

# The Royal Masonic Benevolent Institution Care Company

# Prince Edward Duke of Kent 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?	Good ●

# Summary of findings

## Overall summary

### About the service

Prince Edward Duke of Kent Court is a residential care home providing personal and nursing care for up to 50 people in one adapted building, some of whom may be living with dementia. There were 40 people living at the service at the time of our inspection.

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

A new manager had been in post for six weeks when we carried out the inspection. In the short time they had been in post they had made significant changes to improve the culture and quality of the service. People, their relatives and staff were all positive about the attitude and values the new manager had shown. Staff were clear about the providers vision and values for the service and knew what is expected of them. Staff treated people with kindness, respect and compassion.

Risks to people were generally assessed and managed well. Where shortfalls in risk management were identified in relation to the stairs and hot radiators, the manager took immediate action to reduce the risk. People were supported in the least restrictive way to ensure they retained control over their lives and maintained their independence where ever possible.

Further work was needed to ensure staff worked in accordance with good practice guidelines to make sure people were supported to plan for their end of life care. Training was in the process of being developed to ensure staff were aware of how to meet people's 'protected characteristics' such as age, disability, gender, race, religion and beliefs.

People using the service were supported to stay safe. Staff had good understanding of safeguarding procedures and how to report concerns. Medicines were managed safely. Where audits identified errors in the recording of people's medicines and fridge temperatures, these had been investigated, and learning shared with staff to prevent further errors occurring. Systems were in place to prevent the spread of infection. The premises were clean, tidy and designed to meet the needs of older people, including those living with dementia. People and their relatives described the service as 'homely' and were aware of a major planned refurbishment of the premises.

There were enough competent staff on duty to support the needs of people using the service. Staff had received training which gave them the skills and knowledge to carry out their roles and provide effective care. Some training, such as manual handling and fire safety refreshers were out of date, however staff were knowledgeable about these subjects and we saw no poor practice.

People were supported to eat and drink to maintain a balanced diet, and were complementary about the food. An area the service excelled at was supporting people to continue to access hobbies and activities they had enjoyed throughout their life, including ice skating, walking groups, swimming and horse-riding. One person summed up what it was like living at Prince Edward Duke of Kent, stating "It is a lovely life, I am

never bored."

People's care plans focused on what was important to them and were designed to ensure people received care, treatment and support in line with current legislation and good practice guidance. The service worked well with other professionals to ensure people had access to healthcare services. The service had taken an innovative approach, using virtual reality' equipment, such as a computer-generated simulation of a three-dimensional image or environments to help people explore places and objects in a seemingly real or physical way, as well as interact with others.

The manager operated an open-door policy and encouraged people, and their relatives to discuss concerns. Complaints raised about the service were managed well and responded too in a timely manner. The manager worked well with other agencies to ensure they were following the most recent guidance and legislation. The service has a governance framework in place which has been used to identify what worked well and where improvements were needed.

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 08 September 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

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

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Prince Edward Duke of Kent 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.

#### Inspection team

The inspection team consisted of one inspector, an assistant inspector 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.

#### Service and service type

Prince Edward Duke of Kent Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not currently have a manager registered with the Care Quality Commission. A registered manager means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people using the service, four relatives and three visitors during the inspection about their experience of the care provided. We spoke with 13 members of staff including the manager, deputy manager, the trainer, caterer, activities co-ordinator, senior and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records, including five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision, and a variety of records relating to the management of the service, including audits, policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people using the service and the premises were generally assessed and managed well, however we identified safety issues in relation to stairs and hot to touch radiators. The premises have a wide sweeping staircase from the ground to the first floor. The only safety measure was a rope across the top and bottom acting as a deterrent to prevent people using the stairs. The manager was unable to locate a risk assessment to reflect if these measures mitigated the risks to people. Although radiators had been covered, they had an open grill at the top, which if leant on was very hot posing a risk of burns to people. Immediately, after the inspection the manager provided information detailing the action taken to reduce these risks and to keep people safe.
- Technology was used to promote people's safety, for example the use of pendants worn around a person's neck or wrist which linked to the alarm system, which ensured they could call for assistance wherever they were in the premises. One person commented, "I've got an alarm round my neck, you press it even at night time and someone will answer."
- Fire systems and equipment were checked regularly, and routine fire drills carried out to ensure staff knew what to do in an emergency.
- Where people needed support to move, staff were observed using appropriate equipment, such as hoists safely and providing reassurance to the person. Systems were in place to ensure equipment was safe to use and well maintained.

