

Crown Care V Limited

Royal Hampton

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 well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 11 May 2017. We found the provider was meeting all the regulations we inspected. We rated the service as good. After this inspection, we received concerns in relation to people's safety, staffing levels, meeting people's dietary needs, the maintenance of records and the management of the service. As a result, we undertook an unannounced focused inspection on 19 and 20 December 2017 to look into these concerns. This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Royal Hampton on our website at www.cqc.org.uk.

At this inspection, we concluded that people were safe, there were sufficient staff deployed, people's dietary needs were met and the service continued to be well led.

The Royal Hampton accommodates up to 73 older people, some of whom have nursing needs and some who are living with dementia. There were 48 people living at the home at the time of the inspection.

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

A local authority safeguarding officer and contracts officer had visited the service prior to our inspection. They found no major concerns and all minor shortfalls and omissions which they identified, had been addressed by the time of our visit.

People and their relatives told us the service was a safe place to live. There were safeguarding procedures and systems in place. Records of accidents and safeguarding incidents were completed. We noted that these were not always detailed and some of the language used by staff was ambiguous. The registered manager told us that this would be addressed.

People and most relatives told us there were sufficient staff deployed. Some staff and a relative informed us that more staff would be appreciated. We observed that staff carried out their duties in a calm unhurried manner.

There were safe systems in place to receive, store, administer and dispose of medicines.

Safe recruitment procedures were followed and staff had completed training in safe working practices and to meet the specific needs of people. An induction process was in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in place supported this practice.

People were supported to receive a suitable and nutritious diet and access health care services.

Regular audits and checks were carried out to monitor all aspects of the service. There were various feedback mechanisms in place to obtain the views of people, their representatives and staff. Meetings and surveys were carried out. These systems meant that people, their representatives and staff were regularly involved with the service in a meaningful way to help drive continuous improvement.

We received mixed feedback from staff about the registered manager. Some staff told us they felt supported by the manager and enjoyed working at the service. Several staff told us however, that morale had dipped. They said that more support from the registered manager would be appreciated. We passed this information to the provider for their information.

During our inspection, we found the registered manager to be open and transparent. She was able to provide us with all the information we requested and immediately addressed any minor shortfalls and omissions we identified.

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 remained safe.

People and their relatives told us the service was a safe place to live. There were safeguarding procedures in place.

There was a system in place to manage medicines safely.

There were sufficient staff deployed to meet people's needs.

Is the service effective?

Good ●

The service remained effective.

People were supported to receive a suitable and nutritious diet and access health care services.

Training was available in safe working practices and to meet the specific needs of people who lived at the home.

Staff followed the principles of the Mental Capacity Act 2005.

Is the service well-led?

Good ●

The service remained well led.

There was a registered manager in place. We received mixed comments from staff about the registered manager. Some staff told us, they felt well supported, but several said that more support would be appreciated.

Regular checks were carried out to monitor all aspects of the service.

There were various feedback mechanisms in place to obtain the views of people, their representatives and staff.

Royal Hampton

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.

We carried out an unannounced comprehensive inspection of this service on 11 May 2017. We found the provider was meeting all the regulations we inspected. After this inspection, we received concerns in relation to people's safety, staffing levels, meeting people's dietary needs, the maintenance of records and the management of the service. As a result, we undertook an unannounced focused inspection on 19 and 20 December 2017 to look into these concerns.

The team inspected the service against three of the five questions we ask about services: is the service safe, effective and well led. No risks or concerns were identified in the remaining key questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these key questions were included in calculating the overall rating in this inspection.

The inspection team consisted of two inspectors and a specialist advisor in nutrition. Specialist Advisors are senior clinicians and professionals who assist us with inspections.

Royal Hampton 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. Royal Hampton accommodates 73 people across three floors.

People with personal care needs resided on the ground floor, those with nursing needs lived on the first floor and those who had a dementia related condition were accommodated on the third floor in the Serenity unit.

Prior to carrying out the inspection, we reviewed all the information we held about the home. We did not request a provider information return (PIR) due to the late scheduling of the inspection. A PIR is a form which

asks the provider to give some key information about their service, how they are addressing the five questions and what improvements they plan to make.

We contacted Northumberland local authority safeguarding and contracts and commissioning teams prior to our inspection. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used their feedback to inform the planning of this inspection.

We spoke with six people and five relatives. We also spoke with the provider, regional manager, registered manager, deputy manager, two unit managers, a senior care worker and three care workers. We also spoke with a member of night staff to ascertain how care was delivered at night.

We observed people's care and support in communal areas of the home and viewed seven people's care records to ascertain how care was delivered. We also looked at information relating to staff recruitment and training. We examined a variety of records which related to the management of the service.

Is the service safe?

Our findings

Prior to our inspection, we received concerns in relation to people's safety and staffing levels.

