

The Royal Masonic Benevolent Institution Care Company

Devonshire Court

Inspection report

Howdon Road
Oadby
Leicester
Leicestershire
LE2 5WQ

Tel: 01162714171
Website: www.rmbi.org.uk

Date of inspection visit:
15 August 2018

Date of publication:
26 September 2018

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 15 August 2018 and was unannounced.

Devonshire 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 accommodates people in one adapted building. There are two floors. The first floor specialises in providing care to people who live with dementia.

The provider is The Royal Masonic Benevolent Institution Care Company; and therefore, people who are masons, or who have close masonic connections are given admission priority. People without masonic connections can live in the home.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and their team provided excellent leadership to staff; and had considerably improved the life experiences of people who lived at Devonshire Court.

The provider and management team had a long-term vision for the home which they were working extremely hard to achieve. They were working to excellence and expected high standards from their staff. The staff group were excited by the vision and plans for the home and worked with management to achieve this.

There were good staffing levels to meet the care needs of people who lived at the home. The care staff team were supported by a team of volunteers and activity workers to meet all of people's health and social care needs. The range of staff available meant that people enjoyed a life with their social, and physical needs extremely well met.

The provider's recruitment process, which involved people who lived at the home, reduced the risks of employing staff unsuitable to provide care.

The service provided a vast range of activities for people which suited their needs and abilities, and which people thoroughly enjoyed. People and their advocates were fully involved in discussing and reviewing their care needs.

People received care from a dedicated staff team who were kind, caring and compassionate, and who

demonstrated they would go the extra mile for people when necessary. Visitors were very welcome at the home, and accommodation was available if visitors travelled from afar.

People who lived at the home were fully involved in the running of the home. They were part of the recruitment process, and their voice was heard and acted on because of regular resident meetings.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff understood the importance of treating people equally and respected each person's human rights.

There was an extensive range of checks for different parts of the service to ensure people remained safe, and received a high-quality service. The management team was proactive in learning from mistakes to enhance future practice. Accidents or incidents which involved people were thoroughly analysed to determine whether further action was necessary or whether there were trends or patterns which needed further exploration.

The service provided excellent end of life care to people, and some staff had been accredited with the Gold Standard Framework, which aims to ensure people live their lives pain free, and the way they wanted to, until they die.

Medicines were managed safely, and people received good access to other healthcare services when required. Staff understood and acted on people's identified risks to reduce the chances of harm to people's health and well-being.

Staff received extremely good in-house and external training, and excellent support by management to support people's health and social care needs.

People enjoyed the meals provided and the choices available to them. They had excellent meal time experiences. People were encouraged to eat and drink well and stay hydrated.

The premises and equipment were clean, well maintained, and robust checks were in place to ensure they remained so to keep people safe.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service is safe.

People felt safe at Devonshire Court. There were extremely good levels of staff to meet their needs, and staff recruitment processes reduced the risks of the provider employing unsuitable staff.

People received their medicine as prescribed and at the right time.

People were assessed to see if there were any risks related to their health and welfare. Action was taken to reduce any risks identified.

The premises and equipment were well-maintained and checked to ensure they were safe. The premises were clean, and staff knew how to reduce and control the risk of infection from spreading.

Is the service effective?

Good 

The service is effective.

Staff had the knowledge and skills to provide effective care to people. Staff were given good support by the training and management team to undertake their work.

The registered manager and staff understood, and worked within the principles of the MCA and Deprivation of Liberty Safeguards.

People really enjoyed their meals and the choices available, as well as receiving sufficient drinks during the day to keep them well.

People were provided with healthcare support when needed and the registered manager worked well with other healthcare professionals to support people's care.

The premises were adapted to provide people with differing physical and mental health needs a safe, effective, and stimulating environment to meet their needs.

Is the service caring?

The service is very caring.

Staff were very caring, kind and compassionate to all people who lived at Devonshire Court.

People were treated with utmost dignity and their human rights were fully respected.

Staff understood the importance of confidentiality.

Visitors were very welcomed into the home.

Outstanding 

Is the service responsive?

The service is very responsive.

The service completed extremely thorough assessments of people's needs, including social, emotional and physical well-being.

Detailed care plans and regular reviews ensured staff always knew what people's current needs were and how to respond accordingly.

