meet their needs. They all felt the staff were competent to do their jobs and well trained. When asked if the home recruited good staff comments included, “Definitely” and “They would not keep them so long if that was not the case.” One person said, “The staff are marvellous and know exactly what they need to do.”

A training matrix was maintained to record the training completed by each member of staff and to flag up when updates were required. The training records showed that staff had received mandatory health and safety training, appropriate to their roles. For example, fire safety, health and safety, moving and handling, infection control and MCA and DoLS. Staff had also completed training related to people’s individual conditions, such as dementia awareness, end of life care and tissue viability.

The records we examined showed that staff received regular supervision sessions and annual appraisals. Supervision sessions are used to review staff performance, provide guidance and to discuss their training needs. Staff confirmed they received regular supervision sessions and told us the registered manager and deputy manager were very supportive and always available. The nurse on duty told us they felt equipped to carry out their role and there were ample opportunities to undergo further training if required. They said they welcomed the clinical supervision sessions they received.

People said they enjoyed the food and there was plenty of choice. Comments included, “I think the food is very good, no complaints” and “I usually enjoy the food but if I don’t like something I tell them and they get something else for me.”

We observed lunch being served in two dining rooms. The food was well presented and there was a choice of main course and dessert. The tables were attractive with table cloths, napkins and a small Christmas centre piece. People could ask for an alternative if they did not want the meal from the menu. People were provided with adapted cups and cutlery to maintain their independence and staff provided varying degrees of assistance to people in a sensitive way. The staff knew people’s likes and dislikes and a person said, “They know I like brown bread and would never offer me anything else. I don’t need to ask now.”

There were well stocked beverage stations throughout the home where people and visitors could help themselves to hot or cold drinks. A relative told us they appreciated being able to make themselves a drink. Throughout the day we saw staff offering drinks and snacks to people who required assistance. There were food and fluid charts in place where people had been identified as being at risk of dehydration or losing weight. This meant people’s food and fluid intake was monitored and people’s weights were checked on a regular basis so action could be taken when necessary and referrals made to relevant health care professionals. The kitchen staff were employed by an outside agency but were aware of people’s special diets, such as for diabetes, fortified meal and pureed food. They assisted to serve the meals in the dining room and were able to speak to people to gain their opinion of the food on offer. They confirmed they had access to sufficient ingredients to provide fortified meals and drinks, such as fresh cream and butter.

We observed that staff asked for people’s consent before they provided them with support. We saw a member of staff ask someone if they wanted assistance to walk back to the lounge and other staff asked if people required assistance to eat their lunch. People told us that staff always asked before they offered assistance. Their comments included, “They ask me if they can do this or that” and “They are very good and ask if it’s alright before they do anything for me.”

The CQC monitors the application of the Mental Capacity Act 2005 (MCA) and the operation of Deprivation of Liberty Safeguards (DoLS) which apply to care homes. DoLS is a legal process used to ensure that no one has their freedom restricted without good cause or proper assessment. There was a policy in place which related to people’s mental capacity and DoLS. The registered manager was aware of a Supreme Court decision which redefined what constituted a deprivation of liberty to make sure people were not restricted unnecessarily unless it was in their best interests. The registered manager had liaised with the Local Authority and had submitted four applications and three more were to be submitted for people who may require an authorisation to restrict their liberty in their best interests.

We saw documents to confirm individual mental capacity assessments had been carried out. Best interests decisions had been made for two people who received their

Is the service effective?

medication covertly and assessments had been completed by the GP, psychiatrist, care manager and relatives. There was evidence to show that this practice was reviewed regularly to ensure it was still appropriate for each person.

We saw referrals had been made to health care professionals where necessary, for example GPs, speech and language therapists and dieticians. The health and care professionals we spoke with told us the staff contacted

them if they needed advice or support. A health care professional told us the qualified staff at the home were knowledgeable about people needs and managed their care very well.

