The Royal Masonic Benevolent Institution Care Company

Cadogan Court

Inspection report

Barley Lane
Exeter
Devon
EX4 1TA

Tel: 01392251436
Website: www.rmbi.org.uk

Date of inspection visit:
01 October 2019
03 October 2019

Date of publication:
26 November 2019

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?	Requires Improvement

Summary of findings

Overall summary

About the service
Cadogan Court is registered to provide accommodation for up to 70 people who require nursing and personal care. 46 people were being supported at the time of the inspection.

People were living in six units over three floors. Holman, Barrington, Colenso-Jones and Eliot were providing care for older people who required residential care; Kneel was providing nursing care for older people; and Osborn was providing care for older people living with dementia.

People's experience of using this service and what we found
Significant improvements had been made in all aspects of the management of the service since the last inspection. However, the providers systems to monitor the quality of the service were not fully effective because they had not identified the issues we found.

Care plans did not consistently record people's involvement in their development or review, or that they had been consulted about their end of life wishes. Some failings in the management of risks had not been identified. The manager was taking action to address these concerns, but these changes had yet to be fully established and embedded.

There had been significant changes to the management team. The current manager had been in post for eight days at the time of the inspection and was in the process of registering with the Care Quality Commission. Two new deputy managers were being recruited. The manager was open about the previous failings at the service, the work they were doing to address them and where improvements were still required. They were committed to building on the progress made by the previous manager, promoting effective monitoring and accountability and an open and transparent culture. Written feedback from a relative stated, "We think it is important to add to our grateful thanks a recognition that whilst there were some issues with management back in 2016/17, we have seen evidence of improvements in this area and believe that Cadogan Court is returning towards being well managed again."

Overall people felt safe living at Cadogan Court. Staff were recruited safely, and safeguarding processes were in place to help protect people from abuse. Risks associated with people's care had been assessed and guidance was in place for staff to follow. Care plans were detailed, person centred and reviewed regularly. There were systems in place to ensure information about any changes in people's needs was shared promptly across the staff team.

People received their medicines safely, and in the way prescribed for them. The provider had good systems to manage safeguarding concerns, accidents, infection control and environmental safety.

People benefitted from suitably trained, competent and skilled staff. This meant their healthcare and nutritional needs were met. External professionals were complimentary about how the service worked in

partnership with them.

Cadogan Court provided a person-centred service. The management team and staff used activity and mental stimulation to reduce people's anxiety and depression and maintain cognitive functioning.

Staff were caring and kind and had developed positive and meaningful relationships with people. People were respected, included in decisions and their privacy and independence promoted. The care provided was sensitive to people's diverse needs. All information was available in an accessible format, which meant people could make a meaningful contribution to their community.

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.

People were supported by suitably trained, competent and skilled staff. This meant their healthcare and nutritional needs were met. External professionals were complimentary about how the service worked in partnership with them.

.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 16 October 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cadogan Court on our website at www.cqc.org.uk.

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 not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Cadogan 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 was carried out by three inspectors (including a member of the medicines team), a specialist advisor with expertise in nursing care, and two Experts 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
Cadogan Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager in the process of registering with the Care Quality Commission. The provider was 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
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. 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 spoke with 19 people who used the service and 10 relatives about their experience of the care provided. We spoke with 14 members of staff including the manager, nurses, care staff, agency staff, the business relations manager and catering staff. We also spoke with a health professional who regularly visited people at the home and received written feedback on behalf of the providers of medical support to the service.

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.

During the inspection
We reviewed a range of records, including 13 people's care records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We reviewed 12 people's medicine administration records. We observed administration of medicines and checked storage arrangements, policies and procedures, medicines audits and records.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at meeting minutes, activity programmes and additional policies.

Good

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm

Assessing risk, safety monitoring and management

● Risks to people had been assessed, including risks related to nutrition, falls, skin breakdown, moving and positioning. Care plans contained comprehensive guidance for staff about the most effective way of minimising these risks and supporting people safely. However, improvements were needed in documentation and recording to ensure consistency and accuracy. For example, it was not always clear which guidance from the speech and language team (SALT) was current, which meant it was unclear how one person should be supported to drink safely. There were gaps in recording when another person had been supported to change position. This suggested they may be at risk of skin breakdown, although no pressure ulcers were reported. We discussed this with the manager who took immediate action to ensure information about managing risks was accurately and consistently documented by staff.

