Crescentworth Limited

Royal Garden Hotel

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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 29 December 2016 and 3 January 2017 and was unannounced.

Royal Garden Hotel is registered to provide accommodation and care for up to 36 people; everyone living at the home has low dependency needs. The home is situated close to the seafront in Bognor Regis, with access to local amenities. At the time of our inspection, 28 people were living at the home, including two people who were on short breaks. Accommodation is provided over four floors and is accessible by a lift. There are three self-contained apartments at the home, two of which are occupied by couples. Communal areas within the main home include a large dining room on the ground floor and a large lounge on the third floor. All rooms are en-suite, some with shower facilities and some with toilets and washbasins. There is a small garden accessible to people at the side of the home.
A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Good management and leadership was not evident in all aspects of the service. There was no system in place to ensure that staff received regular supervision and no evidence to confirm that some staff had received supervision at all in 2016. Annual appraisals were not completed. The registered manager was unaware of the updated regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which meant they were not conversant with the current legislation. We have made a recommendation relating to this. People were involved in developing the service through meetings and they were asked for their feedback about the home. Staff felt supported by management. A range of audits was in place to measure and monitor the care delivery and home overall.

Medicines were generally managed safely, although we observed some medicines were left unattended on top of the medicines trolley whilst the staff member administered medicines elsewhere. The registered manager had also observed this oversight and later discussed this with the staff member in question. People told us they felt safe living at the home and staff had been trained to recognise the signs of potential abuse, knowing what action to take if they suspected abuse had taken place. Risks to people were identified, assessed and managed appropriately. Guidance to staff on how to support people safely was contained within people's care plans. There were sufficient numbers of staff available and new staff were recruited safely. The home was clean and hygienic and people commented that their rooms were cleaned to a good standard.

Staff had been trained in a range of areas and new staff studied for the Care Certificate, a nationally recognised qualification. Staff understood their responsibilities under the legislation relating to mental capacity. No-one living at the home had their freedom restricted. People were supported to have sufficient to eat and drink and were encouraged in a healthy lifestyle. They had access to a range of healthcare professionals and services. People were encouraged to personalise their rooms and to bring items of

importance to them when they came to live at the home.

Staff were warm, kind and caring with people and positive relationships had been developed. People and their relatives spoke positively about the staff and management. People were encouraged to be involved in all aspects of their care and they were treated with dignity and respect by staff.

Care plans were kept electronically and provided detailed, comprehensive information about people and their care needs. Care plans were reviewed monthly and staff kept up to date about any changes within the plans, so that people's current care needs were met. Some activities were organised for people at the home, but the majority of people were independent and pursued their own interests and hobbies. No complaints had been received within the last year. The provider had a complaints policy in place.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of this report.

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 felt safe living at the home and staff had been trained to recognise the signs of any potential abuse. Their risks were identified, assessed and managed appropriately by staff.

Staffing levels were sufficient to meet people's needs.

Medicines were generally managed safely. We observed one instance of poor practice which was promptly addressed by the registered manager.

The home was clean and odour free.

Is the service effective?

Good

The service was effective.

Staff had completed training that enabled them to meet people's needs effectively.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice.

People had sufficient to eat and drink and had access to a range of healthcare professionals and services. They were encouraged to personalise their rooms to make them more homely.

Is the service caring?

Good

The service was caring.

Warm, friendly and caring relationships had been developed between people and staff. People, relatives and a friend visiting the home spoke highly of staff.

People were encouraged to be involved in decisions relating to their care. They were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Care plans provided detailed information and guidance to staff on people's care needs.

Some activities were organised for people, but many people chose to pursue their own interests independently.

No complaints had been received within the last year. A complaints policy was in place.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led.

No system was in place to plan or monitor staff supervision meetings. Staff did not receive regular supervisions and no annual appraisals of their performance had been completed.

The registered manager was unaware of the update to Regulations and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff felt supported by the management team.

People were asked for their feedback about the home.

A system of audits was in place to monitor and measure the care delivery and service overall.

