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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 11 May 2017 and was unannounced. This meant that the provider and staff did not know we would be visiting.

At our last inspection in September 2016, we found six breaches of the Health and Social Care Act 2008. These related to safe care and treatment, person-centred care, need for consent, safeguarding people from abuse and improper treatment, staffing and good governance. We placed conditions on the provider's registration to minimise the risk of people being exposed to harm. We rated the service as requires improvement.

At this inspection we found that timely action had been taken to improve the areas of concern. The provider had met the conditions which we placed upon them and was compliant with all the regulations we inspected. They had also ensured good outcomes for people in each of the five key questions we reviewed.

The Royal Hampton accommodates up to 73 older people, some of whom have nursing needs and some who are living with dementia. There were 23 people living at the home at the time of the inspection.

A new manager was in post. She had commenced employment on 3 January 2017. People, relatives and staff spoke positively about her leadership. She had applied to become a registered manager. 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.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected. The local authority safeguarding team told us that the home was no longer in organisational safeguarding and the provider had been proactive in addressing all the concerns raised.

There were sufficient staff deployed. Staffing numbers had increased since our last inspection. Agency staff were still used at the service and the provider tried to ensure the same agency staff were requested for consistency. Safe recruitment procedures were followed and staff had completed training in safe working practices and to meet the specific needs of people. An effective induction process was now in place which was linked to the Care Certificate.

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

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.

We observed that staff supported people with their dietary requirements. Permanent staff who worked at the home were knowledgeable about people's needs. We observed positive interactions between people

and staff. Several people told us that the quality of care provided by agency staff was sometimes not as good as the care delivered by the permanent staff.

There was an activities facilitator employed to help meet the social needs of people. A varied activities programme was in place.

A complaints procedure was available. No formal complaints had been received in 2017. Feedback systems were in place to obtain people and their representatives' views.

Regular audits and checks were carried out to monitor all aspects of the service. Our observations and findings on the day of our inspection confirmed that the provider had an effective quality monitoring system in place.

People and relatives spoke positively about the home. One relative told us, "It's a place whatever your age or limitations that you can come and enjoy life. It's a positive experience, not the end of the road."

All staff informed us they were happy working at the service and morale was now good. We observed that this positivity was reflected in the care and support which staff provided throughout the day.

The provider was meeting the conditions of their registration. They were submitting notifications in line with legal requirements and were displaying their previous CQC performance ratings at the service and on their website.

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.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected.

Checks were carried out on all aspects of the environment to ensure it was safe.

There was a system in place to manage medicines safely. Safe recruitment procedures were followed.

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

Is the service effective?

Good

The service was effective.

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.

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

Is the service caring?

Good

The service was caring.

People and relatives told us that staff were caring. Several people told us that the quality of care provided by agency staff was sometimes not as good as the care delivered by the permanent staff. We saw positive interactions between people and staff.

People and relatives told us and our own observations confirmed that staff promoted people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Electronic care plans were in place which detailed the individual care and support to be provided to people.

An activities facilitator was employed to help meet people's social needs.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views.

Is the service well-led?

Good

The service was well led.

A manager was in post who had applied to become registered with the Commission. People, relatives and staff spoke positively about her.

Effective audits and checks were carried out to monitor the service.

Staff informed us that they enjoyed working at the home and morale was good.

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.

The inspection took place on 11 May 2017 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

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). 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 10 people and three relatives on the day of the inspection. We also spoke to one relative by phone following our inspection. We liaised with a community matron for nursing homes from the local NHS trust and a member of the district nursing service.

We spoke with the nominated individual, manager; deputy manager, unit manager, two care workers, an agency care worker, the activities facilitator, chef, front of house, housekeeper, maintenance person, and two domestic staff on the day of our inspection. Following our visit to the home we spoke with one nurse and a senior care worker who worked on night duty to ascertain how care was provided at night. We also contacted the provider by email.

We observed people's care and support in communal areas of the home and viewed three people's

computerised 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.

Good

Is the service safe?

Our findings

At our previous inspection we found that there were insufficient numbers of suitably qualified, competent, skilled and experienced staff deployed. Safeguarding procedures were not always followed and risk assessments had not always been carried out to assess risks people faced in their daily lives. At this inspection we found that action had been taken to improve and ensure good outcomes for people in this key question.

People told us they felt safe. Comments included, "It's secure and there are people there all the time. It's like home,"; "I feel safe anywhere" and "100% [safe]. You just know you are; you feel you are [safe]."

There were safeguarding procedures in place. The local authority confirmed that the service was no longer in organisational safeguarding. They told us, "They had been very proactive in addressing all of the concerns raised." There was one individual safeguarding investigation which was currently ongoing.