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

- People told us they felt safe living at the service. Comments included, "It's really nice and quiet, staff look after you, I feel safe, plenty of staff," and "Not bad, I feel safe enough."
- Staff understood how to keep people safe. They confirmed they had received updated safeguarding training and were aware of different forms of abuse and their responsibility to report concerns.
- The manager was aware of their responsibility to liaise with the local authority and where safeguarding concerns had been raised, such incidents had been managed well.

### Staffing and recruitment

- We saw there were enough competent staff on duty with the right skills to support the needs of people using the service. Staff were visible throughout the day and responded to people's call bells promptly. One person confirmed this commenting, "I press the buzzer and you know help is on the way." Other comments included, "There are plenty of staff, they try to do their best," and "There's always enough staff on duty, which is very handy as it means you don't have to wait long."

- The manager told us they used a dependency tool to regularly assess staffing levels which were adjusted accordingly in line with the needs and number of people using the service. They were currently reviewing shift patterns to provide more flexibility for staff whilst ensuring the needs of the people using the service were met.
- Agency staff were used to cover staff absence and vacancies, however the manager told us they were reducing the use of agency due to a recent successful recruitment drive.
- A thorough recruitment and selection process was in place, which ensured staff recruited had the right skills and experience and were suitable to work with people who used the service.

#### Using medicines safely

- People's prescribed medicines, including controlled drugs were stored, administered and disposed of safely and in accordance with relevant best practice guidance.
- People's Medicine Administration Records (MAR) included details on how they preferred to take their medicines and any known allergies. Random sampling of people's routine medicines, against their MAR's confirmed they were receiving their medicines as prescribed by their GP.
- Staff administered medicines in a respectful manner. They followed best practice guidelines for administering medicines and we saw they interacted with people well. They explained what the medicine was for and why it was needed.
- Staff responsible for administering people's medicines had completed training and had annual checks to ensure they were competent to do so.

#### Preventing and controlling infection

- People and their relatives told us the premises were always clean. One person told us, "Spotlessly clean, the cleanliness I like."
- Staff had access to and understood policies and procedures for the prevention and control of infection and were observed putting these into practice. This ensured staff were working in accordance with relevant national guidance and high standards of hygiene were being maintained.
- Hand washing posters were on display in bathrooms and toilets. Pump soap and alcohol gel dispensers, and paper towels were available.

#### Learning lessons when things go wrong

- Staff were aware of their responsibilities to raise concerns, record safety incidents and near misses.
- Arrangements were in place for reviewing and investigating when things went wrong, such as medicine errors. Medicine audits completed in December 2019 had identified missed signatures, incorrect doses of medicine being administered and inconsistency in recording fridge temperatures. The manager had shared learning following an investigation into these incidents with staff at supervision, team meetings and weekly clinical risk meetings. This ensured lessons were learned and improvements made when things had gone wrong to prevent similar incidents reoccurring.
- Lessons learned were shared at provider level across their other services. A folder contained information about an incident in another of the providers homes where a control drug had been spilt, but had not recorded, or reported. As a result, all staff responsible for administering medicines had been instructed to revisit record keeping and controlled drugs management to ensure they were aware of their responsibilities to keep accurate records.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- Peoples care plans contained information which showed their physical, mental and specific health needs had been assessed in line with recommended best practice guidance, and relevant legislation.
- Staff had received training in line with best practice guidance, to ensure they had the skills and experience to support people to manage their specific health conditions, such as diabetes, pressure wounds and how to minimise the risks of choking, because of poor swallowing.