Royal Garden Hotel

Detailed findings

Background to this inspection

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

The inspection took place on 29 December 2016 and 3 January 2017 and was unannounced.

One inspector and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience at this inspection had expertise in older people and dementia care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people and staff. We spent time looking at records including four care records, three staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan and other records relating to the management of the service.

On the day of our inspection, we met with five people living at the service, spoke with two relatives and a friend of one person. We chatted with people and observed them as they engaged with their day-to-day tasks and activities. We spoke with the provider, the registered manager, the deputy manager, the head of senior care, a care assistant and the chef.

The service was last inspected on 24 January 2014 and there were no concerns.

Good

Is the service safe?

Our findings

People told us they felt safe living at the Royal Garden Hotel. One person told us, "I was petrified when I lived in my own home, but here I sleep better. I've put on weight and really words fail me as to how grateful I am to everyone here. If there are any problems or concerns, it works both ways. If I'm worried I know I can chat with staff at any time and equally, if they are worried about me, they will explain why and look at ways with me to resolve it".

People were protected from the risk of abuse and staff knew what action to take if they suspected abuse was taking place. One member of staff told us they had no recent experience of any safeguarding concerns and added, "If I was to see or hear anything, I would inform [named registered manager]". They went on to name some types of abuse, "Physical, mental, sexual, money – anything like that". People were free to come and go as they pleased and a board recorded when people were in and when they went out. The registered manager explained, "Staff tend to know who's in and who's out. We observe without being intrusive".

Risks to people and the premises were identified, assessed and managed appropriately. We looked at risk assessments which had been drawn up for people and these related to medication, mobility, skin integrity, nutrition and personal care. Each risk was then assessed as being 'low', 'medium' or 'high' according to the person's individual needs. For example, under 'personal care' for one person we read, 'When bathing [named person] uses a grab bar and seat to assist herself'. In addition to detailed guidance provided to staff, each risk assessment identified how many staff were needed to support each person safely. Where a person had sustained a fall, a red symbol would automatically be flagged up electronically on the person's care plan. This acted as a reminder that staff needed to review the relevant risk assessment and update the care plan. People's risk of developing pressure areas had been assessed using Waterlow, a tool specifically designed for this purpose. Fire alarms were tested weekly and the provider, who was suitably qualified, completed electrical testing on equipment and around the home.

There were sufficient numbers of suitable staff on duty to keep people safe and meet their needs. One person said, "Fortunately, I've never needed to use my bell, oh, apart from one time when I was unwell at night. Staff knew I had been unwell and they came straight away. They reassured me and said, "That's what we're here for". My husband does need to use his call bell more frequently and the staff always go to him straight away and in pairs, so I believe there is a good resident to staff ratio". Another person told us, "Some staff are more efficient than others. Sometimes I like to stay in bed and the staff come back. If I'm asleep, I get left as they then go and see to other residents". Their friend who was visiting explained, "In all fairness, he occasionally wants to stay in his pyjamas, but staff pop back periodically to see if he wants to get dressed. I think it throws their routine out the window a little".

During the day, four care staff, plus the registered manager, were on duty; in addition, housekeeping, maintenance and catering staff were also working. At night, two waking staff were on duty. We looked at the staffing rotas over a four week period and these confirmed that staffing levels were consistent across the time examined. The registered manager said that staff tended to work set shifts and that people would know which staff were working on any particular day, thus providing consistency of care. At the time of our

inspection, 28 people were in residence, but numbers varied almost on a daily basis, since some people stayed at the home for short breaks.

Safe recruitment practices were in place. Staff files we checked showed that potential new staff had completed application forms, received a job specification, two references had been obtained to confirm their suitability and good character for the job role and checks made with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and help prevent unsuitable staff from working with people in a care setting.

People's medicines were generally managed so they received them safely. One person told us, "I'm on medication, but I self-medicate and don't need any assistance from staff. I sign for my medication every month or as and when I require more". Another person said, "Yes, I am on medication and I manage it myself. I am extremely independent and like to do as much for myself as possible. I sign for the medication when I am in need of more". People who administered their medicines had been risk assessed appropriately and records confirmed this. We checked the ordering, storage and disposal of medicines and stock levels of medicines tallied with what was recorded.

