Crown Care IV 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

This was an unannounced inspection, which meant no one related to the home knew we would be inspecting the service. The inspection took place on 21 March 2018.

The Royal Care Home is situated in Rossington on the outskirts of Doncaster. The service is registered to provide both nursing and personal care for up to 57 people in the categories of older people, mental health, younger people and people living with dementia. At the time of the inspection 41 people were living at the home.

At the last inspection in May 2016 the service was rated Good. You can read the report from our last inspections, by selecting the 'all reports' link for 'The Royal' on our website at www.cqc.org.uk.

At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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

People who used the service and the visitors we spoke with told us they were happy with how care and support was provided at the home. They spoke positively about the staff and the way the home was managed. People told us they felt safe living in the home. We saw there were systems in place to protect people from the risk of harm. Staff we spoke with were knowledgeable about safeguarding people and were able to explain the procedures to follow should an allegation of abuse be made. Assessments identified any potential risks to people and care plans were in place to help ensure people's safety.

Medicines were stored appropriately, although the audit procedures could be improved. There was enough skilled and experienced staff on duty to meet people's needs.

There was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff. New staff had received an induction into how the home operated and their job role, at the beginning of their employment. They had access to a varied training programme that met the needs of the people using the service.

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 the service supported this practice.

People were provided with a choice of healthy food and drink ensuring their nutritional needs were met. The people we spoke with said they were happy with the meals provided and we saw they were involved in choosing what they wanted to eat. On the day we visited the dining rooms were relaxed and people who used the service were given time to eat their meal leisurely.

People's needs had been assessed before they went to stay at the home and we found they, and their relatives, had been involved in the planning their care. The care files we checked reflected people's needs and preferences, so staff had clear guidance on how to care for them.

People had access to a programme of activities and entertainment, as well as trips out into the community. People's relatives told us people enjoyed the activities they took part in.

The people we spoke with said they had no complaints and they would feel comfortable speaking to staff if they had any concerns. We saw when concerns had been raised they had been investigated and resolved in a timely manner. There were effective systems in place to monitor and improve the quality of the service provided.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

The Royal

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 registered provider was 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 21 March 2018 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed all the information we held about the home. We also asked the registered provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make.

We contacted the local authority and Healthwatch Doncaster, to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of the visit there were 41 people using the service. Some people were living with dementia and we could not speak with all of them in a meaningful way. However, we spoke with six people who used the service and six visitors. We also spent time observing how staff interacted with, and gave support to people. We used the Short Observational Framework for Inspection (SOFI) in one of the dining rooms at lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, one nurse, the residential unit manager, five care workers, the cook and the activities coordinator. We also spoke briefly with the area manager who visited the home near the end of the inspection. We also spoke with three healthcare professionals, who were visiting at the time of the inspection. Two falls specialist nurses and one district nurse also provided feedback about the service.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing five people's care records, the training matrix, six staff recruitment

and support files, medication records, audits, policies and procedures.

Good

Is the service safe?

Our findings

People we spoke with said they felt the home was a safe place to live and work, and our observations confirmed this. For instance, one person's relative told us, "It's a relief not to have to worry about [my family member's] safety when I'm not here."

The registered provider continued to ensure that care was planned and delivered in a way that promoted people's safety and welfare. Where people were at risk, records were in place to monitor any specific areas and provided guidance to staff about what action they should take to protect people. Assessments covered topics such as risk of falls, nutrition and moving and handling people safely. Equipment such as bed side safety rails and pressure relieving equipment was used appropriately where needed. However, in a small number of cases documentation needed some updating. We discussed this with the registered manager, who undertook to ensure this was addressed. Staff demonstrated a good understanding of people's needs and how to keep people safe. For instance, when people required assistance to mobilise we saw that people were supported safely. Any accidents and incidents were monitored effectively and action taken to reduce the risks of similar things happening again.

The registered provider continued to ensure that people were kept safe from abuse and reported any incidents appropriately. The registered manager and all of the staff we spoke with had received relevant training and understood their responsibilities in reporting concerns and taking action to keep people safe. We saw where concerns had been raised the management team had worked with the local authority to investigate them. There was also a whistleblowing policy which told staff how to report suspected wrong doing at work, by telling someone they trust about their concerns.