Staff support: induction, training, skills and experience

- People told us, staff were trained, and they had confidence in them to provide their care. One person told us, "When staff walk through the door, they are calm and say how can I help, their training is excellent, some are on par with the best hospital nurses."
- Staff told us they had good access to training which gave them the knowledge and skills to carry out their roles and meet people's needs. One member of staff commented, "I am doing a dementia leadership development programme. It has five sections covering motivating, managing and leadership styles to help bring the best out of the team ensuring peoples physical and emotional needs are met."
- The service has their own in-house trainer. They told us training is delivered via a range of methods face to face, computer-based eLearning, and via external training providers. A review of the training matrix confirmed staff had completed a wide variety of training.
- Staff told us they were encouraged and supported with their professional development and were given opportunities to enhance their skills both internally and via external training, such as National Vocational Qualifications (NVQ). NVQ is a work based qualification which recognises the skills and knowledge staff need to carry out their role. One member of staff commented, "I enjoy coming to work, I get a buzz out of making things better. It's a good company to work for they give support and training for me to do the job."
- New staff completed an induction, including the Care Certificate when they joined the service before commencing shifts as a permanent member of staff. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. The induction included shadowing experienced members of staff. One member of staff commented, "I spent two weeks doing training, a different module every day and shadowed an experienced member of staff for two weeks. I felt prepared when I first started."

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

- People and their relatives were highly complementary about the quality of the food. One person

commented, "Food is very nice, everything you want you get." Other comments included, "It's lovely, really lovely food," and "This morning I had a fried egg and toast, beautiful." A relative told us, "Drinks and snacks are wonderful, meals are very nice, enough choice, actual cooking and presentation is lovely."

- Mealtimes were seen to be a sociable experience for people. The atmosphere in the dining room was relaxed, people were observed chatting and socialising. Staff engaged with people well. People were offered a range of options verbally and visually to help them make a choice of what they wanted to eat.
- People's dietary needs were well documented in 'food passports' setting out their preferences, allergies, and specialist diets. Both care and catering staff had good knowledge of the support people needed to eat and drink.
- The catering team and staff had worked creatively to encourage people who required special diets and at risk of weight loss to eat and drink to ensure they received a nutritionally balanced diet. For example, the chef told us they had been on a course about special diets, and how to present meals to still look appetising. They commented, "The training showed us how to make pureed Brussel sprouts look like whole sprouts, carrots to look like batons and fish pie would be piped potato on the top to resemble a fish. It's really made a difference when encouraging people to eat."
- People who needed reminding to drink had been provided with 'talking beakers.' One person told us, "That is a talking glass, it is to remind you to drink. They do work as when the glass speaks it makes you pay attention, it lights up blue at the bottom." Another person commented, "You can sit her and all at once it starts talking to you, does remind you to drink, it comes alive at the bottom."

Staff working with other agencies to provide consistent, effective, timely care

- Staff told us, and records showed advice and support had been sought from other health professionals, such as district nurses, the tissue viability nurse, dieticians, diabetic nurses and continence team.
- Systems were in place to ensure incidents, such as falls were monitored, and action taken where people were identified as having repeated falls. This included working with other organisations, such as the local authority partnership PROSPER campaign, to promote safer provision of care for elderly people with effective results. For example, one person's falls records showed they had reduced the number of falls, from four to five times a day, to three to four a week.