We observed a member of staff administering medicines to people during the lunchtime meal. The member of staff wore a tabard which stated, 'Do Not Disturb – Drugs Round in Progress', thus enabling them to concentrate on administering medicines. Medicines were administered from a medicines trolley that was wheeled into the dining room. We observed that a set of blister packs on a rack and a plastic box containing other medicines were left on the top of the trolley whilst the staff member left the dining room to administer medicines to a person in their room. This is not safe practice as anyone, in passing the trolley, could have helped themselves to the unattended medicines. We discussed this issue with the registered manager, who had also observed this incident take place as they had been in the dining room at the time, consequently, the risk of this happening was reduced. The registered manager felt that the staff member responsible had acted out of character and had possibly felt anxious about being observed as part of the inspection process. The registered manager stated they would remind the member of staff in question of the importance of ensuring that medicines were never left unattended and that the trolley was locked between each medicine being administered.

Medicines audits were completed every 12 weeks and we looked at the records which had been completed in December 2015, March, June and October 2016. A pharmacist also completed an annual audit and the last audit took place in August 2016. The pharmacist had highlighted the need for staff to be observed administering medicines and for their competency to do this safely to be checked. The registered manager told us that she regularly observed staff administering medicines, but did not document these checks. They had recently devised a competency check tool to assess staff competency in administering medicines, but a system was not yet in place for the process to commence. The registered manager stated that this was 'work in progress' and recognised the need to ensure this was done as soon as possible, especially in light of our observation of the medicines being administered on the first day of our inspection.

We observed that the home was clean and hygienic and there were no unpleasant odours evident. One person told us, "Every day without fail my rooms are cleaned and everything is cleaned, the bathroom too. My laundry is done and brought back to me by midday and the same in my husband's room; it's all kept beautifully". Another person said, "I'm a reasonably tidy person and I'm more than happy with how the staff look after my room. Once a week the domestic staff give the room a thorough going over, hoovering and polishing. The bathroom too is cleaned every day".

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. However, there was no effective system in place to ensure that staff received regular supervision and staff did not have annual appraisals of their performance. We have written about this in more detail under the 'Well Led' section of this report.

We asked people whether they felt staff had the experience and skills they needed to provide effective care and support. One person said, "I'm aware staff have their regular training and although I'm fairly independent, I do know my husband's needs are met fully; he is well looked after. He started off here having respite care and then one day he told me, "I don't want to go to other care homes, I want to go to the Royal Garden Hotel and live the rest of my life there". We both love it here". People who lived at the home had low level support needs. The registered manager pointed out that staff did not wear uniforms as much of the care and support provided to people was of a domestic nature, rather than personal care.

A range of training was available to staff and mandatory training, which all staff had to complete, included moving and handling, safeguarding, fire, infection control, first aid and health and safety. We looked at the training plan for 2016 which confirmed that staff had completed training as required. All new staff were required to complete the Care Certificate, covering 15 standards of health and social care topics. These courses are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. In addition to training provided at the home, staff could complete National Vocational Qualifications in Health and Social Care. Staff told us about the training they had completed and explained that there were yearly updates on some topics, for example, in health and safety, fire safety, moving and handling. One staff member said they had recently completed training in dementia care and that they could ask for training on any relevant topic and it would be delivered. Another member of staff said, "All the management team are very approachable. There's a chance to do things all the time".

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 application 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. The registered manager told us that no applications for DoLS had been made as everyone living at the home had capacity to make decisions. Staff had completed mental capacity training as part of the safeguarding training module. One staff member said, "You can never assume that no-one has capacity. You have to give people the choice". They went on to explain that people's capacity could fluctuate, adding that people were entitled to change their

minds if they wanted. The registered manager said that if people's cognitive ability deteriorated to such a degree that they no longer had significant capacity, they would arrange for a dementia assessment to be completed. A friend visiting one person at the home said they were, "More like family than a friend" and we observed they had a close rapport with the person they were visiting. They told us, "I talk with the manager and proprietor about his care needs. He has recently lost his hearing aids and therefore I have organised for him to be fitted with replacements. Whilst he still has capacity, I do take it on board to make some decisions on his behalf".