One of the lounges in the home contained furniture and memorabilia that people with dementia could relate to. The included a dressmakers' dummy, games, hats and a pitman's lamp. The gardens were accessible to people and there was a secure courtyard which contained a bird feeding station and raised flower beds for people who enjoyed gardening.

Is the service caring?

Our findings

People told us they were looked after very well and staff respected their privacy and dignity. Comments included, “They are very caring,” “The staff are all lovely,” “The staff are absolutely marvellous. I didn’t want to come here but I’m very pleased I did because it’s lovely” and “I think I’m well looked after. They couldn’t do any better.”

Relatives we spoke with said, “We are very pleased with the way [relative] is looked after. The staff are very patient. The hospital said she would never eat again after her stroke but she is now having pureed food at lunch time so that’s good” and “We cannot fault the whole place, the rooms, the staff, the food and we know [relative] is being cared for and safe.”

We spoke with a care manager who told us they had no concerns about the home. They said “They have longstanding staff and that is the really positive thing about the service.” We spoke with a health care professional and they felt people were well cared for and settled. Their comments included, “I’ve never found any cause for concern during my visits” and “Can’t fault the home at all.”

We saw thank you cards which had been received from relatives recently. Comments included, “We really appreciate everything you did as she was very special to us and we wanted the best for her and that is what you gave her” and “We just wanted to thank all of you for caring for [relative] so well. She was surrounded with love from all of you and we will never forget your kindness to her and also to us.”

We saw staff respected privacy by knocking on bedroom doors before entering. We heard staff asked if they could enter bedrooms even when people kept their doors open. The staff were discreet when they assisted people with personal care. We saw positive interactions between people and the staff. Staff were very observant and quickly responded to anyone who appeared unhappy or upset. For example, a person became agitated and staff were quick to react and calm the person.

There was information regarding advocacy services displayed on the noticeboard. The registered manager told us that no one required assistance from an advocate at present. Advocates can represent the views and wishes for people who are not able to express their wishes.

Is the service responsive?

Our findings

People we spoke with told us the staff always responded to their needs and were always available if they required assistance. Their comments included, "I never have to wait long if I need help" and "They are always quick to answer if I ring for help." We noted that when people rang their call bell they were answered almost immediately.

Relatives told us they felt staff responded to people's needs and the care was personalised. Their comments included, "When X first moved in they asked lots of questions about things she liked and her preferences" and "They involved us from the beginning".

There was an electronic computerised care record system for assessment and care planning which was maintained by the qualified nurses. However, all care staff were encouraged to make entries into the daily log section. Staff were observed using the computer record system throughout the day to update the records. The nurse we spoke with said they enjoyed using the system and said they received good training.

The records contained a comprehensive set of care plans that reflected people's assessed needs. Each care plan was evaluated monthly and regular reviews took place involving outside care professionals. Where appropriate there were assessments relating to nutrition and choking risks and referrals had been made to the speech and language therapist. There were risk assessments in place for falls and mobility plans had been drawn up. People who required PEG feeding had up to date care plans in place. PEG feeding is a tube inserted into the stomach to feed people who cannot swallow or eat sufficient. People at risk of pressure damage had tissue viability assessments and body map illustrations were part of the computerised records. There was evidence that people and/or their relatives were involved in the care provided.

The staff we spoke with had a good understanding of people's needs and providing them with personalised care. The records showed that key members of staff had completed training related to person centred care and each person had a one page profile which gave information to staff about what a good day and a bad day was like for

this person. The registered manager told us that every effort was made to ensure people were provided with care workers they related to and people who used the service contributed to the interview process.

There were a number of systems and procedures in place which helped ensure the staff provided a responsive service. Handovers were held at the beginning of each shift. This helped to ensure staff provided continuous and safe care.

People told us there were activities provided in the home. These included entertainers, coffee mornings, quizzes, art classes and talking books. One person said, "There's always something going on, it's a quiz today." The registered manager told us a dinner dance was arranged for Burn's Night and a piper and dancers were booked to attend. She said the piper walked around the home with the chef carrying the haggis and visited people who could not get out of bed.