● Staff, including agency staff, could explain potential risks to people's well-being and knew what action was needed to reduce the risk. However, improvements were required to ensure this was consistent across the staff team, for example, in relation to one member of staff's understanding of safe catheter care. We discussed this with the manager who immediately raised the issue with staff and ensured care plans contained the guidance they needed. Training in catheter care was already organised and this was reinforced with individual support from the home's trainer.

●A register of people's individual risks was kept and reviewed daily at clinical risk meetings and staff handovers. This ensured any changes were communicated promptly across the staff team. Risk assessments were formally reviewed on a monthly basis, or when people's needs changed.

●A maintenance team completed regular environmental safety checks. Staff had completed fire safety and health and safety training, and emergency plans were in place to ensure people were protected in the event of a fire.

● People's body language and engagement with staff showed they felt safe with them. Comments included, "I love it here. I feel very safe because everything is looked after, and I don't have to worry about a thing" and, "I feel very safe, there's always carers around night and day. I've only got to touch my bell and people come running." Relatives told us, "It's 100% safe. We're all very, very happy. I go to see [my relative] a lot without warning the service, and [my family member] is always clean and happy" and "Safety has improved vastly over the last 2 years and agency staff seem to come often enough to get to know residents quite well."

Systems and processes to safeguard people from the risk of abuse

● Overall safeguarding concerns had been escalated appropriately. However, prior to the inspection a communication breakdown meant there had been a delay in action being taken which had put people at risk of harm. The manager had investigated the incident and reviewed the process, to improve communication and ensure future concerns were addressed promptly. The service had worked with the

safeguarding team to investigate concerns and taken action to keep people safe when required.
● There was a safeguarding policy in place which contained clear information about how to report a safeguarding concern. All staff undertook training in how to recognise and report abuse.
Staff told us they would have no hesitation in reporting any concerns and were confident that action would be taken to protect people.

Using medicines safely
● People received their medicines safely, in the way prescribed for them. One person said, "They [staff] can explain my medicines and what they are prescribed for."
●Guidance was in place for staff to make sure any medicines prescribed to be given 'when required' were administered to people when appropriate.
●Improvements have been made to the way creams and other external preparations were managed. Guidance was available for care staff to be able to use these correctly when needed, and records were kept when products were applied.
●Some people were safely supported to look after their own medicines. This helped to promote their independence. One person said, "My medicines are kept in my room so nobody else can get to them, and I know what I take but they keep them in a locked box for me, so I don't forget what I've already taken."
●There were suitable systems in place for the storage, ordering, administering, monitoring and disposal of medicines. A computerised medicines administration system was now in place, to improve efficiency and safety.
●Storage temperatures were monitored to make sure medicines would be safe and effective. An air-conditioned medication room was being constructed, which would ensure storage temperatures were maintained.
●Staff received medicines training and competency checks had been completed to make sure they gave medicines safely.
●Regular medicines audits were completed. These identified any necessary actions which were put in place to improve the way medicines were managed.

Staffing and recruitment
●Throughout the inspection we observed there were sufficient staff on duty to meet people's needs and spend time with them. The provider used a dependency tool to calculate the number of staff required, and staffing levels were monitored daily at the clinical risk meeting. A relative told us, "There's always been in the dementia unit at least three staff around. When [family member] does the activities there is always someone from the unit with her."
● Overall people told us staff responded quickly when they requested support. They wore pendant alarms, and call bells were within easy reach in bedrooms. Staff explained how many people living with dementia could not remember to use the call bell, so they frequently checked on the well-being of people who chose to stay in their rooms. A more effective call system was being installed, which would enable staff to monitor people's wellbeing more effectively and respond quickly. It also gave the manager clear oversight of staff activity and response times.
● Since the last inspection the provider had continued to recruit a permanent and stable staff team, with less reliance on agency staff. Regular agency staff were used as much as possible to provide consistency. A new rota had been introduced to ensure agency staff always worked alongside permanent members of the staff team who knew people well. An agency member of staff confirmed, "Every time I work here I'm always working with someone who knows what they are doing."
● Staff were recruited safely, and appropriate checks were carried out to protect people from the employment of unsuitable staff.