People were supported to have sufficient to eat and drink and encouraged to maintain a healthy lifestyle. We observed people (and one relative) eating their lunchtime meal in the dining room. The tables were laid up nicely with Christmas decorations. Staff provided support in an unobtrusive way, for example, clearing plates when people had finished their meal. The atmosphere was quiet and pleasant. The food looked appetising and nutritious and portions were of a good size. There appeared to be only one main food choice on offer, lamb steaks, although we were advised that people could have something different if they preferred. Two choices of dessert were on offer, either vanilla sponge and custard or fruit cocktail. Jugs of water were available on each table for people to help themselves. No-one required support from staff with their meal and people were eating their lunch independently. One person told us, "The food is excellent. There is a menu for the week on display outside the dining room and at the moment, it's the Christmas menu. There is one main meal, but if you want something else, the chef will do it for you if he has enough notice. At dinner time there is all sorts on offer, soup and cheese platter or sandwiches. We've had wine over Christmas and the other day partridge was on the menu".

We spoke with the chef about menu planning and about his awareness of people's dietary needs. Some people required special diets, for example, people living with diabetes, vegetarians or gluten-free. The chef explained that he would use artificial sweetener in desserts for people affected by diabetes and that fruit salad was always a popular choice. Menus were planned over an eight week cycle. The chef said, "We have a pie day, which could be chicken and bacon or lamb and apricot", explaining he cooked a pie in eight different ways, one for each week of the menu. The chef added, "If people don't like a choice, we take it off the menu" and said that roast lunches were offered twice a week on Wednesdays and Sundays. At supper time, people could choose from a selection of cheeses and small baguettes, soup, sandwiches or a lighter hot meal. The chef explained that he received a completed menu sheet on a daily basis which included people's dietary needs and menu choices; we were shown an example of this. The chef said, "It's a very warm, friendly environment to work in. I introduce myself to residents and relatives to see if there's anything they want on the menu. There's a big variety in what we do for them".

People had been assessed, using a combination of height, weight and body mass index, to identify whether they were at risk of malnourishment. The provider had completed these assessments using the Malnutrition Universal Screening Tool, a tool designed specifically for this purpose. People were weighed weekly and their weight was monitored. One member of staff, who was involved in reviewing people's weight, told us that they would inform a senior member of staff if they had any concerns about people's weights, so appropriate action could be taken.

People were supported to maintain good health and had access to healthcare services and support. A relative said, "The staff are amazing. If my dad is unwell they call me straight away and let me know what the problem is and whether he is in need of seeing a doctor or the nurse. We speak with the staff all the way through with my dad's care needs and any medical issues. They keep us up to date with everything. I really can't fault the home". One person said, "I have regular visits from the podiatrist as I'm diabetic, so it's important I don't cut my own nails. My daughter organises visits to the dentist and GP on my behalf. The home arranges any appointments that may be needed in-between times and they arrange the podiatry

visits too". The registered manager said people could see their own GPs when they needed to and staff would arrange for other healthcare professionals to visit if needed. Details of medical appointments attended by people were seen at inspection.

People were encouraged to personalise their rooms and we observed that people's personal living space was warm and comfortable. The registered manager said, "People can bring their own furniture. They can make their room as comfortable as they can. All rooms have a television and chair and all have independent phones". They gave an example when one gentleman had moved into the home and expressed a dislike for the flowery patterned curtains in his bedroom. New, plain curtains were put in place which the gentleman preferred.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. People and their relatives spoke highly of the staff at Royal Garden Hotel. One person said, "The staff aren't like ordinary workers, they hug you and have time for you; it's not like that in most care homes. The staff take time to listen to you and they are interested in what we have to say. At Christmas I thanked the proprietors for allowing us to live in their home because it is just like we are all one big family. The other day the staff couldn't find me and they were panicking, looking all over the building, so it's lovely to know they care about us". Another person told us, "I suppose I am a bit of a loner. I like my own company, so I do tend to stay in my room quite a lot, but this is of course my choice. The staff check on my wellbeing and I see the domestic worker too on a daily basis. She is lovely and friendly. If I should ever need to use my bell, the staff are here straight away; they are really very good". They went on to say, "I'm happy and content here and I want to be here for as long as I possibly can. I don't want to have to move on anywhere else. I'm sure if I had any problems, the staff would have the time to sit and chat and to be honest, I have daily chit-chat with them anyway. I'm extremely independent and the staff encourage this. I go out and about on my own as much as possible".

