

K Whenmouth Limited

Royal Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Overall summary

Royal Care home provides care and support for a maximum of 27 older people although we were informed by the registered manager that the home does not usually accept more than 24 people at any one time. At the time of our visit there were 18 people who lived at the home. The home is situated in St Anne's, in a location close to the town centre with a shopping area, local community facilities and resources and public transport. All the accommodation for people living there is located on the ground and first floor of the building and a stair lift is provided to ensure freedom of movement so people living there have access to all areas of the home.

We last inspected Royal Care Home on 5 November 2013 and found the service to be fully compliant across all five of the outcome areas inspected.

This inspection took place on the 14 and 18 November 2014 and was unannounced.

There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

People told us they felt safe at the home and with the staff who supported them. One person told us, "I am very happy with the way things are. Staff are very helpful. They know to leave me alone but check up on me when they need to." Another person told us, "I feel very safe and secure here."

We found staffing levels to be sufficient to meet the needs of the people living at the home. The use of agency staff was limited. Staffing levels were reviewed in line with the needs of people.

People told us they were informed daily about their meals and choices were given to them. During the morning we saw that the cook came and asked people what they would like for lunch and dinner. We spoke with the cook during our inspection who told us that the home catered for any specialist diets, such as pureed diets.

We looked in detail at four people's care plans and other associated documents. Care plans were kept securely however staff could access them easily if required. We saw that people were involved with, and were at the

centre of, developing their care plans. This meant that people were encouraged to express their views about how care and support was delivered. People we spoke with confirmed they had been involved with the care planning process.

Service user handbooks were given to people and their families or carers, which described the home's philosophy of care and included sections on privacy, dignity, communication, confidentiality and personal fulfilment. The pack also contained details of how people could raise concerns, comments or complaints about the service. Details were available about the home's internal process as well as advice on how to raise issues to external organisations such as the Local Authority, Care Quality Commission (CQC) and Local Government Ombudsman (LGO).

Observations of how the manager interacted with staff members and comments from staff showed us the service had a positive culture that was centred on the individual people they supported. We found the service was well-led, with clear lines of responsibility and accountability. All staff members confirmed they were supported by their manager and spoke highly of the manager, proprietor and their colleagues.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

During our visit we saw staffing levels were sufficient to provide a good level of care. People we spoke with confirmed this.

Safeguards were in place to ensure people were not at risk from abuse or discrimination.

People were protected against the risks associated with the unsafe use of medicines.

Good



Is the service effective?

The service was effective.

Staff had access to on-going training to meet the individual and diverse needs of the people they supported.

People were assessed to identify the risks associated with poor nutrition and hydration. People spoke favourably about the quality and choice of food.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We spoke with staff to check their understanding of MCA and DoLS. Most of the staff we spoke to demonstrated a good awareness of the code of practice and confirmed they had received training in these areas.<Findings here>

Good



Is the service caring?

The service was caring.

People were supported to express their views and wishes about how their care was delivered.

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence. People we spoke with confirmed this always happened.

We saw that people's care plans were reviewed on a regular basis and notes were written twice daily that documented how each person had been throughout that period.

The service showed innovation with regards to how activities were planned and evidence was found that people's views were taken into account. Changes to the layout and decoration of the home were made taking into account the needs and views of the people who lived there.

Good



Is the service responsive?

The service was responsive.

The home operated a key-worker system, which meant that people had a named member of staff who knew their care needs in detail. Staff were able to tell us who they were a named key-worker for.

Outstanding



Summary of findings

Care records were written well and contained good detail. Outcomes for people were recorded and actions noted to assist people to achieve their goals. People's likes and dislikes were recorded clearly within care records.

People we spoke with and visiting relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed.

Is the service well-led?

The service was well-led.

There was a registered manager at the service at the time of our inspection who had worked at the service for a number of years, prior to becoming the manager.

Observations of how the registered manager interacted with staff members and comments from staff showed us the service had a positive culture that was centred on the individual people they supported. We found the service was well-led, with clear lines of responsibility and accountability.

