The Royal Star & Garter Homes

The Royal Star & Garter Homes - Surbiton

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Outstanding
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 6 and 7 October 2015 and was unannounced. The last inspection of this service was on 6 November 2013. At that inspection we found the service was meeting all the regulations we assessed.

The Royal Star and Garter is a care home providing personal and nursing care for older people some of whom may be living with dementia. It provides accommodation for up to 63 people on three separate units, one on each of the three floors of the building.

There were 49 people living at the home at the time of the inspection. The units on the ground and second floors, Richmond and Sandgate were for people with nursing needs. The middle unit, Lister had 26 rooms and catered for people living with dementia.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People were extremely positive about the care and support they received at The Royal Star and Garter. We saw staff were knowledgeable about people and understood how to meet their diverse needs. We observed a genuine warmth and affection between staff and people who used the service. Levels of staffing were sufficient to ensure that people received care in an unhurried manner and at a time that they needed it.

Staff had a comprehensive and thorough induction when they started working in the home. Training was on-going and refreshed regularly. There was a lot of in-house expertise for training and in addition, the provider regularly bought in training from external sources. Staff had a shared vision and ethos and were highly motivated to provide the best quality care they could.

The service employed a range of healthcare professionals which meant that some of people's healthcare needs were assessed and met promptly, and their continuing needs could be monitored. People also had access to community healthcare professionals as and when they needed them. The community healthcare professionals told us the service worked well with them, with a number of professionals, stating 'the home was the best they came across.' People's nutritional needs were assessed and monitored and people received a variety of meals according to their choices and needs. People received their medicines as they had been prescribed to them.

The Royal Star and Garter home was a purpose build care home which opened two years ago. The building had been specially planned to meet the needs of people with dementia and to ensure people could move freely and independently around the home. The home was decorated and furnished to a high standard. The welfare and wellbeing of people was enhanced by the well-planned environment.

People told us they felt safe living at the home. Staff were knowledge about what they needed to do if they suspected anyone was at risk of abuse. People and staff told us they felt they could raise issues with the manager and any concerns would be acted upon.

People were asked their consent before care was provided. If people were not able to give consent, the provider worked within the framework of the Mental Capacity Act 2005. The Act aims to empower and protect people who may not be able to make decisions for themselves and to help ensure their rights are protected.

Care that people received was individualised to meet their needs and provided in a way to take account of their likes and dislikes and their preferences. There was a wide range of social activities people could choose to participate in, within the home or in the community. People were supported by a number of activities co-ordinators and in addition a number of volunteers. Relatives were free to visit whenever they wished to make sure people could continue to maintain contact with their family.

The service had a number of measures in place to monitor the quality of the home. There was a drive towards continuous improvement.

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?

Good

The service was safe. People told us they felt safe. Staff were knowledgeable in recognising the potential signs of abuse and how to report any concerns.

There were sufficient staff on duty to meet the needs of people. Staff had undergone a comprehensive recruitment process to ensure that only suitable applicants were employed to work with people using the service.

People received their medicines safely and as prescribed.

Risk assessments had been undertaken so that people were supported to be as independent as possible whilst ensuring their safety. Accidents and incidents were recorded and analysed so the service could minimise possible re-occurrences.

Is the service effective?

Outstanding

The service was effective. People said they were cared for by staff who knew them as individuals and understood their needs.

Staff had undergone an intensive induction programme. They were enabled to develop their knowledge and skills and were highly motivated to provide quality care. They were supported through regular meetings with their manager and team meetings so their work was in line with best practice.

The provider met the requirements of the Mental Capacity Act 2005 to help to ensure people's rights were protected. People's consent was always sought prior to care being provided.

Through consultations with specialists, the provider had planned the decoration and layout of the home in line with current best practice to make sure people with dementia lived within an environment that helped to enhance their personal well-being and welfare.