A friend visiting one person at the time of our inspection commented, "All the staff are amazing; they are happy and clearly their heart is in the job. Both my wife and I have said when our time comes to go into a home, we would definitely come here". A relative said, "I come here regularly and there are no restrictions. I get along well with the staff and the proprietors too. Today I have been booked in to have lunch. I believe it's lamb on the menu. The food is excellent". We asked people about their spiritual needs and whether these were recognised and supported. One person said, "I enjoy going to the chapel and I will maintain my faith for as long as I'm able to do so. The 'Elders' as we call them in my faith are welcome to come here at any time and I go to the chapel in Chichester whenever I can. The staff here fully respect my faith".

From our observations, it was clear that staff knew people well and genuinely cared about people's wellbeing. One staff member said, "It feels a bit like extended family. People know our families well too. When you've been off, you look forward to coming in again". People's personal histories were recorded in their care plans and provided a basis for conversation and relationships to develop between people and staff. People were asked whether they preferred to be supported by male or female staff.

People were encouraged to express their views and to be actively involved in making decisions about their care, treatment and support. One member of staff explained that they would sit and chat with people and their relatives when reviewing care plans. They said, "I go round and ask people questions. Sometimes the families are involved. People can sign their consent and I will explain to people what they're signing for". Records confirmed that meetings took place and that people were fully involved in decisions relating to their care.

People were treated with dignity and respect and they had the privacy they needed. One person told us, "When I have a bath, the staff are extremely caring and my dignity is upheld". A staff member explained their understanding of dignity and respect and said, "If they don't want to get up in the morning, they don't have to. It's their home, you have to treat people with respect".

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. We asked one person whether they were involved in identifying the care and support they required. They said, "Well I don't really have care needs. I'm independent and do everything for myself. If my care needs changed, the staff would be the first to assist me and even suggest to me areas in which I need support. I don't at this moment in time. Right now I need to get downstairs or I'll miss lunch!"

Before people came to stay or live at Royal Garden Hotel, a pre-assessment was completed by staff with the person and their relatives. The pre-assessment identified people's care needs and the registered manager explained that people needed to be able to manage their continence and be independently mobile, to meet the provider's admission criteria of the home. The registered manager explained, "If they're incontinent, they have to manage it themselves and they have to walk independently, with or without an aid". They added, "It's hotel orientated and low dependency. People go on holiday, to the shops, they can come and go independently. We have a criteria as regards mobility, continence or dementia, although people may just need memory prompts". The registered manager explained that, before people came to live at the home permanently, they would be invited to stay for a two week trial period. They said, "And we can do an assessment in the background. We have people who come here for respite holidays too; it's a very unique place. When residents become poorly, we do try and keep them here".

Care plans were kept electronically and one staff member took key responsibility for drawing up care plans. They told us that they would try and personalise care plans by adding specific information and guidance to staff. Care plans were formally reviewed every six months. The staff member said, "But I do review them every month anyway to see if changes are needed". When changes were made to people's care plans, staff were made aware and hard copies of care plans were printed off for staff to access with ease. We looked at a range of care plans and information included the admission document, care needs, consent to care and consent to photography. People's care and support needs were documented under personal care, continence, night care, medication, recreation and activities, religion and language, last wishes, safeguarding, mental capacity, choices, likes and dislikes, interests and daily routine. For example, in one care plan we read, '[Named person] goes to bed late. Wishes to make her own bed. No set routine as such'. In another care plan, under 'personal care', we read, '[Named person] likes her bathwater fairly warm and to have her back washed. She requires minimal assistance with drying and will pop on her dressing gown and get dressed in her room'. One staff member talked about their understanding of personal care and said, "It's what the resident want. You help them into the bath. Some people need more help than others. There's time to have a chat at bath time and the majority of people will let you stay in there [referring to the bathroom]". Care plans provided detailed information and guidance to staff on how to support people in line with their preferences.