Adapting service, design, decoration to meet people's

- People and their relatives told us the service was homely and comfortable. One person told us, "I am really happy here, it is a spacious safe and comfortable environment." A relative commented, "Lovely, nice grounds, spacious, staff all very friendly, décor is nice, lovely and clean, it's got a nice calm peaceful ambiance."
- Prince Edward Duke of Kent is a former Country house set in extensive grounds. The premises provided a calming atmosphere for people, especially those living with dementia. People's rooms were warm and personalised to meet their needs.
- The décor in places needed redecoration. The manager told us they had obtained approval from the provider for a complete refurbishment of the house and grounds. They had consulted with people for ideas to transform the grounds, and as result there were plans for an enchanted garden and a Safari park.
- Aids, adaptations and assistive technology, such as alarmed mats, bed rails and hoists were provided to meet people's needs, ensure risks to their safety were minimised and to encourage independence.

Supporting people to live healthier lives, access healthcare services and support

- People told us staff encouraged them to remain active and helped them to manage health conditions. Comments include, "I am diagnosed with diabetes, but the chefs make me diabetic cakes so that I am not left out," and "The deputy manager and I have an ongoing joke to get me active and walking. They have given me a set of dumbbells to strengthen my arms and given me books on gardening in a small space."
- People's care records confirmed they were supported to access healthcare professionals and specialist

teams to ensure they received appropriate healthcare and treatment. Examples included access to the chiropodist, district nurses, community psychiatric nurse, speech and language therapist and their GP.

- People's relatives told us if their family member was unwell or needed support from health professionals, staff acted promptly to seek advice. One relative commented, "My [Person] sees the GP when they need to. The optician, and physio comes in the chiropodist every six weeks. They also see the podiatrist at the community hospital."

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

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 make 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. 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.

- Staff understood the importance of gaining consent before providing support and were observed doing so consistently during the inspection.
- Management and staff knew what they needed to do to make sure decisions were taken in people's best interests. For example, best interest decisions had been made with the appropriate people in relation to medicines being administered covertly (in food and drink). One member of staff commented, "We support people to make their own decisions, we know our residents well and know there are days where they struggle to make decisions, so we offer choices and go by previous things we know they have chosen before."
- Where people had been deemed to lack capacity to make significant decisions about their care, health, welfare and finances, relevant people including their Lasting Power of Attorney (LPOA) and health professionals had been involved.
- DoLS applications had been made where needed and approvals were monitored to ensure any conditions on authorisations were being met.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People, and their relatives, were complimentary about the care provided and the attitude of the staff. One person told us, "Five star here, excellent staff, they have got so much patience, they are really nice." Another person commented, "It's marvellous, very impressed, been impressed from day one."
- We saw staff treated people with kindness, respect and compassion. Relative's confirmed this, comments included, "It's very nice, it is quite open, staff are friendly, my [Person] seems to be well looked after. They are always in their own clothes and always clean," and "Excellent staff, everyone has got time, nothing is too much trouble, more like friends than carers. Staff here are wonderful."
- Staff had developed good relationships with people. We saw positive interactions between staff, and the people they supported. Interactions were natural, but respectful. People's comments included "It's very nice here, they [staff] make sure everyone is happy, staff are friendly, when you are in your room they come in and chat to you," and "Staff are lovely, gorgeous, they help me wash, you just call them, they are very kind to me."
- People, including those who stayed in bed, received the care and support they needed from staff who knew and understood their needs well. We saw a member of staff assist a person on bed rest to have a drink. They gently roused the person, asked their permission to raise the bed up and carefully assisted them with a teaspoon, this was nicely done.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were supported to express their views and be involved in making decisions about their lives. One relative told us, "I was involved in developing my [Person] care plan, I have seen it."
- The manager told us, and records confirmed six monthly reviews of people's care took place and families were invited. One person told us, "My needs are met, they come with the care plan every six months, and ask me what my needs are, what can they do to help me. Slowly but surely I am getting more independent."
- Minutes of regular resident and relative meetings showed people were consulted about how the service was run, including decisions about staffing, catering, mealtimes, activities and upcoming celebrations.
- Staff knew people's communication needs well and we saw people being able to make decisions about how they spent their day and what they had to eat.
- People's responses in the provider customer survey in 2019 reflected 85% of people using the service said staff helped them to plan their care, explain information to them to make choices and obtained their consent before providing care.