The registered provider continued to ensure that there was enough staff to meet the needs of the people being cared for. People we spoke with confirmed there was enough staff available to meet people's individual needs. Relatives told us call bells we answered promptly and people received care in a timely way. Staff we spoke with also agreed there was enough staff and that they were deployed effectively. During the inspection we found this was the case.

There was a recruitment and selection process in place, which included pre-employment checks being undertaken before applicants were employed. This included written references, and a satisfactory Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with vulnerable people by disclosing information about any previous convictions an applicant may have. Professional qualifications of nursing staff were checked to ensure they were registered to work as a nurse.

The registered provider continued to ensure the safe management of people's medicines. Medicines were only handled by members of staff who had received appropriate training. People's medicines were stored securely.

People who had been prescribed medicines had a medication administration record sheet (MARs) in place

to record when medicines had been taken. We did see some gaps, where staff had not signed the MAR sheets to say medicines had been given. Some creams had not been dated when opened, and prescribed thickener was not labelled with the person's name. Thickeners are used to thicken fluids for people with swallowing difficulties. We discussed these shortfalls with the registered manager, who undertook to ensure they were addressed. We also saw that regular audits were undertaken by a member of the management team, and where issues were identified, they were followed up and records kept of action taken.

During our inspection we looked around the home. We found that overall, the home was clean and infection prevention and control policies were adhered to. However, there were some areas where a smell of urine could be detected at times. The registered manager was aware of this and it was evident that they were taking action to address the issue. Floor coverings had been replaced in some areas, there were plans to replace others and a new carpet cleaner had been purchased.

Good

Is the service effective?

Our findings

People we spoke with said staff were well trained. For instance, one person's relative told us, "The care is very good. Staff have decent training, so they know what they're doing. I sometimes see they are having training sessions when I visit."

The registered provider continued to ensure that staff had the right skills, knowledge and experience to meet people's needs. Staff completed mandatory training, which included moving people safely, health and safety, food safety, fire safety and safeguarding vulnerable people from abuse. Staff confirmed they had undertaken an induction when they started to work at the home, which included shadowing experienced staff and, where necessary, new staff undertook the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in health and social care settings.

Most staff had completed training in areas such as dignity and respect and dementia awareness. Staff said they were provided with relevant training, of a good standard. They felt well supported. They confirmed they had opportunities to discuss work practice and development needs at one to one meetings, as well as having an annual appraisal of their work performance with their managers.

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's relatives said they did not feel that people were overly restricted or controlled in the home.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw applications had been made to the DoLS supervisory body, when appropriate. Where people did not have the capacity to make certain decisions their care records included information about the decisions made in their best interests and who had been involved. However, we found there was room to improve the language used in people's records, to make them better aligned to the MCA. The area manager told us the registered provider was very shortly, due to implement an improved version of the computerised assessment and care plans, which had been designed to address this issue.

The registered provider continued to ensure that people received a varied and nutritious diet in line with their individual needs. The cook had a good knowledge about catering for people's cultural and specialist dietary needs, as well as their preferences. Some people's relatives told us their family members were vegetarian or preferred to eat finger food. They said their relatives' needs were well catered for. Drinks and snacks were available between meals. Where needed, monitoring charts were used to record and assess

people's food and fluid intake and health professionals such as dieticians were involved if there were any concerns about meeting people's dietary needs.

We observed lunch being served in both dining rooms and spoke to people before and after the meal. Dining rooms had a relaxed atmosphere and staff provided the support people needed to eat their meals in an unhurried and sensitive way. The staff members supporting people communicated well with them offering choices and explaining what was on offer. Some people changed their minds about what meal they wanted and their requests were accommodated without hesitation.

Some people required their food to be cut up, or pureed and this was nicely presented on the plate. The staff members supporting people communicated well with them offering choices and explaining what was on offer. Some people changed their minds about what meal they wanted and their requests were accommodated without hesitation. However, a change to one person's diet had not been communicated effectively to the staff who were providing lunchtime support. We did not see anyone using adapted cutlery and crockery to support their independence. We discussed these areas with the registered manager who undertook to look into and address them.