Preventing and controlling infection

● Good infection control practice was in place. This helped maintain a clean and odour free environment, although a sofa and several chairs in the lounge of one unit were stained. We discussed this with the manager who advised the stains could not be removed and the furniture would therefore be replaced.

●A new cleaning regime had been introduced since the last inspection. It was reviewed regularly by the manager to ensure its effectiveness. A member of staff with responsibility for infection control was now in post.

Learning lessons when things go wrong

● Lessons were learnt when things went wrong. There were robust systems in place to capture relevant information from incidents and ensure action was taken to minimise recurrence. For example, falls and safeguarding incidents were recorded on a 'tracker', which gave an overview across the service. This was analysed by the provider to identify any trends or wider actions necessary to minimise future risks, for example a referral to the falls team or further training for staff.

●The manager was proactive in promoting staff reflection and learning from significant events. They told us they were working to move away from a 'blame culture', saying, "Everybody makes mistakes. It's what we can learn from them that's important. For example, if there is a medicines error, we will look into the reason why it happened. You can always learn from incidents."

Good

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

●People's needs were assessed prior to them being provided with a service. This ensured people's needs and choices could be fully met before they came to live at Cadogan Court. The assessments were completed with relatives and significant others who knew the person best. This initial information was shared with the staff team to give them an understanding of the persons needs prior to the development of the full care plan.

● The provider was gradually increasing the number of people moving into Cadogan Court following a period of reduced occupancy. The manager told us this was being done in a considered way. For example, a person at high risk of falls would not be accepted unless there was a room available where their welfare could be easily monitored by staff. There were no admissions over the weekend because GP's were not available to support the person if necessary.

Staff support: induction, training, skills and experience

●Overall people and their relatives spoke positively about the skills and experience of staff. A relative said, "Over the few months since [family member] arrived here, their chronic skin problems and ulcers have been healed and the quality of their care has been very good."

●Staff working on the dementia unit were skilled at supporting the people living there, with input from the providers dementia specialist lead. They helped people with different abilities and personalities live together communally. They recognised when people misunderstood one another and stepped in to ensure people did not feel excluded or upset.

●The provider employed a trainer at Cadogan Court, who delivered a rolling induction and training programme. The induction included shadowing experienced members of staff and completing the care certificate (a nationally agreed set of standards for care workers). Staff told us the induction equipped them for their role and they felt well supported.

● Staff completed regular mandatory training to ensure they could meet people's needs, and staffing rotas were arranged to enable them to attend. At the time of the inspection the mandatory training had been completed by 95 percent of the staff team. Topics included
equality and diversity, moving and handling, safeguarding adults and the MCA (Mental Capacity Act 2005). More specialist training was provided, including caring for people with living with dementia or people at the end of their lives. The rolling programme meant staff could refresh their knowledge whenever a training need was identified, for example following a medicines administration error or poor catheter care.

● Clinical training was provided for nurses, such as venepuncture, enteral feeding, catheter care and wound

management. They were also supported to maintain their knowledge and skills for revalidation with the NMC (Nursing and Midwifery Council)

● Staff were encouraged to continue with their professional development and gain other nationally recognised qualifications relevant to their jobs. This included staff in all roles, for example hospitality, administration and catering, as well as care and nursing staff.

●Staff received additional support and equipment to allow them to access training if required. For example, if they had dyslexia, a visual impairment or when English was not their first language.

● Staff had regular supervisions and annual appraisals during which they received feedback on their practice and identified areas for development.

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

●The catering team told us about their commitment to support people to eat and drink safely and showed us examples of the dishes they had created. They worked closely with the SALT (speech and language therapy team) to develop appetising dishes for people who required modified diets due to the risk of choking. They had used moulds to make pureed food look attractive, condensed the flavours and boosted the food nutritionally. They made 'cakes' which were safe for people with dysphagia to eat, so they could participate in afternoon tea. They were sharing their learning across the catering staff team and with other providers.

