

# Alex Davis (Gosport) Limited

# The Royal

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Royal is a residential care home. It is registered to provide accommodation and personal care support for up to seven people and predominantly supports people with a learning disability, autism or mental health need. At the time of the inspection the service was providing support to 7 people.

The Royal is a large building which offers seven bedrooms and is located on a high street with easy access to local facilities and good public transport links. The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Appropriate safeguarding procedures protected people from the risk of abuse. There were enough staff to meet people's needs and they had been recruited safely. Individual and environmental risks were managed appropriately. People received their medicines safely and as prescribed.

Staff received appropriate training and support to enable them to carry out their role effectively. The service worked well with health and social care professionals to ensure people received effective care.

People received a good service where staff demonstrated high standards of kindness and compassion. Staff had built trusting relationships with people and showed genuine affection for the people they cared for.

Staff were motivated and showed dedication to improve people's lives, by supporting them to lead their lives as they wished. The service was committed to promoting people's independence in all aspects of day to day life.

People's privacy and dignity were respected. The provider advocated for people's rights and supported their equality and diversity needs.

People received a good standard of person-centred care which valued their individual choices and met their different needs. Staff provided support in a way that gave people a voice and enabled choice and control over their care.

People were provided with the opportunity to take part in a wide range of mentally and physically stimulating activities and staff encouraged people to maintain and develop relationships that were important to them.

Care plans were clear, detailed and person-centred, which guided staff on the most appropriate way to support them. A complaints procedure was in place, which ensured concerns were investigated and acted upon appropriately.

People and their relatives felt the service was run well. A clear management structure was in place and feedback about the service was sought from people, their relatives and staff. Quality assurance systems were in place to assess monitor and improve the service.

Rating at last inspection

The last rating for this service was Good (published 8 February 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# The Royal

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications. Notifications are information about specific important events the service is legally required to send to us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service, about their experience of the care provided. We spoke with the registered manager, the deputy manager, and five care staff. We reviewed a range of records, including five people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. We also viewed a variety of records relating to the management of the service, including records relating to health and safety and fire safety.

After the inspection

We spoke with two people's relatives and received feedback from two health and social care professionals involved with the service. We reviewed the information we had gathered during the inspection, including policies and procedures and records relating to quality assurance.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at The Royal. One person said, "I always feel safe." People's relatives told us they felt confident that their family members were cared for in a safe manner. A relative told us, "[My relative] is safe, I can sleep soundly knowing that he is so well looked after."
- Systems were in place to keep people safe and protect them from the risk of abuse.
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. All staff we spoke with demonstrated a good understanding of their safeguarding responsibilities. One staff member said, "I'd record any concerns and phone [the registered manager] or talk to [the provider]. If I wasn't happy I would call you [CQC], we have a list of agencies to go to if we have any problems like that."
- Safeguarding incidents had been reported and investigated in liaison with the local safeguarding team. The registered manager was clear about their safeguarding responsibilities.

Assessing risk, safety monitoring and management

- Risks to people's personal safety had been assessed as part of the care planning process. These were recorded within people's support plans and risk assessments clearly identified how staff should support people to reduce the risk of harm.
- People had risk assessments in place in relation to; mobility, accessing the community, dietary needs and health conditions. Risks were reviewed regularly and updated when required.
- Staff demonstrated they were knowledgeable about risks to individual people and actively kept people safe. For example, where people were at risk of epileptic seizures, staff clearly described how they minimised people's risk of harm during a seizure. One staff member said, "I provide [the person] with lots of reassurance, time the duration of the seizure and make sure they do not injury themselves."
- Environmental risks around the building had been assessed and were monitored and reviewed regularly.
- Health and safety checks were completed appropriately and recorded. Any equipment used, such as hoists, were serviced and checked regularly.
- There were plans in place to deal with foreseeable emergencies. Fire safety risks had been assessed. Staff were aware of the action to take in the event of a fire and fire safety equipment was checked regularly. Each person had a personal emergency evacuation plan, which identified the assistance people would need to safely leave the building in the event of an emergency.