Two activity organisers were employed, one who worked mornings and one who worked in the afternoons. They spent time with people on an individual basis. An activity programme was in place and was displayed on the three noticeboards in the home. Children from a local school were singing carols on the day of our inspection and this event was well attended.

Regular outings were arranged to local places of interest and one person told us they enjoyed a visit to Beamish. Another person said, "We have a bus and I go out when the weather is okay."

The registered manager had recently purchased two empathy dolls which had proved to be very popular with people living with dementia. We saw one person hugging a doll, talking to it which seemed to give them great comfort. The registered manager said they had been very successful and more dolls were on order.

People told us they knew how to make a complaint and felt confident this would be dealt with appropriately. Their comments included, "I would speak up if I wasn't happy but everything is great" and "If something looks as though it may be going wrong, we raise it before it becomes a complaint." Two relatives said they had never needed to complain but felt sure they would be listened to if they did. One person said, "We have no complaints. I wouldn't change anything here."

Is the service responsive?

The complaints procedure was displayed throughout the home and it formed part of the welcome pack which was given to people when they were considering moving into the home. The provider had a complaints book in place to

record any complaints received, details of the investigation and the outcome. Two complaints had been recorded in the last 12 months and these had been investigated and appropriate action taken.



Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Commission since January 2010. She was present during both visits and assisted us with the inspection.

People told us they felt the atmosphere in the home was always pleasant and friendly. Comments included, “The staff are all very friendly,” “There’s nothing wrong at all here” and “It’s a lovely place to be. I couldn’t get anywhere better” and “I hope they don’t change things, they are excellent as they are”. Relatives said, “We are always made welcome and we can make ourselves a cup of tea if we want to” and “The atmosphere is good, it’s clean and never smells.” Everyone we spoke with felt the home was well led and the management were very approachable.

As well as using their own questionnaires the home used a market research organisation and surveys were issued from September and October 2013 to provide a “Your Care Rating.” Their overall score was 906 out of 1000 for resident satisfaction. The results of the 2014 were not yet available. Internal surveys were issued by the home in 2014 and an action plan had been put in place to address any issues. For example, someone complained that the fountain was switched off and there were no seats provided around it. The fountain had been switched off for health and safety reasons but had now been moved to another area and appropriate seating provided.

Regular meetings were held in the home so people and their relatives could raise any concerns they may have and discuss things that were important to them. The minutes showed that the satisfaction surveys had been discussed and the actions taken. They also discussed menus and activities. Staff meetings were held every three months and minutes were recorded. The last meeting discussed DoLS,

laundry, hand washing procedures and rotas. The last senior staff meeting had discussed the results of surveys and plans to make the environment friendlier for people living with dementia.

The registered manager and deputy managed carried out various audits, such as infection control, medications and care plans. The regional manager visited the home each month to carry out audits, for example on the care plans, supervision and staff files. These meant systems were in place to monitor the standards within the home. Events that affected people’s welfare and health and safety had been reported to CQC as required by the regulations.

The registered manager told us that she subscribes to websites and attended seminars which are appropriate to keep up to date with care practice, such as dementia. There was a lounge in the home which contained memorabilia and memory boxes and she planned to transform another lounge which would be suitable for the male residents to relate to. She had visited another home owned by the organisation in another part of the country to gain advice and ideas. A meeting was planned to discuss how these ideas could be taken forward with the regional manager.

The registered manager and the activities organisers had also attended a course called ‘Ladder to the moon’ to gain ideas about engaging people in meaningful activities. She also attended care providers’ forums arranged by the local authority and clinical commissioning group to keep up to date with new developments.

The registered manager had also been in touch with Age UK to ask if they were aware of people who would like to attend for lunch in order to involve the local community in the home.

The registered provider had a scheme in place called OSCAR Award (outstanding, service, kindness and respect) for staff who delivered beyond expectation. People could nominate staff to receive this award. A care worker at the home had recently won this award.