● The catering team worked closely with people to develop a 'food passport', detailing their preferences and needs. People told us there was plenty of choice, and they were consulted on a daily basis. A relative said, "My [family member] has regained their appetite to some degree since coming here, maybe because of the company and not having to cook just for themselves every day, but also because they just like the food."

● Staff recognised when people's physical health needs changed and impacted on their swallowing. They were vigilant and took time to help support people to eat and drink safely.

A relative commented, "[My family member] can't swallow effectively but the staff do all they can at mealtimes to kept them safe."

● People's weights were monitored, and action taken when there was unplanned weight loss. For example, a referral to a GP and supplementary food, including food people enjoyed, such as their favourite chocolate bar or ice cream. This was available on the unit for people living with dementia, so staff could provide it at any time.

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

● Staff were quick to recognise changes in people's health and request an external assessment or review. One person said, "The staff know me so well they can see if it's just that I'm having an off day or if I'm really poorly and need to see the district nurse or GP."

● Records showed staff worked with a range of community professionals to maintain and promote people's health, including a community psychiatric nurse, chiropodist, and optician. Written feedback from a community health professional stated, "I would like to share my praise of senior carer [X]. They were very thorough today assisting me to review patients. They highlighted concerns regarding pressure area care and had suggestions to combat this."

● Oral health care assessments were completed to ensure staff knew what level of assistance people needed. One person did not move to the home with a full set of dentures. After discussion, staff said this would be addressed as the person did not receive regular visitors to help solve this issue.

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 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.

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.

● The provider was proactive in ensuring staff had a clear understanding of the Mental Capacity Act (2005) and its use in practice, through training and discussion in supervision.
● People were routinely involved in decisions about their care; staff sought people's consent and supported them to have choice and control over all aspects of their support.
● People's rights were protected; staff assessed people's mental capacity and made best interest decisions when needed.
● Care plans recorded if relatives had the legal authority to be involved in decisions relating to health and welfare or finances.
● The service had referred people for an assessment under DoLS as required. There had been a delay in the local authority responding to referrals. The service was monitoring this and contacting them if people's needs changed, and the request became more urgent.

Adapting service, design, decoration to meet people's needs
● Since the last inspection, changes had been made to the layout of the home and there had been significant refurbishment. A new dementia unit was now fully operational and effectively meeting the needs of the people living there.
● The design of the dementia unit helped to promote people's orientation and stimulate conversation. Each bedroom door had a number, a photo and the person's name, plus some had personalised items on display by the door, such as ornaments. One person walked confidently around the unit and could easily identify their room, which had a distinctive front door design. The person took pride in their room and shared their pleasure of the view and the surroundings commenting, "It's nice and quiet."
●Further improvements were planned to the layout of the home. A smaller nursing unit was to be created, with its own dining room and easier access to the garden with views out.
●A new residential unit for people living with dementia was planned. This would not be a locked unit as the aim was to support people to be part of the wider community.

Good

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 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

● We observed warm interactions between people and staff; people and relatives told us staff were kind and caring. Comments included; "The carers check I'm dressed nicely. They help me brush my hair and we chat, and they are all very nice to me" and, "The staff know [my family member] tends to forget things frequently, which they can't help. Staff write notes, which we also do now, and they give little reminders and tell them each time they ask a question, even if they know [my family member] has asked several times already."

● Staff knew people well, and how they liked to be supported. For example, staff on the dementia unit noticed when people's body language changed and discreetly offered assistance to help them find a nearby toilet.

● The provider was proactive in ensuring that an equality, diversity and human rights approach was firmly embedded at the service. Staff received training on this topic which was refreshed every three years. People told us they felt there was no discrimination because of who people are, how they present themselves, what they liked or who they loved.

●People's cultural and religious beliefs were respected. A person's care plan showed they had a religious faith, and they should be advised by staff of the regular services held at the home. Another person told us, "I found it hard to leave good friends and regret I can't get to the Church but the faith-based services here are helpful, and the hymn singing occasionally, that helps too."