Good



Royal Care Home

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 checked 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 visit at Royal Care Home took place on 14 and 18 November 2014 and was unannounced.

The inspection was carried out by two adult social care inspectors including the lead inspector for the service.

Prior to the inspection we gathered information from a number of sources. This included notifications we had received from the provider about significant events that had occurred at the service. Before the inspection, the provider completed a Provider Information Return (PIR).

This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used the PIR and other information held by the Commission to help us prepare our inspection.

We spoke with a range of people about the service. They included the registered manager, proprietor, four staff members and six people who used the service. Following the inspection we spoke with three family members, two local GP practices and commissioners from Blackpool Borough Council and Lancashire County Council.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spent time looking at records, which included people's care records, staff training records and records relating to the management of the home.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person told us, "I am very happy with the way things are. Staff are very helpful. They know to leave me alone but check up on me when they need to." Another person told us, "I feel very safe and secure here."

The service had procedures in place for dealing with allegations of abuse. Since our last inspection in November 2013 there had been two safeguarding alerts raised by the home to the Local Authority, these were also notified to the Care Quality Commission (CQC) by the provider. We saw accidents and incidents were investigated and a copy of the home's accident and incident book was made available to us during our inspection.

Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices. They told us they would ensure people who used the service were protected from potential harm or abuse. One member of the care team told us, "We are encouraged to raise issues, both good and bad. We learn from any issues raised." We saw that a training matrix was kept in the office which showed that all except one member of staff had received recent safeguarding training. We also looked in detail at four staff files and found evidence of attendance at various training courses, including safeguarding training.

We saw staffing levels were sufficient to provide a good level of care. We spoke with four staff members about staffing levels at the home. They agreed that staffing levels were fine. One member of care staff told us, "We have time to spend with people, we make the time, it's really important for people here to have someone to talk to." We discussed staffing rotas with the registered manager and were told that staffing levels were designed around the needs of the people living at the home and were reviewed when needed. Some agency staff were being used at the time of our inspection but agency staff were pre-booked to ensure that the same staff were used. There was always a permanent senior member of staff available working at the home to support care staff. We observed during the day, staff regularly checked on people, especially those who spent more time in their own room.

People were protected against the risks associated with medicines. We looked at people's care plans and saw that appropriate risk assessments were in place, discussed the management of their medicines with them, spoke to staff and observed a medication round taking place.

We found that medicines, including controlled drugs, were safely stored and records of medicines received into the home and disposed of, were clearly made.

Medicines were usually administered by senior members of the care team, however all staff were trained to do so. We saw that medication training had been delivered to all care staff during 2014 and that their competency was checked via regular audits. We saw that support was offered where people needed help with taking their medicines and that the medicines administration records (MARs) were completed at the time of administration to each person, helping to ensure their accuracy.

We spoke to people about the management of their medicines. They told us they were happy for staff to administer their medication. All the people we spoke with told us they had no issues or concerns. During the lunch-time period we did see that one person was asked in front of other people dining if they were in pain and wanted paracetamol. We discussed this later with the manager of the home, as this could have been handled in a more dignified way by asking the person in private following lunch.

Regular medicines audits were completed and appropriate systems were in place for reporting and acting upon medicine incidents should they occur.

The home had effective recruitment policies and procedures in place which we saw during our inspection. We saw within the four staff files we reviewed that pre-employment checks had been carried out. We found completed application forms, Disclosure and Barring (DBS) clearances, references and identification checks were in place. Staff we spoke with confirmed that they had attended a formal interview and did not begin work until references and appropriate clearances were obtained.

Is the service effective?

Our findings

The people we spoke with told us they enjoyed the food provided by the home. They said they received varied, nutritious meals and always had plenty to eat. One person told us, “The food is good. If I don’t want what is on the menu then the cook always offers me an alternative.”

People told us they were informed daily about their meals and choices were given to them. During the morning we saw that the cook came and asked people what they would like for lunch and dinner. We spoke with the cook during our inspection who told us that the home catered for any specialist diets, such as pureed diets. They told us that at the present time, they did not cater for anyone with specific religious needs but they could do so. They confirmed with us that they went round each person to discuss their preferences for lunch and dinner and that two options were always given for each and if neither were suitable then bespoke meals could be made.