Staffing and recruitment

- There were enough staff available to support people safely. We observed that staff had the time they required to provide effective care in a relaxed and unhurried way. Staff confirmed they felt they had enough

time to meet people's needs.

- A system was in place to ensure there was a good skill mix of staff on each shift. This was reviewed regularly by the registered manager.
- Staff sickness and short notice absences were covered by existing staff or agency staff workers. Where agency workers were used, the registered manager told us they tried to keep the same staff members to ensure people built consistent relationships with them.
- Recruitment checks had been completed to ensure that new staff employed were suitable to work at the service. This included disclosure and barring (DBS) checks and obtaining previous employment references. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- Where they were able to, people were encouraged to be actively involved in recruitment decisions of new staff member. For example, one person had a list of their own questions which they asked during staff interviews.

#### Using medicines safely

- People received their medicines safely. There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of safely.
- Medicine administration records (MAR) were completed accurately and indicated that people received their medicines as prescribed.
- Each person had a medication profile in place which described their preferences when taking their medicines. For example, one person's profile stated, "I will get my own water, pop my medication into a medication pot and give me the pot. I will tip the medication into my hand and I will take them one by one."
- A clear protocol was in place for 'as required' (PRN) medicines. This included detailed information about when to administer the medicine, the expected outcome, and special instructions to ensure people were not at risk of an overdose.
- Where people has prescribed topical creams, these were stored safely and had opening dates clearly marked on them to make sure they were not used beyond their expiry date.
- The registered manager worked closely with people's GP's and other health professionals to ensure people's medicines were managed effectively and their outcomes were met.
- Staff had received medication training and had yearly competency checks to ensure they administered medicines safely and as prescribed.
- Robust auditing systems were in place to ensure medicines were administered correctly and action could be taken promptly if any issues were identified. For example, a daily medication audit was completed and recorded after each time a person took their medicines to check the correct quantities of medication were available.

#### Preventing and controlling infection

- The home was clean, tidy and well maintained. A relative commented, "The place is spotless, the toilets are always so clean, and you can see they wash the floors often."
- There were appropriate systems in place to protect people from the risk of infection. Staff shared the responsibilities of cleaning and laundry tasks between them and followed a daily checklist to manage potential risks of infection.
- Stocks of personal protective equipment (PPE), such as disposable gloves and aprons were easily accessible to staff around the home to minimise the risk of infection.
- Staff had received training in infection control and food hygiene. They understood their responsibilities to ensure people were protected from the spread of infection and good hygiene practice was maintained.

#### Learning lessons when things go wrong



- The registered manager encouraged an open and honest culture to reporting incidents. Staff were aware of their responsibility to report when things had gone wrong, including near misses.
- Accidents and incidents were recorded accurately and regularly reviewed to ensure that any learning could be discussed and shared with staff to reduce the risk of similar events happening.
- The registered manager had subscriptions with a number of external agencies within the health and care industry, which meant they were promptly alerted to any important safety notifications. In addition, they were regularly sent information from the provider which helped to ensure they stayed up to date with best practice and guidance.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection, this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection, the provider had failed to follow DoLS requirements in line with the MCA. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that improvements had been made and the provider was no longer in breach of regulation 13.

