

# The Royal Masonic Benevolent Institution Care Company

# 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 well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Scarborough Court is a residential care home providing nursing and personal care for up to 58 people. The service provides support to older people including those who may be living with a dementia and/or a physical disability. At the time of our inspection there were 48 people using the service.

### People's experience of using this service and what we found

People felt safe and systems were in place to support staff to maintain safety across the home. People and their relatives commented on the very thoughtful and caring nature of the whole staff and management team.

There were enough suitably recruited staff available to meet people's needs and keep them safe from harm. Staff were well trained and supported in their roles to maintain good skill levels and well being.

Medicines were generally managed well. We have made a recommendation about this to further enhance procedures.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The home was clean and tidy, and staff followed effective infection control procedures.

People received a choice of food and drinks to meet their needs. We did receive a small number of negative comments regarding meals and the registered manager was going to address these. The home was well adapted to the needs of people. We have made a recommendation about outdoor spaces to enhance this.

A range of quality monitoring checks had taken place and were going to be reviewed after feedback to enhance processes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 8 March 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the key questions, Safe, Effective and Well-led which contain those requirements.

For the key question of Caring and Responsive which was not inspected, we used the rating awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Scarborough Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We have made two recommendations. That the provider reviews medicine room temperatures and ensures that all garden spaces are fully utilised and maintained, in line with best practice.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Scarborough Court

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was conducted by 1 inspector and 1 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.

#### Service and service type

Scarborough Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Scarborough Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority safeguarding and commissioning teams, the local fire authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 13 people and 5 relatives. We spoke with the registered manager, deputy manager, clinical nurse lead, 2 nurses, 2 senior care staff, 5 care staff, 1 domestic, 1 activity coordinator, 2 kitchen staff, a maintenance person and 1 administrator. We also sent emails to the whole staff team to gain further feedback and received 12 responses.

We checked 5 people's care records, including their risk assessments and care plans. We reviewed multiple medicine records. We also checked 4 staff recruitment records, including training and supervision. We reviewed meeting minutes, audits, the provider's business continuity plan, and the arrangements for managing medicines.

We contacted 11 health and social care professionals and received feedback from 4. This supported our judgements.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection, the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People's medicines were generally managed safely. We gave feedback to the registered manager on how to enhance processes which they acted on immediately. This included completion of topical medicines charts, and the use of more detailed patch application charts.
- Appropriate arrangements were in place for the ordering, storage, and disposal of medicines. One medicines room was 25 degrees when we visited. This meant people's medicines were not always stored at the optimal temperatures as recommended by the manufacturer.

We recommend the provider review monitoring of medicine room temperatures to ensure they remain in recommended temperature ranges.

### Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse. Staff received suitable training and said they would have no hesitation in reporting any concerns they had.
- People felt safe. One person said, "I'm definitely safe. They take care of everything."

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were assessed and well managed, with lessons learned to improve the quality of care provided to people. We discussed risk assessments with the registered manager to enhance them. They said they would take our advice and act on it.
- Safety was monitored, including regular checks on the building and equipment. Facility staff wore red t-shirts on Wednesdays to indicate it was fire alarm testing day. One staff member said, "The building is secure, so personal safety isn't a concern."
- Guidance had been obtained from healthcare professionals about how to support people safely. For example, people being supplied with pressure relieving mattresses. Details of the correct settings of the mattresses were not included in people's care plans or monitored. The registered manager addressed this immediately. There were no concerns found with pressure damage. One person said, "I need turning every two to three hours, I have a little wound, which is busy healing."
- Learning took place from adverse events, including reflective learning by nursing staff. Following any incident, a report was completed with actions taken. This was then shared with the staff team via handover and staff meetings.

### Staffing and recruitment

At our last inspection we recommended staff numbers and delegation of staff needed to be reviewed. At this

inspection we found the provider had acted on our recommendations.

- There were enough suitably competent staff and they were well delegated to provide people with a good standard of care. One person said, "I use the bell when I need to. They usually come quickly." Agency staff were still being used to fill vacancies, but usage had decreased. A continuous recruitment programme was in place to fill any gaps.
- Safe recruitment procedures were in place and pre-employment checks were conducted before appointing new staff. This included obtaining proof of identity, references and a Disclosure and Barring Service (DBS) certificate. DBS checks help employers make safer recruitment decisions and include a criminal record check.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection. The home was clean and tidy.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider had followed government guidance regarding visiting during the COVID-19 pandemic. Since the relaxation of restrictions, people's friends and families could visit whenever they wished.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection, the rating for this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed before they moved to the home and reviewed regularly to ensure their needs and choices could be met and staff had the skills to provide their care.
- National standardised tools were used to assess people's needs, for example in relation to nutrition and skin integrity.
- People's care plans were currently being reviewed as part of a new dynamic care planning process. One person said, "Yes, they involve me. If there's changes, they tell me. It's wrote out in the care plan and it's freely available. I've read and signed it and its revised periodically."