People were offered an extensive range of activities to support them enjoy and lead fulfilling lives on a daily basis.

People received compassionate and well-planned end of life care.

The complaints process was robust. The manager welcomed hearing people's views and acting on them.

Outstanding 

Is the service well-led?

The service is very well-led

The registered manager and their team had led the service from an inadequate rating in 2016 to providing areas of outstanding practice.

The registered manager and staff shared a clear vision of how to provide an outstanding service. People's feedback was used to drive improvement.

Processes were in place to monitor progress against an ambitious and challenging plan to make the service a centre of

Outstanding 

excellence.

The registered manager understood regulatory requirements.

People and staff thought the management team were open and transparent, and available to them to discuss any concerns or ideas.

Regular checks ensured people's safety was maintained and that an extremely high quality of care was provided.

Devonshire Court

Detailed findings

Background to this inspection

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

The inspection took place on 13 August 2018 and was announced. The inspection team consisted of two inspectors 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.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, including what they do well and improvements they plan to make.

Before our inspection visit we also looked at other information we held about the service. This included previous notifications. Notifications are changes, events or incidents that the service must inform us about. We also contacted the local authority commissioners of the service to find out their views about the care provided.

During our inspection visit we observed interaction between people, staff, and volunteers. We spoke with the registered manager, facilities manager, the staff trainer, six care staff, three people, five visitors and one visiting healthcare professional.

We observed the lunchtime experience for people, and the activities provided to people. We also observed medication administration. We looked at four care records, care and premises audits, team meeting minutes, resident meeting minutes, complaints records, medicine records, and plans for the future of the service.

Is the service safe?

Our findings

People who lived at Devonshire Court and the relatives who visited them thought Devonshire Court was safe. One person told us it was 'very' safe.' They went on to explain this was because, "Everybody knows what job they are doing and always do it." Another person said they felt 'very safe' and, "Everyone is so nice." A relative told us, "There are a lot of staff. There are always plenty of people around and the place is secure."

At our last inspection in March 2017 this key question was rated as 'requires improvement'. This was because some people did not feel that staff responded to call bells quickly enough, and concerns were raised to us during the inspection visit that there were not always enough staff available to meet people's needs.

During this inspection visit we found the call bells were responded to in a timely way. One person told us, "I rang the bell at four o'clock this morning for a cup of tea and they brought it." We found there were enough staff to meet people's needs. One person said, "There are enough staff to help you"; and staff told us there were enough staff on duty during each shift to meet people's needs. At the time of our visit 53 people lived in the home. There were seven care workers and a shift leader on duty to support the 30 people who lived on the first-floor dementia unit; and five care workers and a shift leader on duty to support the 23 people who lived on the ground floor with less complex needs.

Since our last visit, there had been a lot of staff changes. The registered manager told us there was no tolerance of poor practice and many staff had to leave, or chose to leave the service. The Provider Information Return told us in the last 12 months 26 staff had left, and 32 staff had started working at the service. There were 11 vacancies but the registered manager told us that vacancies were covered by a large pool of 'bank' staff they could call upon if they needed additional support to ensure the rota was covered. On the day of our inspection visit, two new staff were on their first day of induction to the home. All people we spoke with were very positive about the staff who worked at Devonshire Court.

We spoke with staff who were new to the service since our last visit. They told us they could not start work at Devonshire Court until all checks the provider had requested had been carried out, to reduce the risks of employing unsafe staff had been returned. This included the disclosure and barring service checks (checks on a person's criminal record) and previous employment and character references. The registered manager also told us people who lived at Devonshire Court were part of the interview process. They said people were asked to sit down and talk with the prospective candidate; they were then asked how they felt about the person. Two staff confirmed this was part of their interview process.

People were safeguarded from harm. Staff had a good understanding of how to protect people from abuse. They were aware of their responsibilities to report any concerns about people's safety to their line manager. People knew who to speak with if they did not feel safe. One person told us, "If I didn't feel safe I would speak to the assistant manager or there's always the senior care." Another person told us, "I have never felt like that."

The provider ensured risks to people's health and welfare were identified and acted on. Care records showed that all people had been assessed to determine whether they were at risk of, for example, falling, malnutrition, or skin damage. Where risks were identified, care plans detailed the actions staff needed to take to reduce the risks.