People were helped to maintain good health with access to a range of healthcare professionals employed by the service so their health needs could be addressed promptly. People also had access to NHS health care professionals. People received good nutrition.

Is the service caring?

Good

The service was caring. People were treated with dignity and respect. Staff were knowledgeable about the people they were caring for and could meet their diverse needs.

There were no visiting restrictions and relatives and visitors were made to feel welcome.

Is the service responsive?

Good

The service was responsive. People received care that was personalised.

People were offered a range of activities that met their interests and preferences.

People felt able to raise any issues or concerns and they felt that these would be taken seriously and acted upon.

Summary of findings

Is the service well-led?

Good

The service was well led. People and staff were positive about the manager.

There were systems in place for monitoring the quality of the service to ensure there were continuous improvements.

There was a registered manager in post. They worked with other professionals to achieve the best outcomes for people.

The Royal Star & Garter Homes - Surbiton

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.

This inspection took place on 6 and 7 October 2015 and was unannounced. The inspection was completed by an inspector and an expert by experience. An expert by experience is someone who has previous knowledge and understanding of a particular group of people, in this case, older people.

Prior to the inspection we reviewed information we had about the service, this included notifications of significant events over the last 12 months. We also looked at information we had received from the local authority.

On the days of the inspection we spoke with seven people who lived at the home and two relatives. Some people at The Royal Star and Garter were living with dementia. They were not able to easily share their experiences of living at the home with us. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help understand the experience of people who cannot talk with us.

During the inspection we also talked with the registered manager and six other staff, this included housekeepers, care staff and the director of care. We looked at the care records for six people and reviewed how medicines were managed. We checked other records relating to how the service was managed and this included staff training and recruitment records.

After the inspection we spoke with three healthcare professionals who provide a service to the home.

Good

Is the service safe?

Our findings

People told us the service was safe because of the care they experienced. Comments included, "I've been safe, and no bullying and I've never lost anything." "It's very safe here. I know the staff well." Another person commented, "The environment is very safe and we are very safe here."

Measures were in place to help protect people from harm. There were policies and procedures in place to safeguard adults at risk. Staff we spoke with knew how to recognise signs and symptoms of possible abuse. They knew the processes of reporting any incidents of concern. Staff told us and records showed they received regular training which related to safeguarding adults at risk.

At the time of this inspection, the home had made a number of referrals to the local authority safeguarding adult's team. Prompt and appropriate action had been taken by the provider, and we were assured the service had acted in the best interests of people living at the home. Feedback from other social and health professionals and our findings showed that the provider had been was open and transparent in their actions and cooperated fully with other agencies.

We looked at the levels of staffing to make sure there were enough staff on duty to meet people's needs. We saw the provider maintained a full complement of staff despite there being less people using the service. For example, on Lister unit which was for 26 people living with dementia the number of assigned staff were a manager, nurse and eight healthcare assistants. On the day of the inspection there were 18 people but the staffing levels had remained the same. In addition,

there were a number of other support staff such as activities co-ordinators, domestics and maintenance people. This meant people's needs were met effectively.

Despite the levels of staffing on Lister unit, we saw there were two nurses' vacancies. The manager told us they tried to cover any staff shortfalls from within the existing staff team so there was consistency and continuity for people and used agency staff to cover the shortfall. Three out of five people commented on their view of the shortfall. One person said, "There are some shortages, especially at weekends. At weekends cover is difficult to organise." Another person told us, "We could do with extra senior staff. The agency staff don't know residents." We discussed this with the registered manager who told us they were in the process of recruiting additional nurses and we saw evidence of this.

We looked at recruitment checks for four members of staff to ensure only suitable people were employed. We saw there were completed application forms, references, and proof of identity and police checks. There were also additional checks when the service was employing a nurse such as ensuring they were registered with the Nursing and Midwifery Council.