We observed lunch being served in a relaxed and unhurried manner. Tables were set appropriately and people were offered a choice of hot and cold drinks. Most people had their lunch in the dining room but some people, mainly those who needed assistance, ate in their own rooms. People who ate in their own rooms chose to do so. Staff members were attentive to the needs of people who required assistance or who wanted to ask questions regarding the food that was being served.

During our visit, we spent time in all areas of the home. This helped us to observe the daily routines and gain an insight into how people's care and support was managed. People were relaxed and comfortable with staff.

We observed throughout the day that people’s consent was sought by staff at all times, either before entering people’s rooms, when assisting people to mobilise or when assisting people with their medication. The home had policies and procedures for consent and staff understood the principles of these when we spoke to them.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the

registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We spoke with staff to check their understanding of MCA and DoLS. Most of the staff we spoke to demonstrated a good awareness of the code of practice and confirmed they had received training in these areas. However one member of staff we spoke to was unaware of what was meant by both the MCA and DoLS. We informed the registered manager of this as part of our feedback, as three people had a DoLS authorisation in place at the service therefore staff needed to understand the implications of the MCA and DoLS to enable them to care for those people effectively.

We looked in detail at four people’s care plans and other associated documentation. Each person had been fully assessed prior to moving into the home. This allowed the manager to be certain they were able to meet the person’s needs safely and appropriately. Clear admission criteria were found within the home’s service users’ guidebook, as part of their statement of purpose, both of which were written in plain English.

We saw that people’s care plans were written in a clear, concise way and were person centred, meaning that the person being care for was the focus of the plan. People’s healthcare needs were carefully monitored and discussed with the person, or their family or representative, as part of the care planning process. We saw that timely referrals had been made to other professionals as appropriate, such as GPs, dieticians and district nurses. We spoke with two local GP practices following our inspection and their feedback was positive. We were told, “We have no concerns, the care home is one of the better ones in the area. The home call the surgery as soon as possible, generally early morning. Home visits can then be provided the same day where required.”

Staff confirmed they had access to a structured training and development programme. This helped ensure people in their care were supported by a skilled and competent staff team. One staff member told us, “I have completed all mandatory training, as have all the staff here. The level and

Is the service effective?

standard of training is high and it is all done face to face. They are usually 2-3 hours and we get paid for attending training.” Another member of staff told us, “We are pushed to develop; the training is second to none.”

We were shown the staff training matrix that detailed which staff had undertaken training and when. It showed that training in areas such as safeguarding, manual handling, food hygiene, the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and first aid were delivered to those staff who needed it. We saw good evidence of training certificates within the four staff files we looked at and staff we spoke to confirmed training took place and that it was to a good standard.

Staff told us that they had received regular supervision sessions and they were able to raise issues within them, including personal development and additional training they felt they needed. We saw that supervision sessions were recorded within staff files. Staff told us that regular staff meetings took place; again we found evidence of staff meetings. Staff we spoke with told us that they felt able to raise issues at staff meetings and found them useful to attend.

Is the service caring?

Our findings

People we spoke with told us they were happy with the care they received at the home and that they had positive relationships with staff. One person told us, “I’m very happy here. Staff are very helpful and very caring. If I need help then they are always happy to listen and give me a hand.” Another person told us, “All the staff are very helpful, even at night. All you have to do is buzz (using the call alarm system) and they will come and help you.”

Staff were very knowledgeable when speaking about the individuals they cared for and it was evident during our observations that people knew the staff caring for them well. Staff showed warmth and compassion when speaking to people and were very attentive when dealing with any requests. People who used the call alarm system did not have to wait long for assistance.

People were supported to express their views and wishes about all aspects of life in the home. This was done via formal reviews and informal discussions with staff. We observed staff enquiring about people’s comfort and welfare throughout the visit and responding promptly if they required any assistance.