Staff had a good understanding of people's needs and risks. People were also assessed for pain, and if so, when this occurred and what pain levels they experienced. This was to make sure they received the right amount of pain relief. On each shift change, staff were updated on any changes to people's needs and how they needed to be supported to ensure their continued safety and well-being.

People were supported to take their medicines as prescribed. One person told us, "I have five a day, three times a day. They are locked away in my room in a cabinet and they come in and give them to me." A relative told us their relation received their medicines at the time expected; "They are very consistent with the timing. They tell mum when they will be back and that's very re-assuring." People were encouraged to maintain independence and, where possible, continued to administer their own medicines. One person said they administered their own medicine; "Mine is kept locked in a cupboard in my room and they (staff) come and check it (the medicines) every week."

The service had an up to date medications management policy. Monthly audits of medicines ensured that staff involved in supporting people with their medicines complied with the policy. Arrangements for storing medicines and disposing of medicines no longer required were safe. People were supported with their medicines in their rooms. This was in the privacy of their rooms. The service had introduced a new electronic system of medicines management which reduced the risk of medicines errors to a minimum. This meant that when a pharmacist under supplied a particular medicine this was identified and measures put in place to prevent a similar error occurring again.

The premises were kept in good condition. A 'facilities' manager undertook checks on water, gas, electrical and fire systems when required, to ensure people's environmental safety. Prior to our inspection visit, a fire broke out in one of the flats near the service. This triggered the fire alarm and a fire evacuation. After this, a person commented, "Management and staff did such a splendid job of making sure all the residents were looked after in such a friendly manner. Well done to all concerned." Another person told us, "Repairs and maintenance are excellent. It is done straight away. Personal electrical items you bring in are always checked."

Accidents and Incidents were monitored to determine whether any trends or patterns emerged to ensure that action could be taken if they did. At the time of our visit, no patterns had emerged. Where required, the registered manager or deputy manager informed the local authority and CQC of incidents.

The service was clean at the time of our inspection. People told us their rooms were cleaned every day, and a relative told us, "I know the two cleaners on our floor and they are very thorough." Staff understood the importance of wearing personal protective equipment (PPE) such as gloves and aprons to reduce the risk of contamination spreading from one person to another. And ensured equipment was disposed of after completing personal care before supporting the next person.

Is the service effective?

Our findings

People who lived at Devonshire Court told us that staff had the skills and knowledge to meet their needs. One visitor told us, "The staff are trained very well, and they are very respectful of all of them (people)."

Since our last inspection, the service had recruited an 'in-house' trainer. The PIR told us that the human rights principles of fairness, respect, autonomy, dignity and equality, were woven into all the training provided at the service. The trainer undertook all the training considered 'mandatory' by the provider. This included equality and diversity training; food hygiene; first aid; and moving people safely. They also contacted external trainers to provide more specific training to support staff knowledge. For example, staff had received training from external professionals to support their knowledge of Parkinson's disease, and dysphagia.

The trainer informed us they checked each week to see whether staff training required updating and made sure they were booked in for 'refresher training' where necessary. They also undertook their own observation of staff practice. If they thought a member of staff required some additional support and retraining, would ensure this was provided. This was provided for both day and night staff at times which were suitable for them. This ensured night staff had equal access to training as day staff.

Staff told us they valued the training received. One member of staff said, "I've learned so much more (in this job as opposed to their previous employment). It's given me the experience of learning about dementia. In my old job I just knew the basics." Another told us their training made them think about how not to provide care. They said they were taken around the home in a wheelchair, force-fed yoghurt, had to wear a wet pad and stay in a room without a clock. They said the experience left them 'petrified' and more aware of why it was important to provide care to people which valued their dignity, and independence.

During our visit, two new staff were receiving induction training. This included learning about the provider's visions and values which were, "kind, supported, and trusted." We saw staff in the classroom environment learning about the service, as well as being introduced to people and staff in the home.

All new staff undertook the Care Certificate. The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care.

Staff also received support from management through quarterly supervision sessions. The registered manager informed us that one of the masonic values was about developing oneself. Supervision with staff supported this value. They said that supervision sessions were designed to help staff learn and grow, and if mistakes had been made, to reflect and learn from them. As well as planned supervision, there were also immediate supervisions to help staff learn if their practice needed some support. Staff confirmed they felt supported.