All staff had access to a computer and completed records for people on a daily basis, for example, how they spent their day/night, any care provided, food and fluid consumption and general health. Handover meetings were held when staff changed shifts. One meeting was held early in the morning, another at 4pm when some staff came on duty and a handover meeting for the night staff. These meetings enabled staff to

discuss individual people and receive updates about any particular issues or concerns.

We asked people how they spent their days and whether activities were on offer. The majority of people told us that there were little in the way of organised activities because many led fairly independent lives and pursued their own interests outside the home. However, some people were going to the pantomime the next day, a trip organised by staff, which appeared to be well received. Several social occasions were organised over the festive period with friends and families popping in for drinks and to visit relatives. One member of staff had organised some activities and a quiz had been enjoyed by people and staff on the day before our inspection. Other activities included keep fit, carpet bowls, board games, Bingo and watching films. The staff member in charge of organising activities said that activities tended to be organised fairly spontaneously, depending on whether people wanted to participate or not. They told us, "I loved organising the Christmas quiz. On another day, we might start off playing Scrabble and people like that. We try a game out and see if it works. One lady likes knitting and will go to the top lounge to do it". Another staff member said, "We try and do entertainment at different times of day, but people will often say they're tired". People enjoyed going out into the garden, feeding the birds and had easy access to the seafront and local putting green. Some people had their own cars.

We asked the registered manager how they would deal with any complaints and they told us that no complaints had been received within the last year. The provider had a complaints policy in place. One person said, "If I ever had a need to complain then I would, but I simply have never needed to; they are wonderful". A relative told us, "I've never needed to complain. I come here every day and know the staff well. I talk to them on a regular basis and so if I have any concerns or problems, I would discuss it as and when required. The staff are excellent and I know if there were any issues I was concerned about, they would be taken seriously and addressed".

Requires Improvement

Is the service well-led?

Our findings

In some areas, the service did not demonstrate good management and leadership. There was no system in place to record that staff had regular supervision meetings and annual appraisals did not take place. A system to plan supervision meetings and annual appraisals is good practice as it enables staff and management to meet formally at regular times throughout the year. Discussions at supervision meetings should be documented as a formal record and allows both staff and management to track and follow-up any issues or outstanding actions needed. In addition, annual appraisals enable management to assess individual staff members' performance throughout the year. Daily communication took place through informal meetings as care staff and managers sat together for a teabreak in the morning and had lunch together. The registered manager told us this was an opportunity for staff to catch up with each other and to discuss any issues relating to residents.

The registered manager said that supervision meetings did take place, but that not all supervision meetings were recorded. She explained she preferred an informal approach to supervisions and stated, "If there's a problem, it's written down". We asked staff whether they received regular supervisions and when their last supervision meeting had taken place. One staff member said, "I don't really know. [Named manager] just grabs one of us occasionally". Another member of staff said they had attended one supervision meeting during 2016. Where supervision records had been completed, these showed that meetings were organised sporadically. For example, the last record of a supervision for one member of staff related to August 2015. Other members of staff had their last supervision meetings formally recorded in January 2015, February 2015 and April 2015. Some staff had only had one supervision during 2016, whilst records showed that others had not received supervision at all in the year. The registered manager stated that supervisions should be held two or three times a year, but there were no records to confirm this. One staff meeting had been held during 2016 and the registered manager said no formal staff meetings were planned. They explained that daily meetings between staff were effective and said, "It's really nice to catch up with everyone altogether". However, the registered manager also agreed that the planning of regular supervision meetings was an area for improvement.