We looked in detail at four people’s care plans and other associated documents. Care plans were kept securely, however staff could access them easily if required. We saw that people were involved with, and were at the centre of, developing their care plans. This meant that people were encouraged to express their views about how care and support was delivered. People we spoke with confirmed they had been involved with the care planning process.

We saw that people’s care plans were reviewed on a regular basis and notes were written twice daily that documented how each person had been throughout that period.

We spoke to three relatives shortly after our visit to the home. All the comments we received were very positive. Some of the comments included; “Staff are extremely understanding, all the carers are excellent. The attitude of staff is very sympathetic, they encourage people to engage”, “They have done a brilliant job, (name of relative) was not eating when they first arrived and now you can’t stop her eating” and “The care (name of relative) is getting is excellent. I have been into a few homes and this one is the best easily.”

The home had policies in place in relation to privacy and dignity. Staff we spoke with were aware of the home’s policies and told us they understood them and were aware how to access them. All the staff we spoke with, regardless of their role, understood the key principles of privacy and dignity. Our observations of staff interactions and discussions with people confirmed that this was the case.

People told us they felt their privacy, dignity and independence were respected by the staff at the home. People could move independently around the home, if able to, and could access all areas of the home, including the garden area outside.

Staff had undertaken training for end of life care via a local hospice which had been commissioned to deliver specialist end of life care entitled the ‘Six Steps to Success Programme’. The Six Steps Programme was developed in the North West to support staff development to enhance end of life care within residential homes.

People were enabled to maintain relationships with their friends and family members. Throughout the day there were a number of friends and family members who visited their relatives. Family members told us they were always made to feel welcome when they visited the home. Staff told us that those people who were able to visited local shops and amenities. We saw that risk assessments were in place for those people who were able to go into the community and that they were supported appropriately.

We saw that activities took place and people were asked if they wanted to join in. Whilst people were encouraged to do so by staff, people’s wishes were respected if they did not want to take part. People told us they could spend time in their room if they wished to and were not pressured to move into one of the lounge areas. This was also supported by discussions with staff and relatives. People told us they could get up or go to bed at a time that suited them and did not have to fit in with staffing rotas.

People were able to access advocacy services if they needed to. We saw that information was available on notice boards with regards to the local advocacy service. At the time of our visit no-one at the home needed support from an external advocate.



Is the service responsive?

Our findings

People we spoke with and their relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed. One person said, "If I had a problem I wouldn't have any hesitation to raise my issues with Kay (service provider). She's a good listener and I know she is happy to sort things out for people." One of the relatives we spoke to told us, "I think that people would talk to staff if they had any problems. I know we would. The management here listen to what you say and more importantly take it on board." Another relative said, "One of the things I like is that, unlike some other homes I have visited, you can discuss things with the staff. (Name of relative) did not want to be rushed to get dressed and go and sit in the lounge, they sometimes prefer to sit in their room in the morning. We discussed this and so this now happens. They are proactive and handle issues head on but sympathetically."

The service had a complaints procedure which was made available to people they supported and their family members. We saw that the service had not any complaints during the previous 12 month period. If the home received complaints we were told they were investigated and recorded in line with the home's complaints procedure.

Service user handbooks were given to people and their families or carers, which described the home's philosophy of care and included sections on privacy, dignity, communication, confidentiality and personal fulfilment. The pack also contained details of how people could raise concerns, comments or complaints about the service. Details were available for the home's internal complaints process as well as advice on how to raise issues to external organisations, such as the Local Authority, Care Quality Commission (CQC) and Local Government Ombudsman (LGO). Full postal addresses were given for all organisations as well as up-to-date telephone numbers.

We saw that various meetings took place including residents' meetings, the last of which took place on the 28 August 2014. The registered manager told us that as well as holding formal meetings, both she and the proprietor spoke to all the people living in the home on a regular basis to ensure they had a chance to voice any opinions. These discussions were briefly recorded within people's care plans. We also saw that six monthly residents', relatives'

and staff questionnaires were sent to people. The response rate was very good for all three questionnaires and we saw that comments were very positive. We were told by the manager that any issues or recommendations received through the questionnaires would be considered and discussed at staff meetings. Examples we saw included changes to décor, activities and changes to the menu.