People enjoyed the meals provided and the meal time experience. People said, "Excellent, excellent, at

lunch time there are always two choices and if you don't want that they will do you an omelette." A visitor told us, "[Person] seems quite happy with it. There's always a choice and there's a wide variety of food. There is also a vegetarian option that [person] seems to pick quite a lot." Another visitor said, "The three chefs go to the trouble of cooking mum her favourite fish whenever she wants it."

Most people who lived at Devonshire Court used the large ground floor dining room. This was a light airy room, where tables were nicely set with tablecloths and menu cards. The menu cards were designed by people who lived at the home to help them more easily see what was on the menu. There was a self-service salad bar for people who wanted salad who could serve themselves. We saw many people use this. For those who were less independent, staff supported them to choose and brought the food to the table for them.

People in the dementia unit were offered the choice of eating in the smaller lounge/dining room or to go to the ground floor and eat with the other people in the home. Those who stayed who could no longer read the menu were shown the choice of two meals so they could point to the one which most appealed to them.

In both dining rooms people who needed support to help them eat were given this in an unhurried way. People were supported to be as independent as possible, but staff were ready to help when necessary. For example, we saw staff ask people if they needed assistance in cutting up the meat on their plate. Those who wished to have their meal in their room, were also given good staff support where required. A visitor told us, "The ones (people) that need help get it. I have never seen anybody wanting."

Staff were aware of the importance of people receiving sufficient hydration to keep them well. The weather had been very hot at the time of our visit. The registered manager had installed a freezer in the popular reception/ seating area of the home where people and staff could help themselves to ice-creams and lollies. People and visitors told us there were plenty of drinks available. One visitor said there was, "Tea, coffee, juice, water and now ice-lollies."

During our visit we saw a visitor bring a person back from a trip out of the home. We heard a member of staff check with the visitor whether the person had drunk anything during their trip. The visitor said they had not, and the staff member made sure the person had a drink once they were settled back into the home.

The registered manager and staff worked well with organisations to deliver effective care, support and treatment. During our visit we spoke with an advanced nurse practitioner attached to one of the GP surgeries used by the service. They told us they visited Devonshire Court weekly to meet with people. They said staff knew people well and would undertake any of the tasks requested of them. The registered manager took note of research carried out by the Alzheimer's Society about activities that enhanced the lives of people.

People had access to healthcare services when needed. Care records demonstrated people were referred to the appropriate health care professional when required. A person told us, "The staff and healthcare work well together. I take a taxi if I have a hospital appointment and there is no charge for that." A visitor said, "If appointments (for healthcare) come through they, (staff) always take her. They always send a member of staff with her."

The premises had been designed to meet people's needs. The bedrooms were a good size, and the corridors were wide. In the dementia unit, the living space was homely with a kitchenette and dining tables near the lounge area. This enabled staff to have easy access to drinks and snacks for people. For people who wanted more peace and quiet, a library with a good selection of books, audio and large print books were available.

There were other lounge areas in the home for people to choose where they wanted to sit; and a roof garden with garden furniture and appropriate shade to reduce people's risks of becoming sunburned.

To support people with dementia, large yellow signs with black print and visual images were available to help them find their way around the home.

Recently the registered manager and facilities manager had worked hard in re-designing the respite suite of rooms for people. They wanted people on respite to feel they were having a holiday away from home and so they had thematic bedrooms. This included an oriental room, a beach themed room, a garden themed room, travel room, and a movie themed room.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff knew people's capacity to make decisions, and care plans explained to staff what they needed to do, to aid communication and support people in making decisions. People we spoke with told us staff always asked their permission before undertaking any care task.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The Provider Information Return told us that 17 people had been assessed under the MCA as not having capacity to make their own decisions and had been referred to the local authority for DoLS to ensure they were deprived of their liberty legally. Of these, 11 had their deprivation of liberty authorised by the local authority and the service was waiting for the local authority to decide on the remaining six. Care records demonstrated DoLS were being applied appropriately.

Each person's care file had a DNACPR record which informed whether the person wished cardiopulmonary resuscitation (CPR) in the event of their heart stopping. Where people did not have the capacity to make such a decision, this had been made in their best interest by the appropriate professional. This meant the home worked within the principles of the MCA.