Respecting and promoting people's privacy, dignity and independence

- Staff understood it is a person's human right to be treated with respect and dignity. We observed them putting this into practice during the inspection. One person told us, "You please yourself in everything you do, got a nice room upstairs with my own shower room, still do that myself, I've got my privacy."
- Staff were friendly, respectful and attentive to people's needs and worked well together. They provided encouragement to people when they needed it and supported them to retain their independence wherever possible.
- We observed staff taking time to ensure people were made to feel that they mattered. For example, a person was observed to keep touching their legs. A member of staff asked them what the matter was, and said, "Let's go upstairs and I can help sort it out".
- Staff spoke discretely when asking or encouraging people to use the toilet and were observed gaining people's consent to enter their rooms and before providing personal care. One person told us, "Staff are friendly, it's difficult having someone do my intimate personal care, but they explain and do it with utmost respect, I cannot fault any of them, including agency staff."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people's needs were met through good organisation and delivery.

### End of life care and support

- A review of people's care plans showed advanced care planning was in varying stages. Some had completed Preferred Priorities of Care (PPC) in place detailing people's preferences for their end of life care. However, others were in development, or had no information about the persons end of life wishes.
- The service had one person receiving end of life care at the time of the inspection. Their care records showed they were receiving the care they needed, however no advanced wishes in respect of their death and dying had been discussed or recorded. Therefore, staff could not know they were acting in accordance with their individual wishes to experience a comfortable, dignified and pain free death. The manager recognised this was an area they needed to improve.
- Staff told us they had received training and had a good understanding about how to support people well at the end of their life. One member of staff told us, "We lost [Person] recently, they were open about dying which people and staff found hard to talk to them about. I used to go and talk to them about it. Everything's important, their dignity and making sure everything's in place and spending time with them. It's also about supporting the family as well."
- The deputy manager told us when people became frail, they had developed good links with Farleigh Hospice in Chelmsford, who provided valuable support alongside the persons GP to evaluate and manage pain relief, as their health deteriorated.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Peoples needs were assessed prior to admission to the service with input from relatives and other professionals, where necessary. The initial paper assessments were used to develop computer generated care plans. These set out how people's care and support needs were to be met, including times when their behaviour manifested in anxiety, physical and verbal aggression and how to keep them and others safe.
- The manager told us work was in progress to promote discussions in the service with relatives and staff to ensure people's protected equality characteristics, such as age, gender, and sexuality were respected. One member of staff told us, "It's about getting to know the person. It's important to get to know people because each person is different, they like and want different things, therefore it's important we focus on their care they want. Each person is different and I'm different with each person."
- The manager told us they recently held a 'drop-in' day for staff where they had discussed mental health and how to support people's human rights. This had included discussions about LGBGT [LGBGT is an acronym for lesbian, gay, bisexual, and transgender. These terms are used to describe a person's sexual orientation or gender identity.] One member of staff told us, "We treat everyone fairly, we don't discriminate

against anyone. Our resident group isn't very ethnically diverse; however, we do have a diverse staff team and we encourage them to share their experience and their background."