- Staff had received training in the MCA and were clear about the need to seek verbal consent from people before providing care or support. All staff we spoke with had a good knowledge of the MCA. One staff member told us, "I always assume everyone has mental capacity. If someone is non-verbal, I get them to show me what they want so they pick for themselves, I give a few options and let them choose."
- Where people could not make their own decisions, the principles of the MCA were followed and the best interest decision making process was used. However, documentation in people's care plans was not always consistent. We discussed this with registered manager, who took immediate action to ensure people had records of MCA assessments and best interest decisions in their care plans.
- Care plans contained clear information about people's capacity and any cognitive or communicative needs they may have. They contained guidance for staff on the best way to support people when making decisions regarding their care, as well as their everyday life. During our visit, we saw staff respected people's choices and staff members were observed asking people's consent throughout the day.
- The registered manager understood when an application to deprive someone of their liberty should be

made and appropriate applications had been submitted as required.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives felt staff provided effective care at The Royal. One person said, "I like it here, [staff member] looks after me." A relative said, "I can't fault them, it is by far the best place [my relative] has ever been. They are so well looked after."
- People's needs were assessed prior to their admission and before re-admission, for example, if a person had required a hospital stay. This was to ensure their care needs could be met safely and effectively within the environment and in line with current best practice guidance.
- Information had been sought from the person, their relatives and any professionals involved in their care, in order to develop a comprehensive care plan. Each person's care plan was reviewed and updated as part of a monthly key worker meeting.
- Care plans clearly identified expected outcomes and contained detailed information about people's specific health conditions. For example, where some people were diabetic, guidelines were in place to support staff understanding of how this affected the person's behaviour, their normal blood sugar readings, and how to recognise the signs if their blood sugars were too high or too low.
- Staff demonstrated that they knew people well and we observed them supporting people in line with their care plans and best practice. This led to good outcomes for people and supported a good quality of life.
- Feedback from health and social care professionals demonstrated that people received effective care which led to positive outcomes. One professional commented, "My client has progressed well since living at The Royal. This is shown in their ability to manage their health conditions and take some more responsibility of their actions." We saw a feedback from a health professional from a recent survey which stated, "The service users' needs appear to be being met to a high standard."
- The service used technology to support people to meet their care needs. For example, sensor mats were in place to alert staff if people had a seizure during the night whilst they were in bed.

Staff support: induction, training, skills and experience

- New staff received a structured induction into their role before being allowed to work on their own. This included completing the provider's mandatory training and a period of shadowing a more experienced member of staff.
- Where staff had not previously done so, they completed the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in health and social care.
- Staff received a good standard of regular refresher training in key subjects, which helped them to effectively support people and meet their needs. Training included safeguarding, moving and handling, infection control, food hygiene and first aid.
- Training was developed and delivered around people's individual needs. The registered manager had introduced a monthly in-house training session, which focused on a specific subject which was relevant to the needs of the people living at The Royal.
- Staff were encouraged to enrol on higher level qualifications in health and social care if they wished too.
- Staff told us they were supported appropriately by management and felt valued in their roles. A staff member commented, "[The registered manager] is always there if you have a problem, you can go to her. [The management] are always there to help us."
- Staff received one-to-one sessions of supervisions every two months to discuss their role, their well-being and any development needs.

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

- Staff promoted good nutrition and hydration and were supported to eat a varied diet based on their

individual preferences.

- People and their relatives were positive about the food provided and told us they were provided with a choice at mealtimes. One person told us, "I do get to choose [my meals]. I could get a snack at any time if I wanted to." Another person said, "The food is nice, I can have something whenever I want but I need to be careful because of my [dietary needs]. The staff help me with that."
- Staff made sure people had enough food and drink when they went out in the community. For example, we observed staff prompting people to choose a snack to take with them before going out for the day.
- People ate their meals where they chose to. Where people required support, this was provided in an appropriate and unhurried manner.
- People's care plans contained detailed information about any special diets they required, food preferences and support needs. For example, where a person on a fluid restricted diet due to a health condition, their care plan contained comprehensive guidance for staff to make sure the person's fluid intake was managed appropriately. This considered types of foods that contained high amounts of fluid and fluids taken when the person took their medicines.
- Where people were at risk of weight loss, their weight was monitored, and staff contacted professionals appropriately. Staff recorded people's intake of food and fluids, which helped to ensure people maintained their weight and received a balanced diet.