People's medicines were managed so they received them safely. We saw medicines were stored appropriately and any medicines that were no longer required were returned to the pharmacist in a timely manner. We looked at the recording of medicines and saw everyone had a photograph on their record with a list of known allergies. In addition, there was a description and photograph of each tablet. In this way the risks of people being administered the incorrect medicines was minimised.

Staff told us only nurses administered medicines and that there was a daily check so any errors or problems could be rectified immediately. There was also a monthly formal audit to ensure people were receiving their medicines safety.

People had a plan of care in place which met their individual needs. These needs were assessed prior to moving into the home and were detailed and comprehensive. Within the plan of care there were individualised risk assessments, developed so people could be involved in day to day activities to maintain their independence safely. There were risk assessments including those for mobility, nutrition, communication and mental health. In one example, we saw there was an assessment which identified the increased possibility of someone falling. There was clear guidance about the availability of their walking frame which would allow greater mobility. The risk assessments were kept up to date and reviewed regularly. In this way potential difficulties could be identified earlier to minimise risks.

We saw that all incidents and accidents were monitored with a copy retained on people's plan of care. These were all reviewed by the manager and director of care to identify any possible trends and actions. We saw there was learning from incidents for example, following a recent incident a

Good

Is the service safe?

decision was taken to give senior staff greater accessibility to CCTV footage of the foyer area, so that if someone was missing, senior staff could quickly ascertain if they had left the building.

Outstanding ☆

Is the service effective?

Our findings

People told us they were cared for by staff who knew them as individuals and knew how to care for them effectively. One person said, "We feel like a family here. There is a lot of genuine affection here." Another person commented, "Staff are very good at what they do", and "Staff know what they are doing, they seem to have a lot of training."

People received care that was based on best practice from staff who were appropriately trained to ensure they had the knowledge and skills required to undertake their roles. We talked with staff about their induction period. They told us for the first two weeks they were classroom based reading policies so they were familiar with them and being trained in courses considered mandatory by the provider including, manual handling training from the in-house physiotherapist. In the following two weeks members of staff were 'buddied' with more experienced workers but remained supernumerary. This enabled staff to learn about the needs of the people who used the service and to apply in practice the things they had learnt during the classroom based induction.

Staff spoke very positively about the level of training they received. One person said, "It's the highest quality mandatory training I've had." Whilst another member of staff commented "The stuff [training] we've had is inspirational."

In addition, the provider worked directly with Dementia Care Matters, an external organisation who champion work with people living with dementia. The organisation provided training which was aimed at staff developing positive attitudes and skills in working with people living with dementia. The training was embedded in the ethos and ways of working within the home and we observed this throughout the day in the interactions that staff had with people which understood and responded to their needs. In one example we observed a member of staff use their knowledge and experience to calm some one who had become distressed. A dementia nurse manager had been employed and part of their role was to enhance working in a person centred way and to ensure all staff understood how to care for people in a personalised way. The dementia nurse manager worked 'hands on' with staff and was able to highlight areas were person centred care could be enhanced, by suggesting ways to improve the overall care. We were told this was an on-going process.

We saw the service kept computer training records which identified the required frequency of training and when courses needed to be refreshed to make sure staff were up to date with their training. Most courses were taught and refreshed annually, and were provided in a classroom setting to make sure staff could ask any questions and to check their learning and understanding of the topics taught. In this way, staff were able to use examples of care from within the home to reflect and learn more about how to further enhance the care and support people using the service received.

We saw staff received one to one supervision sessions with their line manager once every six weeks and there were regular staff meetings. The frequency of team meetings varied, whole team meetings were every three months; nurses met every six weeks and staff on Lister Unit met every two weeks because of the complex needs of people and the home trying to ensure they were continually meeting those needs. Staff also told us they felt they could approach the registered manager or senior staff at any time if they had any issues or concerns. In this way the home was ensuring staff felt sufficiently supported to undertake their role and that their learning and professional needs were met.

The staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS set out the process that needs to be followed to help protect people's rights, if they are considered unable to make decisions for themselves. Where the provider had concerns about people's ability to make decisions their relatives and relevant health and social care professionals were involved in making decisions in people's 'best interests' in line with MCA. These 'best interests' meetings related to specific issues such as taking medicines. We saw the home had made appropriate applications for DoLS authorisations where people might have been deprived of their liberty. DoLS is a process to ensure someone is only deprived of their liberty lawfully if it is considered necessary to keep them safe.

We saw people were asked for their consent before care and support was offered. Staff were able to explain how they asked people for their consent, and for those people

Is the service effective?

who were not able to communicate verbally, how they were able to use none-verbal ways of communication through gestures and facial expressions to make sure consent was established appropriately.

The registered manager told us about the daily 'stand up' meeting. The meeting was attended by seniors or team leaders from all departments across the home. The focus of the meetings was to consider and share information that may have affected people's wellbeing such as people feeling unwell or a recent bereavement. This information was then passed onto all staff within the home so they were all aware of any changes and could better support the relevant people with their care and treatment. For example, on the day of our inspection, a person had been feeling unwell and had decided not to go on the arranged outing. This was then shared at the 'stand up' meeting so staff were aware and could offer appropriate care and support.

The Royal Star and Garter provided purpose build accommodation for people with nursing needs or those living with dementia. The ground floor had a large open foyer area which was bright and welcoming. There was a café/bar area on the ground floor where people could help themselves to hot and cold drinks and snacks. We observed the area was well used by people to entertain visitors or to socialise. There were numerous people and their visitors and relatives socialising, in a relaxed, friendly and informal way. There was also a library area with computers, dining room and other quieter areas for people to use. This meant that the provider had given appropriate attention to the premises based on best practice to make sure the environment was suitable for people using the service.

Lister Unit had been designed specifically for people living with dementia and in conjunction with Dementia Care Matters to help people make the most of their cognitive abilities and to improve their orientation. The unit had three distinct areas which had been equipped to reflect people's changing needs, but people were still able to move freely around the unit. The three areas were designed to engage people with their level of functioning. For example, people living with moderate dementia had many activities they could engage in; whereas for those people living with more severe dementia the area was calmer and had softer lighting. We saw bedroom doors resembled front doors and were painted distinctly with door knockers, letter boxes and 'house' numbers. The front door had the person's name and the name of the regiment they were in when they served in the armed forces. There were memory boxes full of photographs and objects which had significance for the person. There was signage for people to able to distinguish the purpose of various rooms, such as bathrooms and toilets

We saw the unit had been designed to engage and promote people's wellbeing. Areas were themed with objects and pictures designed to encourage reminiscence and participation. For example, there was an area with shoes, polish and various brushes; there was also a dressing table with hair brushes, make up and jewellery. The unit had access to a garden terrace with raised flower beds, seating areas and water features. We noted within an area prepared to look like a grocery there was a refrigerator with clear glass which contained fresh snacks and sandwiches and drinks for people to help themselves if they chose. Staff told us that people helped themselves on occasions. This was an innovative way of encouraging people living with dementia to eat and drink by having access to food and drink whenever they wished.

People were supported to maintain good health and had access to the healthcare services they needed. All the external professionals we spoke with were positive about the service. One professional stated "It's the best care home I go to and I do go to a few." Healthcare professionals said the home worked with them to improve the outcomes for people. One professional said, "Any requests I make to the home for equipment [for individuals] are always met." They went on to tell us how the home managed the community healthcare appointments so that everyone was seen when they should be.

In addition to accessing community healthcare professionals, the home directly employed a number of their own healthcare professionals so some of people's immediate healthcare needs could be addressed immediately to enhance their health and well-being. The home employed the equivalent of one and half full-time physiotherapists and two full-time assistants, a speech and language therapist who worked two days a week and a dietician for one day a week. In this way the complex and continued healthcare needs of people were responded to promptly and their changing needs were monitored and acted upon as required.