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had taken innovative steps to meet people's information and communication needs. The activities co-ordinator told us, about the use of virtual reality headsets, which plugged into the computer and enabled people to experience different environments, objects and revisit places where they had travelled to. For example, one person had travelled widely to the USA and Dubai and enjoyed spending time viewing these places in virtual reality, which promoted discussion with staff.
- The activities co-ordinator told us they had taken a lot of photographs of events and displayed them on photo boards around the service so relatives could see what activities people had been involved in. They had also developed a 'scrap book' of photographs for each person and encouraged them to write something about the activity. One relative commented "The photo scrapbook is a good idea, my [Person] cannot remember but the book prompts their memory and we chat about what they have done."
- The deputy manager told us the service had recently purchased iPads to help people communicate. They commented, "[Person] is very hard of hearing, and communication has been really difficult. The iPad is voice activated, so staff speak into the iPad and it comes up on the screen in large letters, which [Person] can read and respond to. This has had a huge impact on their quality of life, I have never seen them grin or laugh so much. This has been so successful, we are going to try with two other people."
- Information about what was happening in the service was displayed around the service, in various formats, including recent topics, such as staff using mobile phone handsets for entering information about people's care needs on the computer, and outbreak of Coronavirus, giving instructions on the importance of handwashing. One relative told us, "Communication is good, as a family we are always told what is going on."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- An area the service excels at is providing a range of indoor and community-based activities designed to meet people's interests and benefit their health. People's comments included, "Always something going on, keeps you stimulated, had Spanish night last night, had keep fit in the day with foot exercises, it makes all the difference as people need stimulation," and "See that raised flower bed that is my garden, I had lovely vegetables in there last year. Gardening used to be passion."
- Relatives told us, "Staff take residents over to the golf club, my [Person] likes a brandy and it is a change of scenery. They also love going on the tricycle around the grounds, lots of the residents do," and "Good atmosphere, last time I came they had the Pat dog. My [Person] loves animals, they come every Thursday."
- People were supported to continue taking part in old and new interests. The activities co-ordinator told us, they asked people what they wanted to do, including what was on their 'wish list' and then arranged activities accordingly. They provided the following examples, "One person wanted to do pottery painting, so I arranged to take a small group to the 'pottery place.' I have also taken a group of resident's ice skating. Another [Person's] wish was to go horse riding. I was terrified, but we went anyway, they sat on a horse, and absolutely loved it, even though the horse did not move, they told everyone they went galloping around the Paddock. They loved it and truly believed they had. One person's wish was to go swimming. After a lot of research, I found a pool locally, where the bottom of the pool raises and lowers to enable people to get in and out more easily. They really enjoyed it, said it reminded them of going swimming in the sea and

couldn't wait to go again."

- Where people's health had declined and remained in bed, to avoid isolation the activities co-ordinator told us they spent time on an individual basis with these people, chatting, reading and doing massages.
- Food is a central part to activities, including lunch clubs, cocktail parties with alcohol and non-alcoholic drinks, afternoon tea and food tasting. The activities co-ordinator told us, "We had a Valentines meal, and yesterday was Spanish day. We had Tapas and Sangria between dinner and tea. I am planning a different themed day around the world every three weeks. The next one is the USA."
- Special anniversaries and birthdays were celebrated, alongside events such as St Patricks day, Pancake day, beach parties, and BBQ's. The activities co-ordinator told us, "Once a week we have ladies' day, where we get dressed up in our hats, and put Race night on the TV, everyone gets dressed and places bets."
- To keep people fit and healthy the activities co-ordinator had arranged several keep fit activities, including a fitness group, foot spa's and a walking group twice a day Monday to Friday promoting exercise and independence. This also included regular trips to the garden centre, to get plants for the raised flower beds in the courtyard."

Improving care quality in response to complaints or concerns

- The manager told us they encouraged people to discuss any concerns in an open and transparent way
- Systems were in place to acknowledge and respond to complaints. A new format for dealing with complaints had been introduced, to reflect lessons learned following investigations.
- A review of the complaints book showed there had been five complaints about the service since our last inspection in March 2017. These had been investigated and responded to appropriately within the expected timeframe and used to improve the service.