Is the service caring?

Our findings

People and visitors told us staff were very caring. A person said, "The staff are kind and helpful... and they are very respectful, all of them." Another told us that most of the staff were, "Absolutely wonderful." One visitor told us, if we ever had to come into a home in the future, this would be it." Another said, "[Staff] are very friendly, kind and happy. To me, staff are very caring. It doesn't matter who you are, everybody gets the same treatment. I don't think there's any favouritism."

Staff told us they felt there had been improvements since our last inspection visit. One member of staff told us, "Everyone works more together as a team, everyone is more relaxed a homelier atmosphere to work in. The management team have high standards."

The registered manager had developed a strong culture in the home of supporting each person as an individual. All the staff we spoke with said the management team had excellent knowledge of the people they supported, and their likes and dislikes. For example, when we spoke with staff they easily identified the needs of each person we spoke of, and knew about their history and how to use this to support activities or interests.

The provider's values were kindness, trust, and support. All staff were aware of these values and said they were embedded into the care they provided at the home. One member of staff told us they felt the home lived up to the values and felt part of the drive to maintain those values. Another said, "It is lovely, really nice here. Everyone is supportive and kind. There is always someone to help."

People and their visitors were encouraged to let staff and the manager know if they felt a member of staff had gone the extra mile to support them. Comments were added to a "Our stars to kindness" board. Comments on the board included, '[Care worker] took an urgent parcel to the post office. Were it not for her kindness I would not have been able to post the package because I could not get out in the snow'; and '[Carer worker] went to great trouble to get a signed photograph of Tom Jones which gave her a great deal of pleasure. This was well beyond the call of duty.'

On the notice board we saw the photos of two people who were new to the home. The notice welcomed people to the home and informed others of their names. The registered manager told us that people had asked for this so they could put a name to a face and get to know the new person. We also saw a notice respectfully informing people of a person who had recently died. Again, this had been requested by people.

People and visitors told us staff were very caring. One person told us, "A person may not be nice and the staff are very pleasant and patient with them. I don't know if I could be as patient as that." During our visit a person saw us observing lunch time in the dementia unit. They looked over at us and said, "I hope you put in your notebook that these girls earn every penny because we can be a handful." The care workers acknowledged the person's comments and thanked them for saying this to us. During this period, we saw one of the care workers support a person to eat their meal. They held the person's hand the whole time they were eating their meal to provide them with reassurance and support they needed.

A visiting health care professional told us the home passed the 'mum's test' for them. They said if any relative of theirs needed residential care, this would be the type of home they would want for them. They said staff were very caring towards the people who lived at Devonshire Court and all people seemed happy.

An equality, diversity and human rights approach was central to supporting people's privacy and dignity and individuality. Whilst there was a unit for people with more advanced dementia, people were not defined by their medical condition. Each person was treated as an individual, and the staff knew about their backgrounds, their likes and dislikes so they could provide care centred on that individual. A visitor told us, "They always seem to know their [people's] problems and what they need." Another visitor told us of a situation they had witnessed. They said they had been out with people and one person had 'an accident'. They said staff had thought in advance that this might happen, and had brought a change of clothes. They said, "If there are accidents it's dealt with straight away."

During our visit we saw staff acknowledge each person as they went past them, so nobody felt they were not noticed or cared for. There was a happy atmosphere in the home where people looked and felt included. Staff listened to people's views and respected them. For example, we heard one person tell staff they were not in the mood for getting dressed into their day clothes and preferred to stay in their night clothes that day. Staff respected the person's right not to get dressed.

People's conditions were not used against them as barrier to do things they loved and wanted. One person wanted an opportunity to see real elephants. The service arranged with a wildlife park for the person to visit the park and have an elephant come to them so they could feed it. The person lived with dementia, and when staff suggested they take pictures to help them remember, they told staff they wouldn't need a photograph to remember this occasion.

We were informed that a person who lived in one of the flats in the grounds of Devonshire Court had died unexpectedly and in sad circumstances. To acknowledge the person's death and to provide support to others, the service had undertaken fund-raising for the charity which supports people and families in the same circumstances as the person who died was in. One of the fundraisers included a 'Hero' ceremony which recognised the best in everyone who lived in the home.