People's nutritional needs had been assessed and recorded. People's weight was monitored monthly and

Is the service effective?

more frequently if required. Where people's weight had changed significantly action had been taken so they were referred to the home's dietician or speech and language therapist. In one example we saw, the plan of care stated the person required a 'normal diet with modifications', it went on to say, the seating position the person required so they could eat comfortably, the meal options preferred and that the person should have their food cut up for them so they could then feed themselves.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People enjoyed the food that was provided. One person said, "The food is excellent and you can help yourself to drinks all day." Another person commented, "The meals are very good and I'm a vegetarian so if I don't like what's on the menu, the cook will do something for me. There is no fuss." We saw the meal consisted of three courses with choices for each course. Drinks including juices and wine were also served with the meal and staff were aware of the people who could not have wine if this was contraindicated because of their treatment and medicines regime. People told us that jugs of water were refreshed daily in their bedrooms and we saw throughout the home that drinks, fruit and other snacks were readily available to people. This is recognised good practice particularly for people living with dementia who may have a fluctuating appetite.

Good

Is the service caring?

Our findings

People and their relatives told us the care was good and that staff were kind, caring and respectful. One person said, "The staff act like friends and know us by our first names. The staff are always friendly and want to help you all the time, I'm quite happy with life here." Another person commented "The staff are very compassionate and sensitive and if I say I want a cup of tea or a lie down they do it. Most of the carers make you feel you are the one who matters." Another person commented, "The staff are very good, kind and sensitive. When I ring the bell there is always a reasonable response time."

Staff treated people with dignity and respect. They knew people's names and how they wished to be addressed. Staff told us what they did to ensure people's privacy and dignity, this included knocking on bedroom doors and seeking permission before entering and keeping doors and curtains closed prior to providing any personal care. Where people had expressed a choice for gender specific care this had been noted on their care plan and was respected.

Staff were knowledgeable about the people they were caring for and how best to support them. We noted in one plan of care, it highlighted a person enjoyed sport and to consider sporting events the person might like to attend. We saw this information had prompted a member of staff to remind the person when some sport was being shown on the television, which they subsequently enjoyed watching. In another example, we heard a member of staff ask someone, "show me which apron I should choose because you're so good with colours."

Staff treated people with kindness and compassion. During lunchtime we saw a member of staff serve people their meals patiently and with great warmth. The staff member gave people choice and was unhurried even when someone from another unit decided to sit and have their meal at the same table.

However, we did observe the absence of other staff during the mealtime which left just one member of staff to serve seven people. This meant that people were not always receiving immediate attention. We discussed this with the registered manager who told us this was unusual as staff were encouraged to sit and eat their meals at the same time as people who used the service. The registered manager stated they would consider other possible options so more staff were available during mealtimes so it was a more sociable experience.

Relatives and professionals told us they visited the home whenever they wished without any restrictions and they were always welcomed. We saw there was a range of information available to people and their visitors displayed on notice boards and in the lift. This included information about activities listed for the week and the food menu. There was also a suggestion box so people could comment on the service anonymously and a vote to decide on the pantomime production for this year.

Plans of care contained information about people's diverse needs. We saw staff all received equality and diversity training as part of their induction. People's religious and spiritual needs were met as weekly services were offered within the home, or people could attend various churches in the community if they chose.

Good

Is the service responsive?

Our findings

There were a number of activities taking part on the days of our inspection. This was supported by two activities co-ordinators and a part-time co-ordinator/mini bus driver. One person told us, “There is plenty going on, every type of activity and I have been on a couple of trips.” Another person told us, “There are plenty of activities enough to suit most people. It’s varied programme and we feel part of the community.” A person commented, “There are lots of groups and there is always something to do.”