Adapting service, design, decoration to meet people's needs

- The environment was well-maintained and suitable for the people who lived at The Royal.
- People's bedrooms were decorated to their preference and contained personal possessions, such as pictures and soft furnishings. All rooms had en-suite bathrooms and kitchenette facilities.
- People's bedrooms had been adapted to meet their individual needs. For example, one person's bathroom had a sensory shower, which displayed different colours when the water was turned on.
- People and their relatives commented positively on the environment and described the service as having a 'homely' atmosphere. One person's family member commented, "[My relative] calls it his home, it's a fantastic place."
- The environment was designed to support people to move around safely; it was spacious with a large lounge and dining room area. There was an accessible garden, where people could spend their time in the warmer months and be involved with outdoor activities such as gardening and picnics.
- People were given the opportunity to be involved with decoration and refurbishment of their bedrooms and in the communal areas of the home. For example, the registered manager told us people had helped to choose carpet and wall colours for upcoming redecoration work to the dining room.

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

- Staff worked together to ensure that people received consistent, timely and person-centred care. Throughout the inspection, we observed staff working as a team to ensure the smooth running of the service.
- There was good communication between staff to ensure that messages were passed on appropriately. One staff member said, "There is very good communication here, we look at the handover, communication book and diary at every shift to make sure we know if there are any changes."
- Staff had a verbal handover at the start of each shift, which informed them of any important information they needed to meet people's needs. For example, information in relation to people's health and any professional visits. This meant that staff were fully up to date with essential information.
- Staff were knowledgeable about people's individual health conditions and people were supported to access community healthcare professionals where required. These included, chiropodists, dentists, opticians and GP's.

- Where people were visited by healthcare professional or attended an appointment, a record of this was made in their care plan, which helped staff to monitor people's ongoing health conditions.
- People's relatives were confident that staff had a good understanding of their family member's health needs and could recognise if they were unwell. One relative said, "I'm really pleased, if [my relative] is unwell, I get a phone call to say, 'Don't worry, this is what has happened, and this is what we are doing', I am always informed."
- People's care plans contained essential information about their health conditions, current concerns, social information, abilities and level of assistance required. This information helped to guide staff and ensure effective support was provided.
- The registered manager and staff had built strong working relationships with health and social care professionals and worked with them effectively when following guidance to support people to lead healthy lives.
- Information about people's needs and health was shared appropriately if a person was admitted to hospital or another service, which allowed consistent and effective care.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us they received a good standard of care and support from staff who were caring, compassionate and kind. One relative said, "I really can't praise them highly enough" and another said, "I haven't seen my relative as happy as they are now for 15 years. The staff at The Royal go above and beyond." We saw a comment from a person in a recent survey which stated the staff 'make me happy' and were 'very friendly'.
- Staff had a genuine affection for the people they cared for and displayed a true passion for enhancing people's lives. One staff member told us, "I love it, I love the clients. I wouldn't do anything different, this is where I want to be." Another commented, "I love the buzz and the reward from this job, I wouldn't do anything else."
- We learnt of one person living at The Royal who had recently attended a job interview and was now working in the community. Staff told us how proud they were to be able to support the person to achieve this goal. One staff member said, "[The person] told me and I cried, I was so pleased. They were so excited and happy, it was lovely."
- Throughout the inspection we saw that staff displayed an effortlessly caring approach to their roles and nothing was too much trouble. We observed that when people appeared anxious, staff gently took their hand, provided lots of reassurance and stayed with them until they were settled. A health care professional told us, "I feel [the staff] want the best for them."
- The impact of people receiving support from caring staff had created a very homely atmosphere within the service. Staff often brought in their own children, who people enjoyed interacting with and playing games. People's relatives and visitors told us they were welcomed at The Royal at any time. A health professional commented, "The Royal are always very welcoming when I visit."
- People were supported to go on holiday and enjoy trips away if they wished too. We learnt of a planned group holiday which the registered manager had arranged for the upcoming month. The destination of the holiday had been chosen by people living at The Royal and staff had printed out pictures of different activities and places so that people could decide what they wanted to do each day.
- Staff had clearly formed supportive and positive relationships with people which were trusting and caring. Staff integrated with people living at the service, creating a caring and homely atmosphere. For example, staff often sat with people in the communal areas of the home to have a chat with them about their day.
- Staff were committed to promoting people's wellbeing and helping them to achieve their aspirations. As part of a monthly key worker meeting, each person had a goal they wished to work towards and these were on display in the home. For example, one person had a goal to complete four bike rides a month; we learnt how staff had supported the person to get the safety equipment they needed, and the person told us they