Visitors were welcomed into the home. One person told us, "Family and friends can come and are always made welcome, they [staff] never say they can't come". One visitor told us, "They care not just about [person] but how I feel, they actually care." The registered manager told us people's loved ones were welcomed at the home after the person had passed away, and some had continued to come to the home as volunteers to support people who continued to live there. During our visit we saw volunteers provide excellent support to people.

The service had recently made changes to the premises. They recognised there were times that visiting families needed some quiet space and time alone. They had changed one of the bedrooms into a small lounge where families or visitors could spend time away from their loved one and staff to manage their own emotions. There was also a flat in the basement of the home which relatives visiting from other parts of the country or abroad could use when visiting people who lived at Devonshire Court.

People's personal information was kept secure and staff knew the importance of maintaining confidentiality. Information stored electronically was pass-word protected to increase security.

Is the service responsive?

Our findings

People and visitors told us they were fully involved in determining the care they wanted and needed, and in reviewing the care provided. One person who lived at the home with their married partner told us, "We've just gone through [family member], and mine is due to come up soon. They are changing them from the old lay out. The new lay out is very good, instead of being bitty the new one is good." A visitor said, "I've been asked to write down what I feel are [person's] care needs and to discuss it with the staff. [Person's] key worker has put together a care plan for person and want my input. She asked about mum's history to give her an idea of who mum is."

There was a thorough assessment of people's needs prior to admission. Care plans were centred on the individual and were comprehensive. They focused on every aspect of care and wellbeing required to meet a person's needs, and focused on how staff could support the person with dignity and respect. For example, one care plan explained the person might forget the walking aid they used. The care plan instructed staff, 'Don't tell [person] they have forgotten it; walk up to them with the walking aid and smile, and walk with them.'

The Provider Information Return told us people at Devonshire Court were not discriminated against because of age, gender, gender re-assignment, race, religion or sexual orientation. They informed us of information about a person they had dealt with sensitivity. This demonstrated their commitment to equality and diversity.

Devonshire Court is primarily a home for ageing freemasons and their relatives. To be responsive to those who were freemasons, the service provided a 'gentleman's morning' once a month attended by freemasons from lodges as well as freemasons living at Devonshire Court. Other masons were involved in leading social activities. For example, a mason attended on the day of our visit to lead a quiz that evidently provided a stimulating and informative experience for people.

People who lived at Devonshire Court were empowered to make choices about how they wished to live their life on a day to day basis, but were also encouraged to think about what they still wanted to achieve in their lives. This was called the 'Dreams Come True' initiative. This initiative encouraged and supported people to achieve either lifelong goals or to take part in activities and experiences they had not been able to for some time.

One person had been a farmer and wanted to go back to a farm, and so they visited a farm for the day. Another had previously been a scout leader and wanted to lead a pack of scouts. The service had contacted local scout groups and enabled this to happen. One person told us their dream was to have a pamper session. They said they did not want to leave the home to have the session, and so the session was brought to them. The registered manager informed us they made use of one of their respite rooms and turned it into a pamper room. They arranged for a beautician to come to the home and provide a pamper experience for the person. The person showed us where they had been massaged, and their painted nails. They told us they had really enjoyed the experience. A visitor told us their relation had dreamed of going on a steam train.

They told us a visit had been arranged but because of the current heatwave it was moved to September. In the meantime, the person had been given books on steam trains to support their enjoyment of this.

As well as the Dreams Come True initiative there were a vast number of activities available to people. People told us the activities in the home were 'very good'. One person said, "We have now got three activities coordinators. We get a choice and they are always happy to consider anything that anybody wants to do. For example, play your cards right, hangman and movement to music."

The combination of three activity workers and the voluntary support from the 'Association of Friends for Devonshire Court' meant people had excellent access to activities. On the day of our visit there was a real buzz in the home because a tea dance had been arranged for the afternoon. A dance floor had been brought into the home, and one of the larger lounges had been made into a function room. A long table was set with white table cloths and china cups and saucers and tea plates. Cupcakes were available for people to eat. People, staff and their visitors dressed up and danced to different tunes of different ages. Those who could not dance, hummed and enjoyed the music. One person told us, "It was the first time I've been on the dance floor in 20 years at the tea dance, [Activity co-ordinator] is wonderful, magic. You really enjoy yourself when he's around." Where people were too unwell to come to the tea dance, cameras provided a live feed to people's bedrooms so they could join in and see what was happening.