The above evidence shows that staff did not receive regular supervision meetings or annual appraisals to support them to carry out their duties. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of the inspection, we looked at some of the provider's policies and procedures. The policy relating to complaints, which had been updated in October 2016 by the registered manager, referenced the 2010 Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These Regulations no longer apply and have been superseded by the 2014 Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (HSCA 2014). We discussed this with the registered manager who was unaware of the new legislation and of 'Guidance for providers on meeting the regulations' which was published by the Commission in March 2015. This document sets out guidance for providers on meeting two groups of regulations – Part 3 of the aforementioned regulations and the Care Quality Commission (Registration) Regulations 2009 (Part 4). We asked the registered manager about their

understanding of 'Duty of Candour', Regulation 20 of HSCA 2014, which is a new regulation, but they were not conversant with the requirements of this Regulation, which relates to providers being open and transparent with people who use services and other 'relevant persons'. It is imperative that the registered provider and the registered manager understand their responsibilities under the legislation and as outlined in the guidance published by the Commission. Both have a responsibility to demonstrate they are able to meet the requirements as set out in the regulations and are culpable if regulations are not met when providing the regulated activity.

We recommend that the provider and the registered manager obtain a copy of 'Guidance for providers on meeting the regulations' published by the Commission. In addition, they should use the Guidance to ensure the service provided meets the requirements of the Regulations.

People were involved, if they wished, in developing the service. Residents, relatives and friends' meetings took place approximately twice a year and records confirmed this. For example, a meeting held in March 2016 included agenda items of menus, entertainment and fire alarms. One person had commented that the food was delicious, but spoiled by being served on cold plates. An action point was recorded, 'Ensure hot plate is turned on early enough'. Another person said, "We do have residents' meetings, but to be honest, not too many people attend. The staff put up notices to inform everyone". A relative said, "I've attended a few of the meetings. They are quite useful as not only can you discuss any issues that have arisen, but it's a good opportunity to get people together. The minutes of the meetings are displayed on the wall in the upstairs lounge. I visit here daily, so on the whole I see the staff a lot, as well as the manager and speak to them regularly". A friend said, "Firstly, I would just like to say that staff are superb. My wife and I have been asked to attend meetings, but unfortunately it's always coincided with something else and therefore not convenient for us. Having said that, we give feedback on a daily basis as we come in every day and speak with the manager and proprietors".

In addition to meetings, the registered manager said that questionnaires were sent out to people and relatives when invoices were despatched. Questionnaires asked people what they thought about the accommodation, staff, food, care and activities. One relative commented, 'Thank you is a short word for the very long list of things you do for my father, but 'THANK YOU'!' Another comment recorded was, 'Convalescing here was the best decision I have made' and went on to read, 'Not forgetting the night staff and their welcome cups of tea in the middle of the night'. Generally questionnaires were sent out to people when they stayed for a short time at the home and results overall were positive.

Staff felt supported by the management team and told us they enjoyed working at Royal Garden Hotel. One staff member said, "I enjoy it. I've worked at a couple of care homes. I make sure I have time to chat with residents and with the manager". Another staff member said, "It's very friendly. This is my second home; they're all extra grandparents to me in here!" The registered manager told us, "It's a lovely environment to work in. The staff are all very friendly and caring". When asked about the culture of the home, the registered manager said, "It's a very warm, caring and friendly place and inviting. People tell us they can feel it as they walk through the front door. People have stayed here and come back as permanent residents. Most of the staff have been here for 10+ years". Staff told us that the management were approachable. One staff member explained, "If you need time off, they will support you". Another staff member said, "It's just a nice place to work. If you've got anything to say, you know it will be taken on board".

A range of audit systems was in place to measure and monitor the quality of care delivered and the home overall. Care plans, medicines, health and safety and premises were reviewed and any issues identified were acted upon. Care plans were stored in a confidential way, however, we saw that some Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) notices were affixed to the wall in the staff office. DNACPR

notices contain information about people's health conditions, their date of birth and a statement, signed by a health professional, as to why resuscitation should not be attempted. This is sensitive and confidential information. Since the door to the staff office was left open, anyone could have walked into the room and had access to this information. We discussed this issue with the provider, who immediately took steps to remove the notices and store them securely.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive appropriate supervision and appraisals as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18(2)(a)