At our previous inspection, we rated this key question as good. At this inspection, we found the provider had continued to ensure good outcomes for people in this key question.

People and relatives told us that people were safe at the service. Comments included, "We've been to the falls clinic – it's a pretty safe environment," "I feel safe here – I can lock my door," "He loves it here. We couldn't complain about anything...it's safe" and "I feel very safe living here." They all remarked on the kind and caring nature of staff. Comments included, "The staff are nice – it's all nice" and "They're all exceptionally friendly."

A local authority safeguarding officer and contracts officer had visited the service prior to our inspection. They found no major concerns and all minor shortfalls and omissions which they identified, had been addressed by the time of our visit.

There were safeguarding procedures in place. Staff had completed safeguarding training. The registered manager was going to complete additional safeguarding training for management staff.

The registered manager completed safeguarding investigation reports following any safeguarding incidents. We noted these sometimes lacked detail. We spoke with the registered manager about this issue and she told us that this would be addressed. Actions to be taken to prevent any reoccurrence were recorded.

People and most relatives told us there were sufficient staff deployed to meet people's needs. Comments included, "They've recently had an increase in staff because of more [people]" and "There seems to be enough staff." One relative and some staff told us that more staff would be appreciated.

The registered manager told us that recent unforeseen events had affected staffing levels such as several staff departures. Agency staff were still used at the service and the provider tried to ensure the same agency staff were requested for consistency. The registered manager told us more staff were in the process of being recruited.

A staffing tool was used to assess the numbers of staff on duty. This was linked to the dependency levels of people at the service. Throughout our visit, we observed that staff carried out their duties in a calm, unhurried manner. Nurse call bells were answered promptly. We concluded that there were sufficient staff deployed to meet people's assessed needs.

We looked at how staff sought to understand, prevent and manage behaviour that the service found challenging. Behaviour care plans were in place for people experiencing behavioural disturbance or distress. We observed staff responded well when communicating with one person who was distressed. A staff member told us, "We try and calm them down using different approaches, it may mean coming back and

trying a change of face...We never give up."

We checked the safety and suitability of the premises and equipment. People and relatives spoke positively about the environment. Comments included, "Everything is immaculate" and "It's like a five star hotel."

The building was clean and well maintained. Staff had access to personal protective equipment such as gloves and aprons. Checks were carried out to ensure the building and equipment were safe. One relative said, "They are good with handling patients who require lifting [with a hoist]." Personal emergency evacuation plans were in place which detailed how people should be supported to leave the building in the event of an emergency.

Staff told us, and records confirmed that the correct recruitment procedures were carried out before staff started work. We examined one staff member's recruitment file and noted that a DBS check had been obtained. Four written references had also been received. This demonstrated the provider had systems in place designed to ensure that people's health and welfare needs could be met by staff who were fit, appropriately qualified and of suitable character to do their jobs.

There was a system in place to check that nursing staff were registered with the Nursing and Midwifery Council [NMC]. The NMC registers all nurses and midwives to make sure they are properly qualified and competent to work in the UK.

People told us that they received their medicines as prescribed. We found there was a safe system in place for the receipt, storage, administration and disposal of medicines, including controlled drugs. Controlled drugs require stricter controls because they are liable to misuse. We looked at medicines administration records and noted there were several minor recording issues which the registered manager and deputy manager told us would be addressed.

There were computerised assessments in place where people had been identified as being at risk. They described the actions staff were to take to reduce the possibility of harm. Areas of risk included choking, falls, moving and handling, malnutrition and pressure ulcers.

Is the service effective?

Our findings

Prior to our inspection, we received concerns in relation to meeting people's nutritional needs.

At our previous inspection, we rated this key question as good. At this inspection, we found the provider had continued to ensure good outcomes for people in this key question.

People and relatives were complimentary about the meals at the service. Comments included, "He lives for his food and the meals are beautiful," "The food is good, I'm putting on weight with the three courses" and "The food is nice." We heard one person describe their lunch as "smashing."

We checked the home's menus and found they met the Government's 'Eatwell' guidelines. There was the option of fruit and vegetables at every meal which made up a third of people's daily recommended intake. The Eatwell guide is a policy tool used to define government recommendations on eating healthily and achieving a balanced diet.

There was an emphasis on home baking and people enjoyed homemade cakes, scones and biscuits. The fridge was full of cream, butter, cheese, high fat yogurts and full fat milk to fortify people's diets. Staff had referred people to their GP and local NHS dietetic service if there had been any significant weight loss. One relative said, "She had weight loss, but they addressed it."

Two people required a specialist form of feeding. Guidance and records were in place to ensure that this was carried out correctly and safely. Food and fluid charts were completed for those who required specialist feeding and those who were at risk of malnutrition or dehydration. We noted there were omissions on one person's fluid chart. Following our inspection, the registered manager wrote to us and stated, "We have made a profound change in the way that we monitor these charts with random weekly checks by the deputy or myself and daily checks for every balance by each senior person in charge of the units. This is now also part of the weekly management report to the regional manager and managing director."