Staff support: induction, training, skills and experience

- Staff were well supported and felt valued. Staff said they received supervision sessions with the management team and had opportunities to discuss their performance, training needs and any wellbeing support they needed. One staff member said, "I feel supported in my role, I receive regular 1:1 meetings with my line Manager. The training I receive is appropriate to my role and there is a manager available 24hrs a day should I run into difficulties" and "I feel valued because I feel able to express my professional view and I am treated with respect."
- Staff received a suitable induction and support when they started working at the home or changed roles. This included shadowing existing staff and completing the Care Certificate which is a set of standards defining the knowledge, skills and behaviours expected of staff working in the health and social care sector.
- Staff undertook a range of training the provider deemed mandatory. The management team had also sourced specialist training when this was required, including the registered manager who had recently completed a specialist dementia training course which they were going to embed within service delivery.
- The staff team were made up of a range of skilled and experienced staff. Staffing rotas were calculated to ensure a good skill mix was always in place.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink safely and to maintain adequate nutrition and hydration. One staff member said to a person, "You've enjoyed that [person], more soup or your main?"
- Special diets were supported, including people who had diabetes or those who were at risk of choking. Pureed food was served from moulds to make it look like the food being served, for example, carrots. This enhanced the meal time experience.
- Table settings on one unit were not well laid. This was addressed immediately. There were a few negative comments about the food provided. Comments included, "Food is the issue, it's hit and miss" and "The food

is mediocre and often served colder than it should be." The registered manager told us menus and dining arrangements were to be added to the home's improvement plan.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health, including oral health and staff worked with other healthcare services to provide people with effective care. One person said, "The chiropodist is my own, the optician comes here, we don't pay it's free. A dental company comes in too." Another person said, "They do regular checks for my blood. I'm prone to urinary tract infections. They are doing well to keep them under control."
- Staff worked well with other health and social care professionals involved in people's care and followed any guidance recommended. One healthcare professional said, "I recently had a visit to Scarborough Court. I found the care good. The staff seem very friendly and were quite helpful during my visits."

Adapting service, design, decoration to meet people's needs

- The home was comfortable, personalised, and adapted to meet people's individual needs.
- There was good signage and decoration. Some areas were undergoing further updates in decoration to continually improve the home.
- Various garden spaces and equipment were available. There was a roof terrace, a summerhouse, gazebo and raised flower beds. Some families commented the garden areas needed some work including, improving a sensory area.

We recommend the provider ensures that all garden spaces are utilised fully and maintained in line with best practice.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2002 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's care was provided in line with the MCA. People said staff asked for their consent before providing their care. A person said (when requested if they were asked for consent about care), "Consent, definitely. I always make choices."
- People's capacity to make an informed decision had been assessed and if required best interests decisions were made and recorded with relevant people involved.
- Staff promoted people's rights to make decisions about their care and treatment and had received

training to support them to do this.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection, the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team and staff were very clear on their roles. Staff knew how to contact managers for support, and when to raise concerns. One staff member said, "There is a manager available 24hrs a day, should I run into difficulties."
- The management team had oversight of the service through their structured schedule of audits and quality improvement checks which reviewed all aspects of the service. Where issues were identified action plans were put in place. After our feedback, the registered manager said all information or advice would be used to further enhance quality checks governance procedures.
- The registered manager reported any relevant incidents and accidents to appropriate bodies, including notifications to the CQC as legally required. One notification was slightly overdue, but this was addressed immediately.
- The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way if mistakes were made and to apologise.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- All staff supported a positive person-centred culture. The home had various initiatives in place, for example, 'Scarborough Court Ambitions Achieved.' This initiative enabled people to have personalised wishes come true. For example, one person was able to visit Holy Island one last time.
- People's needs were central to the support staff provided. As a result, personalised care was delivered to everyone, which achieved good outcomes for people. One family member said, "She's great compared to what she was." One person said, "Staff are brilliant, cheerful, bright. They can't do enough for you."
- The registered manager and staff were dedicated to ensuring people received a safe and good level of care, and there was a culture of openness and honesty amongst the staff team.
- People and their family members told us the home was professionally managed. One person said, "Yes, it's well managed. You see happy faces; you don't get better than that." We received a small number of negative comments regarding communication and how it could be further improved. The registered manager was aware of this and was working hard to address this issue.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Systems were in place to gather feedback from people, relatives, and staff to improve the care provided. This included surveys and meetings. One person said, "We had a meeting for families and residents for any issues to be brought up. I did bring a few things up. They did try to sort things out." One relative said, "It was difficult the first week, we had discussions with the staff, we ring regular, and we are in and out a lot. The staff keep us up to date."
- Staff team meetings were used to share learning, improve practice, and ensure staff understood the provider's vision and values. One staff member said, "I genuinely feel that our carers and other staff live up to the (providers) values; 'kind, supportive and trusted.'
- There was a commitment to continuous learning and improving care. Professionals said the registered manager and other senior staff took advantage of any available developmental opportunities to enhance the skills of the staff team.
- The home had an action plan in place which was regularly reviewed and updated and showed areas of improvement continually identified and actioned. There is also a 5 year 'Vision Plan' which sets out further plans for the future.

#### Working in partnership with others

- All staff worked in partnership with other organisations. This included commissioners and health and social care professionals. One healthcare professional said, "I feel that I have a good relationship with the home and regular staff I know by name."
- The service had made links with the local community. People had the use of a mini bus which was wheelchair accessible. Staff used this to take people out into the community for visits to various places of interest.