had achieved this goal above and beyond their target.

- The kindness and commitment of staff was reflected in the views of people and their relatives. Everyone we spoke with was consistently positive about the caring attitude of staff and described the trusting relationships they had built. For example, one person had built a very positive relationship with a new staff member, and we learnt they had become the person's keyworker.
- Staff supported people to maintain relationships with those important to them. Staff recognised the positive impact of supporting people to stay in touch with their friends and family and worked hard to ensure people were able to do so. For example, staff supported a person to purchase and send a card to their family member after they had undergone an operation. Other people were supported to use technology such as mobile phones and personal computers to stay in touch with their family and friends.
- People's equality, diversity and human rights were a priority for all staff members and the importance of this was embedded into the culture of the service.
- Arrangements were made to support people with their individual religious needs and ensure positive outcomes for people. For example, staff supported one person to attend a church service in the community and was regularly visited by representatives of the church community.
- Staff spoke with empathy and enthusiasm about how they cared for people. They were able to tell us about people's individual needs, and clearly treated people equally and with respect. People's care plans included details of any cultural or religious needs and provided information for staff to support them in a truly person-centred way.
- The registered manager expressed a passion for ensuring people's equality and diversity rights were upheld. Staff had been trained in equality and diversity and further plans were in place to extend staff understanding and knowledge in this area.

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

- People and where relevant, their relatives, were actively encouraged and fully supported to be involved in decisions and express their views about the care they received.
- The service demonstrated a proactive approach to helping people to express their views, so staff and management could understand people's wishes and preferences. For example, one person had been elected as an 'ambassador' to represent everyone living at the service. As part of this role, the person gathered the views of everyone at The Royal and had regular meetings with the registered manager to discuss the feedback they had received, and any ideas people wished to implement. For example, following feedback to the ambassador, staff had arranged themed food nights of people's choice.
- Staff had explored different techniques to communicate effectively with people according to their individual needs; for example, adapting a signing language called Makaton for a person who did not verbally communicate.
- People had information presented to them in a way they found accessible and in a format they could understand. For example, staff used cards with picture and photos of items, activities and expressions to help people understand when staff interacted with them. During monthly key worker meetings, people were provided with a pictorial questionnaire to help them share their views about their care.
- Where people were not able to verbally express their views, staff demonstrated they knew people very well and had the ability to recognise people's body language and individual expressions, to indicate how they felt about areas of their care.
- To further support and monitor people's ability to express themselves, where people had behaviours that could place themselves or others at risk, positive behaviour care plans were in place. These gave detailed information about individual triggers for people's behaviours and how staff could support them using a 'proactive' or 'reactive' approach, to reduce incidents. For example, one person's care plan described how they became distressed if they were in pain or felt their needs were being ignored; guidance was available to calm the environment by reducing sensory stimulation and giving the person space.

- Staff demonstrated good skills when supporting people in a sensitive manner and encouraging them to explore different sources of help and advice in relation to their health needs. For example, one person was supported by staff to attend a local club to help them to maintain a healthy weight and diet. We saw certificates on display in the kitchen which celebrated where the person has reached milestone achievements in their weight loss.
- Staff positively welcomed the involvement of advocates, which ensured that people were able to express their views. The registered manager described how they had worked with an advocate to support a person and their family when making an important decision about their care.
- Where relevant, people's relatives were updated regularly about any changes to their family member's care. For example, staff had introduced a monthly keyworker newsletter which was sent to people's relatives to update them on the person's achievements and any changes over the past month. A relative told us, "We are very involved, and we get the newsletter, that has been really informative."