● There was an inclusive approach so people living on the dementia unit were encouraged to participate in social events and resources in other parts of the home. For example, there was a clothing sale held in the main lounge, which staff supported people to attend. One person returned with a number of new tops. Staff were enthusiastic about the person's purchases and celebrated their choice and style with them.

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

●People, with their relatives were treated as active partners in their care. Staff supported people with their routines and offered them choices. A relative told us, "Before coming here both [of my relatives] were just vegetating at home and becoming chair bound and physically and mentally inactive. They had both fallen before coming here which shook their confidence. Now their lives are interactive, and they even joined a trip out to Bingo, so they are much more responsive, and people are offering them choices, or they might even ask for things to do themselves."

●The provider ensured people had the information they needed to make choices. Televisions in the foyer were being set up to provide information about daily activities, the menu, upcoming events and who was on

duty that day. People and relatives received a regular newsletter. A relative said, "I especially like the use of photographs of the residents getting involved in things the previous week as it helps the family and sometimes the residents too to remember what they've been getting up to."

●People had a voice and opportunities to express their views about the running of the service. One person told us, "They get me to run the shop on Monday and Friday afternoons and I'm on the Health and Safety committee as the resident's representative."

●Relatives felt welcome at the service and were consulted and involved in all aspects of their family members care as appropriate. A relative told us they felt welcome at any time, saying, "They are very welcoming from the minute, you walk through the door. There is always time made available for you." Another relative said, "I helped initially by providing a potted history of [my relative] so that they understood them better and the service was very grateful."

Respecting and promoting people's privacy, dignity and independence

●People were treated with respect. They told us, "I can choose when I get up in the morning and when I go to bed. Recently a group of us stayed up quite late, chatting and having a laugh in the small lounge near our bedrooms. It wasn't very late but certainly later than we usually go to bed and nobody said we couldn't or that we ought to be in bed"

●People told us staff always ensured their privacy and dignity was respected, for example knocking before entering, closing curtains and covering them with a towel while supporting with personal care.

● People valued their independence and staff listened to their opinions and acted upon their wishes. This meant people still felt in control. For example, staff tactfully supported people whilst looking at a newspaper together, chatting about the headlines rather than assuming people living with dementia still had the ability to read the detailed text. They took their cue from the way people responded to the newspaper.

Good

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

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

●The service used a computerised care planning system. Each person had a care plan that covered all areas of needs. However, their involvement was not always documented, and they did not have copies. This meant the service could not demonstrate if people had given consent and agreed their care plan was accurate.

●Care plans were reviewed monthly by care staff and quarterly by the management team, to ensure they remained accurate and up to date. When asked, people and their relatives told us they had not contributed to these reviews. Comments included, "I believe there is a care plan and its reviewed every so often", "Yes I have a care plan. I don't know if it's been reviewed."

●The manager was already aware of the need to involve people and their relatives in developing and reviewing care plans. Minutes of a recent relatives meeting confirmed they would be "looking at a new system to ensure regular updates with residents and relatives was implemented. Also, if any family member wanted to review care plans then in the meantime just get in touch with [managers name] and it will be arranged." Following the inspection, they advised six monthly review meetings had been planned with relatives.

● Care plans were accurate as the content described the people we met. Staff, including agency staff, told us they provided the information they needed to support people in line with their preferences. For example, "I like to drink apple juice with my tablets…I like two sugars in my tea and coffee and like to be offered a hot drink regularly."

●Staff members' conversations with people showed they knew them well, and what topics would interest them. For example, clothes, past jobs and people important to them.

● The staff team were informed about any changes in people's needs on a daily basis, through regular handovers and clinical meetings. Staff said this system worked well.

●The manager planned to reintroduce a key worker system now there were more permanent staff in post. A named member of staff would act as key point of contact for the person and others important to them, providing continuity and further promoting the provision of personalised care.