People we spoke with and their relatives told us that they felt the communication within the home was very good. Relatives told us they were kept up to date with any changes to their loved one's health needs.

The home operated a key-worker system, which meant that people had a named member of staff who knew their care needs in detail. Staff were able to tell us who they were a named key-worker for.

We looked at people's care records to see if their needs were assessed and consistently met. Care records were written well and contained good detail. Outcomes for people were recorded and actions noted to assist people to achieve their goals. People's likes and dislikes were recorded clearly within care records.

We spoke to the registered manager and proprietor regarding the activities that took place. We found there to be a good range of activities on offer from daily activities such as bingo, dominoes, pet therapy and accompanied walks to the promenade, for those who were able to. Talking books and newspapers were brought in for those people that wanted them. There were also several entertainers who came into the home on a regular basis including two small theatre companies, a singer, musicians and a local artist who drew sketches and enabled people at the home to join in if they wished to.

The manager and proprietor told us that external trips were now on a 1-1 basis as the care needs of people were now much higher than in previous years. However a number of innovative activities had happened or were being explored. During the previous summer the home had put on a 'pretend cruise', which involved 'visiting' different countries each day for one week. This meant that the home would be decorated according to the different countries and the menu and activities reflected this. Folders had been made for each country showing what happened on each day and



Is the service responsive?

were on display within the entrance hall for visitors to see. Feedback had been very positive although as a result of the feedback, next year's cruise would take place over several separate days as opposed to within one week.

We discussed future plans with the manager and proprietor. Part of the dining area was to be turned into a

tea room as some of the people at the home liked to have afternoon tea and were unable to go out to cafes on a regular basis. This showed that people were listened to and that future developments were being considered as a result of that feedback.

Is the service well-led?

Our findings

There was a registered manager at the service at the time of our inspection who had worked at the service for a number of years, prior to becoming the manager. Royal Care Home is a family run home and the service provider is available at the home on a daily basis.

Observations of how the registered manager interacted with staff members and comments from staff showed us the service had a positive culture that was centred on the individual people they supported. We found the service was well-led, with clear lines of responsibility and accountability. All staff members confirmed they were supported by their manager and spoke highly of the manager, proprietor and their colleagues. One staff member we spoke with told us, “The support we get is excellent. I have worked days and nights and there is always someone available to help you. Everyone works well together and this means the people here are well cared for. I wouldn’t work here otherwise”.

All the staff we spoke with told us they had a commitment to providing a good quality service for people who lived at the home. Staff confirmed that they had handover meetings at the start and end of each shift, so they were aware of any issues during the previous shift.

The service had a current ‘Investors In People’ (IIP) external accreditation in place, which was displayed at the home. Investors in People provide a best practice people management standard, offering accreditation to organisations that adhere to the Investors in People

framework. Investors in People is owned by the UK government, managed nationally by the UK Commission for Employment and Skills and supported by the Department for Business, Innovation and Skills.

The registered manager undertook regular audits. Examples of audits included catering, care plans infection control, training and administration. Each audit was broken down into detail and scored 1-5. Any actions were noted and timescales set and then signed when completed.

The provider had other systems and procedures in place to monitor and assess the quality of their service. These included seeking the views of people they supported through ‘resident meetings’, satisfaction surveys and care reviews with people and their family members. This meant people who lived at the home were given as much choice and control as possible into how the service was run for them.

Service contracts were in place, which meant the building and equipment was maintained and a safe place for people living at the home, staff and visitors. We saw service files in place to evidence this, which were well organised and up-to-date.

We spoke to the manager about possible improvements to the home and they informed us of a number of initiatives. Training initiatives were under way for both care staff and management, including sourcing higher levels of dementia training for all staff. Better ways of sharing good practice identified within staff supervisions were being explored. Changes to the building were also being looked into following comments by people who used the service and visitors regarding recent changes to the décor which had been well received.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.