In the morning of our visit we also saw people excited to be riding a bike. This was a specially designed bike which was ridden by two people, but controlled by one person (a staff member). People were thrilled to be riding, and were waiting to take their turns to ride. The staff member made sure people were safe before the ride started and people were seen smiling and laughing when using the peddles. One person told us they never thought that in their 90's they would be riding a bike. As well as the bike activity, people also had the option of joining in a quiz later in the morning. Twelve people took part in this. Each question asked generated a discussion and people were seen interacting with each other. People enjoyed the experience.

Where people's needs meant they could not, or did not want to take part in organised group activities there were individual or smaller activities to support them. In the dementia unit we saw staff undertake an activity where people were encouraged to use their senses. A dementia friendly table tennis table had been installed to give people enjoyment in playing this game. We were also informed of the 'wide awake club'. This is for people who lived with dementia and who struggled to sleep at night. Night staff supported people with activities until they were sleepy. It was person centred so only applied to people who struggled with sleep. The registered manager told us they had recently had the wide-awake club reinstated for a three-month period to support a person who struggled to sleep.

Each person received an in-house information booklet once a month called the 'Devonshire Cream'. This gave them information about what was happening in the home. One person commented to us how helpful they found the booklet, "We have a lovely little magazine once a month with a program of what we are doing every day". We found in the month of July that people had been out on trips to Rutland and Sheringham, had art therapy, music and movement classes and a talk on Mount Kilimanjaro. A person told us, "We have mini buses and they arrange outings and we go on boat trips or country trips. If you are out for the day you go to a hotel for lunch. You don't pay a penny. You don't have money in here because you don't need it."

The service had recently opened the STAR centre. This was for people wishing to have respite care at the home. Each of the bedrooms in the centre was themed. This was because the service wanted people to feel they were having a holiday away from their usual lives. The themes included, oriental, travel, gardening, the beach and movies.

The service had engaged with the local community schools. The local school had invited the people at Devonshire Court to be the audience for their dress rehearsal for their end of term play. The older children from the school visit the home to engage with people including reading poems to people. Both the primary and secondary school pupils visited, playing instruments and singing to people.

The service also celebrated national occasions. For example, the most recent royal wedding was marked by a royal wedding lunch. The dining room was arranged like a wedding reception and there was a special three course menu on the day with wedding favours on the tables, and the room was decorated with bunting.

People's views about the service were integral to the home. People were consulted about the service through monthly resident meetings. People had been informed about the previous CQC inspection. For example, one person had posted congratulations about the last inspection report which had shown improvements from the previous one.

The registered manager was aware of people who had different communication needs. They described to us the measures they had tried with one person who had communication challenges. They also told us they made sure written information was available in large print if required; and for people with a hearing impairment, they would use microphones at meetings to ensure they could hear what was being said.

People knew how to make a complaint because information about the complaints procedure was in a 'welcome pack' they received. One visitor said, "I would be able to go the manager. She has already told me about that. I can talk to [registered manager] about anything." People had used the procedure to raise concerns. All complaints were investigated by the registered manager who met with people and their relatives to discuss and resolve concerns to people's satisfaction.

The service provided very responsive end of life care. One of the compliments we saw said, 'My thanks to all the staff who helped make [person's] last days so dignified and comfortable. The care and kindness was second to none.' All staff received training in end of life care, but since our last inspection the service had supported two members of staff to become accredited with the Gold Standard Framework (GSF). The GSF is a model of good practice for end of life care. It focuses on ensuring the person is actively involved in making decisions about their care and having their wishes met. It aims for people to have a 'good death' free from pain. The service had also converted one of the rooms into a 'namaste' room. This is used to improve the quality of life for people with dementia moving towards the end of life. It focuses on the senses and the creation of a calm and warm environment for them to relax and be at peace.

As well as supporting people to have good end of lives; the service encouraged feedback from the person's relative to see if there was anything they could learn from about the person's experience. They also had support systems for staff who may have built close relationships with the people they care for, to enable them to discuss their feelings about the person who had recently passed away.

Is the service well-led?