End of life care and support

●The service was committed to ensuring people received the support they needed to have a comfortable and dignified death in the best place for them. A relative told us how the previous manager had sensitively instigated a discussion about how their relative wished to plan for the end of their life. However, we found people's end of life wishes were not consistently or accurately documented in care records. This meant there was a risk people's wishes may not be known and respected by staff. The manager was already aware and arranging to review the end of life care plans with people, relatives and GP's to ensure their accuracy.

●Staff received training in supporting people at the end of their lives. This was being further developed. The manager told us, "We want to evolve end of life care. We want to think about the gold standard framework (a model of good practice for all people who are nearing the end of their lives). There is lots being embedded, and staff want more training in end of life care.

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.

● Care records contained information explaining how people communicated and the support they needed. We observed staff following this guidance, for example giving people time to respond and checking their understanding. Staff made sure people could hear them and checked their glasses were clean.
●Information could be provided in a specialised form if required, for example large print. Staff read through menus with people and told them what activities were happening that day. One person used a hand-held computer to support their communication. Staff spoke into it and it turned their words into text in a format the person could read.
●The provider made adjustments to enable staff to carry out their role if required. For example, one member of staff with reduced vision used a handheld computer which enlarged text. Another member of staff with dyslexia had care plans read to them.

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
●There was a focus on using activity and mental stimulation to reduce anxiety and depression and maintain cognitive functioning. Written feedback from a relative described how they had seen their family member smiling and laughing for the first time in a long time. They stated, "This change is in my view down to the skill, high energy and humour displayed by the activities co-ordinator's, who have a wonderful manner with the residents, and find a way of including each and every one of them in what's going on. "
● Activities were developed according to people's individual needs. For example, as well as participating in the main activities in the home, people living in the dementia unit had a programme of activities designed to meet their specific needs. This included reminiscence, musical and sensory activities. Some activities took place during the night for people who were more active at this time.
●The activities programme took place seven days a week. It encompassed a variety of activities both in and outside of the home, such as musical entertainment, arts and crafts, a monthly gentleman's club and armchair travel. The 'great Cadogan bake off' took place twice a month, where people enjoyed reminiscing while kneading and mixing during the morning and tasting what they had baked in the afternoon.
●The activities co-coordinators visited people in their rooms for a one to one session where required. Activities were in line with the persons personality and interests, and might include using scents, tactile toys and fabrics, or reading short stories.
●People enjoyed socialising and watching sporting fixtures in the 'Cadogan Arms', which was reminiscent of a 1950's pub.
● People contributed to their community if they wished, teaching staff how to knit or doing cleaning tasks alongside staff. A relative told us, "When [my family member] first arrived, they did little jobs to keep busy and be helpful, helping lay tables in the dining room maybe, which they enjoyed doing and it made them feel useful again."
●People were supported to be part of the wider community outside of the home, for example attending a gym, the local football club or going on shopping trips. Children from local nurseries and primary schools,

had visited and vice versa. A meeting with visiting speakers was taking place at the home on the day of the inspection, which people attended.

Improving care quality in response to complaints or concerns

●There was a new complaints policy and process in place. Complaints were monitored by the provider to ensure appropriate action had been taken and any trends or patterns identified.

●People said that they know how to raise their concerns and felt supported to do so. Comments included, "I haven't needed to complain, but if I did, I'd be happy to tell my problem to the Manager. If I wanted to find out the procedure I'm sure the staff could help with that" and, "If there's a problem I just go to the manager's office and we sort something out." A concern raised by relatives during the inspection was addressed immediately by the manager. The manager's approach was open and transparent, and the relatives were satisfied with their responses.

Requires Improvement

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 Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure systems and processes were effective in ensuring the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation. However, further improvements were required.