During our visit we saw there was coffee morning, a talk on World War II, a giant game of skittles, a well-attended music session where people had chosen to listen to certain pieces of music and a shopping trip in the minibus. There were also quieter areas which people chose to use, such as the library or the smaller lounge. On Lister Unit, where people were living with dementia we saw there was a poetry session where we observed two people listening intently. At the same time, in a separate area there was a lively ‘boxing’ session where people were hitting a giant inflatable to each other.

Whilst there was a range of activities to suit people, they generally took place Monday to Friday. Some people told us weekends were quieter. We discussed this with the registered manager who said weekend activities were arranged by care staff and were not as extensive. The home was aware of the issue and it had been discussed at a recent residents’ meeting. The registered manager told us they were looking at ways to address the issue.

People received personalised care that was responsive to their needs. The registered manager told us about their ‘resident of the day’, this was a way to prompt staff to make sure the person was getting the support they needed. Senior staff ensured the person’s care plan was reviewed and all the information was up-to-date, nurses completed general medical observations including monitoring the person’s weight. Care staff completed a ‘spring clean’ of the person’s bedroom and made sure they had all the toiletries they needed and their clothes were in good order. We were shown computer records that prompted staff if care plans and risk assessments were not updated regularly.

The plans of care we looked at were comprehensive and individualised and included a full life history with people’s past experiences. There were also prompts for care staff, in one example the preferences of the person were clear about the clothes and jewellery they liked and the staff they wanted to attend to their personal care

People we spoke with knew how to make a complaint and felt they would be listened to if they had any concerns. Where people had made complaints these were dealt with appropriately and promptly. Two people confirmed this. A number of people told us about the six weekly residents meetings as a forum for raising issues and contributing to the running of the service. For example at the last meeting which was held the previous evening some people had raised concerns about the content of their breakfast.

Good

Is the service well-led?

Our findings

We received many positive comments about the registered manager and senior staff team from people who used the service, staff and outside healthcare professionals. They included, "The manager says the office door is always open and it's nice to know there is someone in senior management to go to". "I'm very happy here. I have recommended this place to one or two of my friends." and "There is always someone to approach if you have a problem of some sort and we are encouraged to speak up and things do get sorted".

People told us they felt the service was well managed. As well as the residents meetings, there was also an annual survey undertaken by an outside company to independently receive feedback from people, their relatives and others. The last completed survey report dated October 2014 was detailed. In general it outlined that people were very positive about the home. This year's questionnaires had recently been sent out to people and were in the process of being completed before a report could be compiled. In addition, the home employed a customer care co-ordinator to consider any non-clinical issues raised by people. We were given an example where there had been issues regarding lost laundry, the customer care co-ordinator had introduced a new way of auditing clothes and ensuring they were put away in the right person's bedroom.

Unannounced checks had been carried out by the director of care and lead nurses to consider the care and support offered to people over a 24 hour period and at weekends.

Senior staff within the organisation meet monthly to share experiences and consider ways to improve the quality of the service. These meetings were chaired by the director of care. In addition, the Board of Governors of the charity meet on a quarterly basis to consider a performance report which detailed information about complaints, falls and other incidents.

The service had a registered manager who worked alongside other professionals. The registered manager notified CQC of significant events in the home in line with the requirements of registration. Feedback we received from healthcare professionals was wholly positive. They told us staff knew about the people they were caring for. Any requests or issues were dealt with quickly and professionally. The home worked closely with others to achieve the best outcome for people who used the service.

Staff were aware of their roles and responsibilities within the home. The registered manager constantly reviewed whether staff were aware of the direction and vision of the service. This was through supervision and direct observation of practice by the registered manager and director of care. Where issues of practice had been identified there had been a period of intensive supervision. Further training was also being provided to staff so they would be able to undertake audits of the 'quality of lived experiences' of people within a care home setting. The registered manager also told us of a planned initiative to monitor the experience of people during mealtimes. In this way the provider was enhancing the quality of the service to ensure people received care that was in line with best practice.