The registered provider continued to ensure that people were supported to maintain good health and had access to healthcare services. One person's relative told us of a time when their family member had been ill and the staff in the home had gone out of their way to ensure they received the right treatment. They said, "[Family member] wouldn't be here now if it wasn't for the staff. They made sure the doctors and nurses were straight on it." They added that moving to The Royal had been very beneficial for their family member. Adding, "It's the best thing we ever did."

The environment was generally appropriate for people's needs and suitable adjustments had been made for people living with dementia. There was safe space for people to walk around and there were choices of quiet lounges and TV lounges for people. Relatives were able to spend time with their family member, in their bedroom or in various communal areas. There was appropriate signage for bathrooms and toilets, in accordance with recognised best practice. There was also reminiscence pictures and décor appropriate to the era of the people living in the home.

Bedroom furnishings were well spaced, so people were able to move around them with ease. There were patio doors so people could gain access to the gardens on the ground floor. Nurse call alarms were in each bedroom and located near to people's beds, as well as in bathrooms and toilets.

While most areas were well redecorated and were reasonably well maintained, there were areas of the corridors that needed attention. The registered manager and area manager were aware of this and had a plan for refurbishment for this year. This included the replacement of a number of floor coverings and the redecoration of various areas.

Good

Is the service caring?

Our findings

People gave positive feedback about the caring way that staff approached them. They confirmed that they and, or their relatives had been involved in planning their care. One person we spoke with told us, "I really appreciate what the staff do. They are gentle and kind." One relative commented, "The way [staff] talk to people is caring, all smiles. They are like that with us as well, very understanding."

People's rooms reflected what was important to them, their backgrounds and their interests. Some people had lots of personal possessions, such as ornaments, pictures and photographs. When we visited one person in their bedroom they were listening to music from their country of origin and they had a map and memorabilia from their home country on their wall.

Relatives we spoke with said they could visit without restriction. On the day of the inspection there was a pleasant, lively atmosphere, with lots of visitors, and staff told us this was usually the case.

We spent time observing the interactions between staff and people who used the service. We saw staff were kind, patient and respectful to people, and people seemed relaxed in their company. We saw staff communicated with, and treated people in a caring way. Where necessary, they spoke with people in a discreet, quiet and calm manner. They listened to people, making eye contact and waiting patiently for answers. This was helpful in communicating effectively with some people who were living with dementia.

People's needs and preferences were recorded in their care plans, which included information about people's likes and dislikes as well as their history, culture and interests. This helped staff to get to know people, and enabled them to provide person centred care. We saw that staff treated each person as an individual and involved them in making decisions about their day to day care. People were offered choices and staff respected their decisions. For instance, what they wanted to eat and drink and where they wanted to eat their meals.

Staff were respectful of people's dignity and protected people's right to privacy. We saw that when people were supported with personal care, doors were closed. We saw that staff spoke discretely to people about their care needs and knocked on people's doors to ask if they could enter their bedrooms. The relatives we spoke said they felt their family member's dignity and privacy was respected by staff. One person's relative told us, "If staff see any food on anyone's clothes, they help them to change straight away." They felt this was important in helping to preserve people's dignity.

It was evident that people being cared for at the end of their lives were kept comfortable and supported sensitively. Care plans included information about people's wishes and preferences for their care at this time. And people's final wishes were noted, where these had been expressed.

Good

Is the service responsive?

Our findings

People who used the service indicated that they were happy with the care provided. For instance, one person told us, "They [staff] are lovely." The relatives we spoke with said the staff were responsive to their family members' needs. More than one relative was complimentary about the staff team's training and knowledge in supporting people living with dementia. For instance, when talking about their family member's experience of living with dementia one relative said, "They [staff] are very, very good. They know [my family member] well and respond to their needs. [Staff] are good at managing [my family member's] changes of mood. They are good at explaining things to me as well."

The registered provider continued to ensure that needs assessments were carried out before people were admitted to the home. People who used the service and their relatives were involved in the assessment and care planning process. All the staff we spoke with demonstrated a very good knowledge of the people they supported.

The records we saw included detailed information about the care and support each person needed, along with information about how staff could minimise any identified risks. This information included the person's abilities, so staff knew the level of support needed and could therefore enable the person to maintain their independence. Care records also highlighted any religious, cultural and heritage needs people had. People's plans had been reviewed each month to evaluate their effectiveness and had been updated when necessary. We also saw daily notes outlined how the person had spent their day and any changes in their wellbeing.