● Overall our findings showed that significant improvements have been made in all aspects of the management of the service, but improvements were required to ensure it was fully effective. ● There was a comprehensive quality assurance programme in place which informed a 'continuous improvement plan'. However, this programme had not recognised people's lack of involvement in developing and reviewing care plans and documenting their end of life wishes. Any risks were mitigated because the manager was aware and had begun to take action to address these concerns, but these changes had yet to be fully established and embedded.
Additional concerns about the recording and management of risks were addressed immediately. There had been no impact on people using the service.
●There had been significant changes to the senior management team. The current manager had been in post for eight days at the time of the inspection and was in the process of registering with the Care Quality Commission. There was no deputy manager in post. The provider was making arrangements for additional support to be provided pending the recruitment of two new deputies.
●The current manager had previously been the deputy manager, which meant they had detailed knowledge of the service, the people it supported and the staff team. They were highly visible, working alongside staff 'on the floor'. One person told us, "I know the new manager is a good, approachable person. Quiet, but always there if needed; noticing little things like if I leave my dinner they'll come and ask what's wrong."
●The manager was proactive in promoting effective monitoring and accountability, for example through staff supervision and appraisal and daily management and clinical risk meetings. 'Champions roles' were being created for care plans, medicines, infection control, supervisions, pressure area care, nutrition and moving and handling. A nurse shift leader and senior care worker would have responsibility to promote knowledge and practice amongst the staff team.

●The providers representative visited regularly to review the continuous improvement plan, carry out audits of the service and provide supervision and support to the manager.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

● There was an open and transparent culture at the service. Comments included, "The manager is very straight-forward, matter-of-fact and honest about everything", "I haven't been here very long but within a day I felt I'd done the right thing. The atmosphere, I've been totally impressed the whole time I've been here." And "It's like a big happy family. No regrets from the day I came. 'I'm very impressed."

● The manager was open about the previous failings at the service, the work they were doing to address them and where improvements were still required. Staff were positive about the progress made. A member of staff told us, "[Managers name] is hands on. We have a strong team. It's feeling finally we are getting back on track to where we should be." Written feedback from a relative stated, "We think it is important to add to our grateful thanks a recognition that whilst there were some issues with management back in 2016/17, we have seen evidence of improvements in this area and believe that Cadogan Court is returning towards being well managed again."

● The service met its regulatory requirements to provide us with statutory notifications as required.

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

●The manager was proactive in finding ways to better engage and involve people, relatives and staff in the development of the service. This was a work in progress.

●Quality assurance surveys had been reintroduced, and regular meetings were held for people and their relatives. A relative said, "We have attended a residents' meeting which family are welcomed to, and it was very good. They seem to react well to anything that's raised and pass on information."

●The manager and provider were proactive in engaging and developing the staff team. The manager told us, "We have to have happy staff to have happy residents… We want to be the provider of choice, but we want staff to be proud and happy to work here as well." Initiatives such as 'employee of the month' and the 'Oskar' award for outstanding care recognised staff who had gone above and beyond.

●Staff had a voice in the running of the service. They were asked for their views in a staff survey. There were regular staff meetings and they were kept informed of developments via a staff newsletter. They were also were represented at the providers care staff forum which met twice a year.

●Staff told us they felt better supported and morale and staff retention had improved. One member of staff said, "They (senior staff]) are all very helpful, they always praise us and make us feel valued." Those working on the dementia unit said the shift leader took time to praise them and recognised good practice. Staff were supported to take time out in difficult situations, and their colleagues would step in to help diffuse them.

Continuous learning and improving care

●The manager worked with staff to improve confidence in their own practice and learn from each other. There was a broad range of skills and knowledge across the different units, which staff were encouraged to utilise. The manager told us, "I don't want to do everything for them. I will always go to staff who raise a concern and ask them, 'How do you think we should address this? They are on the floor every day. If you've got a problem I want you to come to me but come to me with a solution as well."

● The provider and manager were committed to improving knowledge and learning about best practice and sharing this with staff. They attended national and local forums, such as the national care forum conference and local 'kite mark' group for providers. The provider's dementia specialist lead undertook a dementia care mapping exercise, observing staff practice and measuring the experience of people living with dementia.

This enabled the provider to identify good practice and any further learning required.

Working in partnership with others

●Communication and understanding had improved significantly between the service and local GP's and community nurses. This was confirmed by an external health professional who commented on the positive working relationship with the manager and staff team.

●The provider and management team had worked constructively with the local authority quality assurance and improvement team to improve quality and safety. They had also engaged with the safeguarding process to ensure people were protected.

● Medical students were coming to spend time at Cadogan Court to get a snapshot of the service and the support provided.