We observed the lunchtime experience throughout the service and saw that staff were attentive to people's requirements. Individual support was provided discreetly.

We saw evidence that staff had worked with various agencies and accessed other services when people's needs had changed, for example, consultants, GP's, community psychiatric nurses, district nurses, speech and language therapist, dietitians, the chiropodist, dentist. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were being met to maintain their health.

Staff informed us that they felt equipped to carry out their roles and said that there was sufficient training available. One staff member told us, "The training is very in-depth - you feel as though you are really learning something."

The registered manager provided us with information which showed that staff had completed training in safe working practices and to meet the specific needs of people who used the service, such as dementia care. Induction training was completed to make sure that staff had achieved acceptable levels of competence in their job role.

Staff told us they had received supervision. Several staff told us that more support from the registered manager would be appreciated. We passed this feedback to the provider and the registered manager for their information. There was an appraisal system in place. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

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. The authorisation procedures for this in care homes and hospitals are 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 were being met.

Staff had submitted DoLS applications to the local authority in line with legal requirements. There was a delay in the authorisation of applications. This was due to external factors and was not due to any oversight by the provider. Records were kept of mental capacity assessments and best interests' decisions such as moving into the home and any restrictions on people's movements.

Careful consideration had been given to ensure the design and décor of the service met people's needs. There was a library with internet café, bistro restaurant, bar, hairdressing salon, cinema and alternative therapy room for massages and aromatherapy.

Those who had a dementia related condition lived in 'Serenity' which was located on the second floor. There were items of interest along the corridors which people could touch and feel. First and second floors had balcony areas which people could use to enjoy the outdoors.

Is the service well-led?

Our findings

Prior to our inspection, we received concerns in relation to the management of the service and the maintenance of records.

At our previous inspection, we rated this key question as good. At this inspection, we found the provider had continued to ensure good outcomes for people in this key question.

People and relatives spoke very positively about the service and staff. Comments included, "It's one of the best [homes]. It's fantastic – he's slotted in straight away," "The staff are great," "They're very proactive, they get onto things straight away" and "He's come in and it's been such a relief for me – he's happy."

There was a registered manager in place. She was a registered nurse and her background was in palliative care. She had a Masters level qualification in leadership and management. People and relatives spoke positively about the manager. Comments included, "[Name of registered manager] is fantastic – she's been marvellous" and "The managerial staff are accessible."

We received mixed comments from staff about the registered manager. Some staff told us, "[Name of registered manager] is very good. I am able to discuss any problems. She is very proactive – fair but firm," "She has an open door policy" and "She is definitely supportive." Several staff however, said that more support from the registered manager would be appreciated.

Most staff told us that they enjoyed working at the home. They told us, "It's lovely here – there's very high standards. Everyone is lovely and the residents are fantastic," "[Name of person] always says to me, 'Hello Mr long legs, when I see you, you change my mood - you make me happy' - to get that feedback is lovely" and "I love it here – it's so rewarding, you get to know them – they are like your family." Several staff told us however, that morale had dipped. We passed this feedback to the provider and registered manager for their information.

During our inspection, we found the registered manager to be open and transparent. She was able to provide us with all the information we requested and immediately addressed any minor shortfalls and omissions we identified.

A new deputy manager had been appointed to support the registered manager. Staff spoke positively about him. Comments included, "He is a gem" and "[Name of deputy manager] is brilliant."

We checked the maintenance of records. The provider used a computerised care management system to plan and review people's care and support. This system flagged up when reviews were due for care plans and assessments. Care plans were reviewed to ensure people's needs were met and relevant changes were added to individual electronic documents.

Accidents and incidents were recorded and analysed for any trends or themes. Records of safeguarding

investigations were also completed. We noted that accident, incident and safeguarding records occasionally lacked detail. In addition, the language used in accident and incident records was sometimes ambiguous. Following our inspection, the registered manager told us that further training in this area had been arranged for staff.

Regular checks were carried out to monitor all aspects of the service. Areas included health and safety, activities provision, bed rails, staff personnel files, infection control, care plans, medicines management and catering. The regional manager also carried out regular audits. Action was taken if any issues were identified.

The registered manager had notified the Care Quality Commission of events such as deaths in line with legal requirements. We spoke with the registered manager about several recent incidents which could be considered safeguarding in nature. The registered manager immediately submitted these to the Care Quality Commission.

There were various feedback mechanisms in place to obtain the views of people, their representatives and staff. Meetings and surveys were carried out. These systems meant that people, their representatives and staff were regularly involved with the service in a meaningful way to help drive continuous improvement.