The service maintained computerised assessment, care plans and records, as well as some paper records. There was room to improve the layout and language used in people's plans, to make them more accessible to the people who used the service and easier for staff to follow. The area manager told us the new version of the computerised assessment and care plans that was to be introduced, included improvements designed to make the plans more person centred, and to provide information in clear and simple language.

The home continued to employ an activities co-ordinator who arranged social activities and entertainment, both within the home and out in the community. They consulted with people about the activities they wanted to do and were aware of people's past interests and hobbies. They organised group activities and spent one to one time with people reading or talking with them. People who liked doing housekeeping tasks, such as folding laundry, were encouraged to be involved.

Information about the planned activities was displayed, to help people decide what group activities they wished to be involved in. These included trips out into their local community and to places of interest. People said they enjoyed the activities. Staff told us about people being enabled to follow past hobbies. There was a pleasant salon and a 'coffee shop' where people could spend time with their relatives.

There was clear guidance in people's plans about their communication needs and how they communicated their wishes. This included how staff should support people to understand information and to

communicate. One person's plans indicated that English was their second language. There was a staff member who conversed with them in their first language, as this was something the person enjoyed.

Accessible information was provided in the home, which centred on people's day to day needs. This included pictorial information, such as signage, menus and activity and entertainment planners. The area manager told us that people's care plans were available in printed versions and in large print. They added that written information could also be provided in different language formats, on request. Each person was given information, such as the complaints procedure and the 'Service Users Guide', which told them how the service intended to operate. This was in an accessible format to help them make decisions and understand guidance.

The registered provider continued to ensure that an effective complaints procedure was in place. Complaints raised were investigated and acted upon. The people we spoke with told us they knew how to complain if they needed to, and that the registered manager and staff listened and were very responsive. There were also lots of compliments and thank you cards from relatives, who were grateful for the care their family members had received from staff at The Royal.

Good

Is the service well-led?

Our findings

The service had a manager in post who was registered with the Care Quality Commission. Everyone we spoke with was very positive about the registered manager. For instance, one person's relative said, "[The registered manager] takes time. He knows about dementia and explains what is likely to happen. He explains in such an open and lovely way. I feel that I work in partnership with the staff." Another relative said, "[The registered manager] knows people well and inspires a caring attitude in the team."

The registered manager told us they spent a lot time making sure they had oversight of what was happening on a day-to-day basis and carried out observations of staff interactions with people. They provided examples of how they had made changes to menus and activities following feedback from relatives. They gave an example of how they had also made a change to the environment following a complaint from a relative.

The registered provider gained people's opinions in a number of ways. For instance, one relative said, "[The registered manager] always makes time to talk." There was also a suggestion box available in the reception area for people to post their opinions or queries. In addition, we saw the record of a relatives' meeting that had been used to gather people's views. People who used the service, their relatives and the staff spoke about how several positive changes introduced by the registered manager had been sustained.

The registered provider continued to ensure that audits were undertaken on a regular basis to check the quality and safety of the service. The audits were undertaken on a daily, weekly and monthly basis. They included checking the environment, infection control, fire safety, medication and care plans. We sampled a variety of audits and it was clear any actions identified had been addressed in a timely way. However, we did find that the most recent audit of medication had not identified some of the issues which we found. The registered manager and the area manager said they would ensure that an improved system was put in place.

In addition to the audits completed by the registered manager and senior members of the team, the area manager completed a monthly audit. The area manager told us that any lessons learnt would be cascaded to other homes owned by the registered provider, which would help to ensure that continual improvements were made across all the registered provider's homes.

Staff members told us the registered manager promoted a good, open culture in the team. They felt able to discuss any issues in staff meetings and they were positively encouraged to share any ideas they had for improving the service.

The registered manager had worked well with other professionals and agencies, to provide joined up care. Relatives were invited to talk to a doctor who visited The Royal to look at advanced care planning for people receiving end of life care. This gave people's relatives the opportunity to discuss with a specialist health care professional, what was best for their family member at the end of their life. The registered manager felt this had proved a valuable support resource for relatives.