Our findings

People and visitors told us they thought the home was well-led. They said the atmosphere was, "Very good because I find it as near homely as it can be. It's not home but it's amazing how many are very friendly to you." And, "It's very good. Everybody here is friendly and cheerful. I've been to other homes and this is miles better."

At our last inspection on 16 March 2017 we rated the service as requiring improvement in the key areas of 'Safe' and 'Well-led'. At that time, we found the service had made significant improvements since the inspection in August 2016 but improvements had not consolidated. At this inspection we found that improvements had been consolidated, sustained and built upon.

People, visitors and staff all told us the leadership of the home was open and transparent. The management team ensured they were visible and approachable to people. Each lunchtime they had their meal in the dining room alongside people who lived in the home. This meant they could engage with people. One senior member of staff told us, "[Registered Manager's] communication is phenomenal, liaising with staff, residents and their family. Staff are very approachable. Barriers are being knocked down every day."

The service had values of 'Kind, Supportive and Trusted' and a vision of where it wanted to be in five years' time that was shared and understood by staff. Staff told us they were attracted to the service because they liked what it stood for and wanted to be part of it. The values and vision were reinforced at staff meetings. Staff told us they felt part of the journey the service was making toward its aim of being an outstanding service and were highly motivated by this. One member of staff said, "It is a really nice home, I am proud to say I work for Devonshire Court. I do recommend it; the managers are really supportive." Another told us the registered manager's door was 'always open', but went on to say that all the management team were 'really nice' and supportive.

The registered manager told us that after the last two CQC inspections they "stripped everything back to basics." They focused on ensuring that the service was compliant with CQC's fundamental standards and the standards of the local authority that commissioned the service. We saw the local authority's most recent inspection report of 23 March 2018 which showed that the service had consolidated improvements.

We also saw two independent surveys which showed the service had made significant improvements. One, by an independent national researcher, showed that Devonshire Court scored well above the national average for care homes in criteria that included safety, kindness and quality of life. The other survey reported on 820 care homes and awarded Devonshire Court a score of 97%. The provider's own quality assurance based on monthly audits found that Devonshire Court had consistently improved. The registered manager told us that the service was on track with a five-year plan to become a centre of excellence for other services.

The improvements the service achieved had made positive impact on people's lives. People were supported to achieve things they thought were impossible. The service achieved this through an imaginative and

innovative 'Dreams' initiative to achieve things which were very important to them. These were varied and included 're-living' experiences such as living on a farm, fulfilling a life-long ambition to spend time with elephants, and leading a scout group. People had been supported to ride a bike in the grounds of Devonshire Court. A person remarked that, "I never thought I'd ride a bike again at 98 years of age." This showed that people were supported to achieve stretching and challenging objectives. This ran alongside the services challenging objectives and five-year plan.

The improvements had been possible because of consistently strong and supportive leadership of the service. This included effective monitoring of the service through audits that evaluated how well the service performed in relation to the service being safe, effective caring, responsive and well-led. Information about how well the service was performing was shared with staff and people using the service at staff and resident's meetings respectively. Staff told us they were highly motivated and proud to work at Devonshire Court. They told us they were attracted by the service's values and growing reputation. Staff survey results showed very high levels of staff satisfaction.

The quality of people's lives and experience of the service were improved because of innovative and creative initiatives by the registered manager/. For example, the 'Dreams' initiative which enabled people to achieve outstanding and challenging objectives. People were supported to engage in a variety of meaningful and stimulating activities in ways that demonstrated that the service consistently put the provider's values of Kind, Supportive and Trusting into practice. The registered manager told us they were exceptionally well supported by the directors of the RMBI.

The registered manager had made strong links with local schools and worked effectively with national charities that specialised in supporting older people and people living with dementia. For example, a tandem bike and table tennis specifically designed for older people were used to enhance people's mental and physical well-being. The premises had undergone extensive redecoration to provide a sensory and stimulating environment for people to live in. Throughout our inspection visit we saw many people actively enjoying the facilities available to them, sometimes with staff. Those who were unwell, or less able, were not discriminated as nobody's needs were forgotten or not acted on.

The provider had a legal requirement to inform the public of the home's rating. They had informed the public on their website of the rating; and the rating was also displayed near the front door of the home. The provider had also met its legal requirements by sending us notifications about events which happened at the home.