#### Respecting and promoting people's privacy, dignity and independence

- Respect for people's privacy and dignity was at the heart of the service and embedded into the daily culture. This included giving people their personal space and being polite and sensitive in the care and support given.
- People could decide who provided their support and when, in line with their wishes and preferences. For example, one person's care plan stated, "I only like female staff to support me with personal care"; this was respected by staff.
- The people living at The Royal were of a range of ages and backgrounds and it was evident that understood how to support the needs of young adults who had transitioned from services for young people. For example, one person was supported by staff to have regular contact with a social care professional until they reached a certain age. The professional described how staff willingly provided additional support where required, so that the person was involved in any special events they were invited to.
- Staff had a good understanding of the importance of respecting people's dignity and privacy; they described the actions they took when providing personal care, such as closing doors and covering people with a towel. One staff member said, "I think about if I had personal care how I would like to be treated" and another commented, "I always talk through what I'm doing, so they know exactly what is going on."
- Throughout the inspection, we saw that staff were always considerate of people's dignity. For example, where a person's trousers were not fastened correctly and begun to fall down, staff noticed immediately and helped them.
- Staff demonstrated a commitment to supporting people to be as independent as possible and live meaningful and fulfilling lives. For example, we learnt of one person who had expressed to staff they wished to access the community independently. Staff worked with the person's family, completed a risk assessment and created an action plan to support the person step by step to achieve their goal. Staff helped the person to plan their route and save The Royal's contact numbers into their mobile phone in case of an emergency. We learnt the person had built their confidence massively and now accessed the community on their own. We spoke with the person's relative, who commented, "I can't believe it, I am so impressed with the home and [my relative]."
- Staff had built trusting relationships with people and were aware of each person's abilities. They actively encouraged people to be as independent as possible in their daily lives and personal care routines. For example, where people were able to, they were involved with domestic tasks around the home and were supported by staff on a specific day to wash their laundry and clean their bedroom.
- Another person was supported to administer their own medicines, under the supervision of staff. A comprehensive risk assessment had been developed in consultation with the person and clearly outlined agreed controls and actions to ensure the person stayed safe. For example, the person signed the MAR sheet themselves once they had taken their medicines and this was then checked by a staff member.



- Support plans were written in a way that promoted people's independence. They were outcome focussed, with guidance on how best they could support people to live meaningful lives maintaining their independence. For example, one person's care plan clearly described their morning routine when washing and dressing, and which areas they were able to manage without any support.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People and their relatives told us they received person-centred care and support which met their individual needs. A person said, "I like it here, they [staff] look after me."
- People's care plans were personalised to people's daily routines and had been developed with a clear focus on how they wished to receive their care. Comments in people's care plans included, "I will wake up when I want to, and I like to have my shower straight away" and "I like my hair to have shampoo applied twice and then I have conditioner applied. I like my hair to be brushed then I wash myself." This level of detail ensured that staff provided care which was driven by the person's individual preferences.
- Information in people's care plans was person-centred and included details about their life history, their likes and dislikes, and any specific health or emotional needs. This information enabled staff to get to know people well and understand their individual life experiences. This meant they could use this information to engage with people in meaning conversations.
- Staff empowered people to have choice and control where possible in different aspects of their care. Throughout the inspection, we observed staff naturally offering people choices throughout the day, such what they would like to eat and how they wished to spend their time.
- We received positive feedback from health and social care professionals which indicated that the service was focused on providing person-centred care and support and by doing so, had enable people to achieve excellent outcomes. One professional commented, "All of the staff I have dealt with know my client very well meaning they are able to support them to the best of [the person's] abilities."