# 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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, relatives and staff told us they had seen a massive improvement in the service and staff morale since the new manager had been in post. Comments included, "Their [manager] enthusiasm and vision is all about residents who live here and making their days as enjoyable as possible," and "The new manager is lovely, they are here at 8am and comes around and says hello and you can go and have a chat, they are very friendly."
- Staff told us the management team were approachable and supportive. Staff comments included, "Really like it here, we work well and have got a good team and approachable team leaders who you can go to them with any problems," and "The manager is approachable, open and honest, for example, they will say, let's try this, let's have a discussion, I am open to change, they listen to staff and their feelings."
- Staff were aware of and demonstrated the corporate values of the company, to be 'kind, supportive and trusted'. The deputy manager told us, "Last year, we had a values day for each value, for example, we wore 'orange' and provided orange drinks, sweets, and cakes to represent 'kind'. We spent time with people who wanted to take part, talking and listening to demonstrate we are here to provide empathy and comfort as well, rather than just providing care."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, 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

- At this inspection there was no registered manager in post. The previous registered manager left employment in October 2019. A new manager commenced in post on 02 January 2020 and is in the process of making an application to the Commission to become the registered manager for the service.
- People, and their relatives told us there was good leadership in the service, which created a positive and welcoming atmosphere. One person commented, "It is open, honest and friendly, staff have got a sign on their mugs 'caring is our way of life' and they are not wrong."
- Staff understood their roles and responsibilities and felt motivated by the manager. Comments included, "I think the manager is brilliant, they have really good ideas," and "I can't fault the manager, the little things they are doing are making a big difference."
- Although the manager had been in post for a short time, they had good oversight of what was happening in the service and knew what was needed to ensure the service continued to develop, and ensure people

received high-quality care.

- The provider had systems in place to identify, assess and manage risks to the service. This included routine audits carried out locally, such as medicines audits and routine unit assessments carried out by a representative of the organisation. We saw these were being used effectively to drive improvements.
- Staff received regular supervision and annual appraisal regarding their performance. Supervision is a formal meeting where staff can discuss their performance, training needs and any concerns they may have with a more senior member of staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager was committed to ensuring that a high-quality service was provided and sought information from people using the service, their relatives and staff at regular meetings to identify what worked well and where improvements were needed. For example, the minutes of a recent relatives and residents meeting confirmed people were happy with the menu and food provided, happy with the care they received and knew who to go to if they were unhappy about something.
- The providers care home report for Prince Edward Duke of Court for 2018 /19 had positive feedback. Based on 28 responses from residents and ten family and friends, 93 % of people felt staff provided good care, and the quality of food and laundry service was good. 100% relatives felt their family member had a good quality of life, was treated with kindness, and respect.
- Feedback was obtained and used to improve the service via the concerns, complaints and compliments folder. We saw there were a number of compliments about the service, including, "The staff are always caring and friendly, their efforts are much appreciated by all our family and its comforting to know [Person] is so very well looked after, our thanks to everyone." and "Please pass on my thanks to all the staff for making [Person's] birthday so special yesterday, the cakes were beautiful and gifts were a lovely gesture."

Continuous learning and improving care

- The manager had implemented daily walk arounds and clinical review meetings for staff to share information about clinical issues, such as pressure care, types of dressing and diabetes, so they could ask questions and share best practice.
- The manager told us they met with the chair of the company and area manager who had provided support in their new role. They also met regularly with other managers within the company to share best practice, new initiatives, learning and development and the opportunity to network and share experiences.
- The manager told us they had many ideas on how they might further enhance the quality of care and support in the service. They were currently liaising with the Association of Friends of Prince Edward Duke of Kent Court to purchase a magic table, and other technology to promote stimulation for people living with dementia.

Working in partnership with others

- The manager and deputy worked well with other agencies and resources, such as PROSPER to share information and ensure they are aware of and adhered to most recent guidance.
- The manager told us they were preparing a presentation at the next provider conference in April 2020, where the key messages were about tackling loneliness in the elderly. They were inviting people in the local community who may be lonely to come in and join coffee mornings. They told us the providers marketing team were getting involved to contact other organisations to identify people, who may be isolated.