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

- Staff were passionate about supporting people to access social activities and events which enabled them to follow their interests. This meant people were supported to live as full a life as possible.
- Staff supported people to access the community regularly. We saw pictures and learnt of occasions where people who had taken part in days out to a local zoo, museums, visited cafes and pubs, trips to the beach and a local dockyard. One person said, "We go out a lot. I love to go out, we are going out today. The [other residents] love it and when they are happy, I am happy too." On the first day of the inspection, when a person returned to the service after visiting a local arcade, they told us, "I went out, I had a good day."
- People's relatives were invited to take part in events held at the home. For example, family members had been invited to celebratory days throughout the year, such as Christmas and birthday parties. A relative said, "I get in involved, I'm never left out of anything. I am always told if [my relative] is going out somewhere too." This supported people to develop and maintain relationships and prevent social isolation.
- People had a weekly activities schedule which was on display in the home. This was developed in a format

that people were able to understand and helped them to plan their daily routines. A relative commented, "They do a chart with [my relative] so they know what they are doing and [the staff] stick to it. I thought it was fantastic, I could phone [my relative] now and ask what they are doing, and they would know."

- The service had made links within the community and maintained relationships which were supportive of people's social needs and promoted their wellbeing. For example, one person regularly attended a sensory session at a local library to support their needs.

### Meeting people's communication needs

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

- Staff knew how to effectively communicate with people, which met the principles of the Accessible Information Standards.
- People's unique communication styles were identified, recorded and highlighted in their care plans, which ensured staff were aware of the best way to talk with people and present information. One person's care plan reminded staff to speak with them in 'simple language' and to avoid asking too many questions.
- Information in care plans included how staff should interpret and support the needs and behaviours of people who had limited or impaired ability to communicate. For example, one person had a 'non-verbal communication passport' in place, which detailed different types of body language, signs and expressions they may express, and what this meant in relation their mood or needs.
- Another person's care plan's stated "I like to look very closely at people's faces and I like staff to use different facial expressions when communicating with me." During the inspection, we saw staff using this style of communication with the person to support them when getting ready to go out.
- Pictures and symbols were used to create posters and signs around the home, which helped people to understand important information, such as what to do if they were upset or concerned.
- Care records identified if a person had a sensory loss and staff had worked with external agencies for people with sensory impairments, to further support them.

### Improving care quality in response to complaints or concerns

- There was a process was in place to act on any concerns complaints that had been received. These provided detailed information on the action people could take if they were not satisfied with the service being provided.
- The complaints procedure was available and on display around the home in a format for people to understand.
- Staff recognised that not all people living at the home had the ability to make a formal complaint. Consequently, they looked out for indirect signs that a person was dissatisfied with their support or unhappy about something. These signs included a person appearing withdrawn or becoming anxious and upset.
- Complaints records demonstrated they had been responded to in a professional manner validating the person and the concerns they raised. The registered manager had investigated concerns thoroughly and dealt with them in line with the provider's complaints policy.
- Relatives told us that they had confidence in the registered manager and if they raised minor concerns, these were acted on promptly. One person's relative said, "Oh yes, [the registered manager] always says to me, 'if ever I feel there is a problem, do not hesitate to come to me'. I have never had a problem with anything here."
- The management team and staff regularly engaged with people and their families so that any low-level concerns could be addressed quickly.

## End of life care and support

- At the time of the inspection, no one living at the home was receiving end of life care. However, the registered manager provided us with assurances that people would receive attentive end of life care and be supported to help ensure a comfortable, dignified and pain-free death.
- The registered manager demonstrated their ability to quickly recognise where people's needs had changed or deteriorated, and they would continue to work closely with relevant healthcare professionals, to ensure people were as comfortable as possible at the end of their lives.
- People's end of life wishes had been considered and documented within their care plans.
- The provider had an end of life policy in place which focused on involving people as much as possible with their treatment decisions and guidance on how to support people and their families sensitively and openly.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives were happy with the care provided and felt the service was well-run. One relative told us, "If I had to score them out of 10, I would give them a 12 or a 15!"
- People, staff and health professionals felt the management team were approachable, open, honest and effective in their roles. People and staff were confident about raising any issues or concerns with them.
- The registered manager had an 'open door' policy in place and promoted an empowering and inclusive culture within the service. Their passion and commitment to provide people with a high-quality standard of care was embedded into the day to day running of the service.
- Staff shared the vision and values of the provider and worked together as a team to deliver support that met people's individual needs.
- Staff were recognised for doing a good job and their achievements were celebrated by the service. One staff member said "I always get a thank you when I leave. I do feel proud working here."
- Staff told us they enjoyed their roles and felt supported by the management team. One staff member said, "I love the support and I love the clients. The support from [the registered and deputy managers] is amazing. If I feel I need to talk, I can go to them."

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

- There was a clear management structure in place, consisting of the registered manager, the deputy manager, and senior care staff. Each role had defined responsibilities which were overseen by the provider to ensure effective performance management.
- Without exception all feedback we received about the registered and deputy managers was positive, and people told us they felt the service was well run. Comments included, "[The registered manager] is a great ambassador for the clients at the Royal," "[The registered manager] is a treasure. The way she deals with things and sorts them out is marvellous" and, "The management are superb. [The deputy manager] is a breath of fresh air, she is very organised and efficient."
- There were robust quality assurance systems in place to monitor and improve all areas of the service. These consisted of a range of regular audits and checks, which were carried out by the registered manager, the deputy manager and senior staff.
- The provider maintained good oversight of all quality assurance processes in place and regularly visited The Royal to complete their own checks and review of the service.
- A range of policies and procedures were in place to aid the smooth running of the service. For example,

there were policies on safeguarding, complaints and equality and diversity.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated a transparent approach to their responsibilities. Where any safeguarding concerns were raised, or accidents occurred, relevant people were informed, in line with the duty of candour requirements.
- The previous CQC inspection rating was displayed prominently in the reception area of the building and on the provider's website.
- A duty of candour policy was in place, which supported staff and management to act openly and honestly in their roles.

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

- People's individual life choices and preferences were met. The providers, and management team were clear on how they met people's human rights.
- The registered manager encouraged open communication amongst everyone who lived at, worked in, and visited the service.
- People and their relatives were consulted about the running of the home and asked their views on any changes planned or new ideas. Feedback about the service was gathered in a range of ways including meetings, annual surveys and one-to-one discussions.
- Surveys were completed regularly which were sent to people, relatives, staff and professionals. On reviewing the comments by people within the last completed survey, all comments were positive. The registered manager told us if any negative comments were received these would be investigated and addressed.
- Staff were given the opportunity to provide feedback about the service through regular supervision sessions and staff meetings. Staff meetings provided the opportunity for discussion and learning.

Continuous learning and improving care; Working in partnership with others

- There was an emphasis on continuous improvement. The registered manager monitored the service people received by observing staff practice and approach. This ensured they worked safely and displayed a respectful attitude.
- The registered manager told us they felt well supported in their role by the provider and had regular contact with them. They had made links with another service run by the provider and told us they planned to arrange an event for people living at both services.
- A system was in place to monitor complaints, accidents, incidents and near misses. If a pattern emerged, action was taken to prevent a reoccurrence. All learning was shared with staff during staff meetings, handovers and supervision.
- The staff and management team worked in partnership with other agencies and professionals to ensure people received the support they required. Health and social care professionals described the positive relationships they had built with the service when providing support to people living there. One professional commented, "[The registered manager] always provides updates on how my client is doing and requests additional information and support as and when needed."
- People's support plans showed the involvement of health and social care professionals including community nurses, dentists and GPs, which ensured effective joined-up care.
- The registered manager worked with people's relatives where appropriate, to help support people's day to day routines effectively.