Staff were knowledgeable about what action they would take if abuse was suspected. They told us they had no concerns about practices at the home.

We received mixed feedback from people and relatives about whether there was sufficient staff on duty. Several people said that sometimes there was a delay in answering their requests for assistance. Two relatives commented, "My personal opinion is, there's not enough. That's no criticism of the staff" and "I think there's not enough personnel; they're running around, busy all the time." Others told us, "Oh yes, there's enough staff," "Oh, they come very quick here. You've got to remember there's other people here. Through the night, they're marvellous; they're here almost as soon as you've pressed the buzzer" and "Oh yes [there are enough staff]. Well, there are for us because we don't need much help."

Agency staff were still used at the service. The manager told us and rotas confirmed, that they always tried to ensure the same agency staff were requested for consistency. The manager explained they were recruiting more nursing and care staff however; there had been a delay in new staff starting due to a long wait in receiving Disclosure and Barring Service [DBS] checks back. A DBS check is a report which details any offences which may prevent the potential staff member from working with vulnerable people. They help providers make safer recruitment decisions.

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. Staffing numbers had increased since our last inspection. 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 checked the safety and suitability of the premises and equipment. People and relatives were very complimentary about the accommodation. Comments included, "My room is spotless; it's better than some hotels I've been in, like the Hilton" and "It's like a private hospital and a boutique hotel – there's no smell."

The furnishings and fittings were luxurious and all areas of the building were clean and well maintained. The home had a number of communal areas and facilities. There was a library with internet café, bistro restaurant, bar, hairdressing salon, cinema and alternative therapy room for massages and aromatherapy. The unit for people with a dementia related condition was situated on the second floor. This unit was not yet open; the manager was currently recruiting more staff in order to open this accommodation. First and second floors had balcony areas which people could use to enjoy the outdoors.

Checks were carried out to ensure the building and equipment were safe. Electrical, water and fire checks and tests were carried out. Lifting Operations and Lifting Equipment Regulations (LOLER) checks were carried out on moving and handling equipment. Personal emergency evacuation plans were in place which detailed how people should be supported to leave the building in the event of an emergency.

There was a call bell system in place. People also had portable call bells which could be used when they were outside of their room. Two people told us that on occasions their portable call bells did not work. The maintenance person was aware of this issue and said it affected people who resided in the four suites at the home. He explained that call bell transmitters were in place in the bedrooms of the suites, but not in the lounge areas. He said this was being addressed immediately.

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. Three 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. One person said, "Oh yes, they keep us right on medicines." A relative commented, "There's never been any cockups with medications." We found there was a safe system in place for the receipt, storage, administration, recording and disposal of medicines, including controlled drugs. Controlled drugs require stricter controls because they are liable to misuse. Medicines administration records [MARs] were completed accurately and evidenced that medicines were administered as prescribed.

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. The activities facilitator was in the process of developing a risk assessment for an upcoming trip to a local country house and gardens.

Good

Is the service effective?

Our findings

At our previous inspection we found gaps in the provision of training, including induction training for both permanent and agency staff. At this inspection we found that action had taken to improve and ensure good outcomes for people in this key question.

All staff informed us that they felt equipped to carry out their roles and said that there was sufficient training available. One care worker told us, "Everything is good – our training is good. I'm doing a clinical course." Other comments included, "Training is all the time" and "It has to be the hardest e-learning I have done – it's more in depth. A company came in to do dementia training."

The 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. This was linked to the Care Certificate. The Care Certificate is a set of nationally recognised standards to be covered as part of induction training of new care workers. One relative told us, "Their induction seems pretty seamless."

Induction training was also carried out for agency staff. We spoke with one agency care worker who said, "It's beautiful here. The staff are lovely, the place is gorgeous – just how it should be…Wonderful home, nothing like what I am used to." They confirmed they had received an induction and handover from staff which had, "brought me up to date with everyone."

All staff told us that they felt supported in their roles. Staff told us they had regular supervision. There was an appraisal system in place. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

People and relatives told us that the permanent staff met their needs effectively. Comments included, "Everything's hunky-dory," "I think it's professional and the staff are different – they are well educated. They are focused on the patients having a good quality of life. They are very open, engaged and very kind and sensible" and "He's fairly high maintenance and they [management] made sure the staff were fully trained before he arrived." They said that the quality and effectiveness of care which was provided by agency staff was sometimes variable.

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. The manager had assessed whether people's plan of care amounted to a deprivation and had submitted DoLS applications to the local authority in line with legal requirements.

Paper records were kept of mental capacity assessments and best interests decisions. We read one mental capacity assessment which had been completed about a person's dietary needs. The nominated individual told us that an update was going to be installed on their computerised programme to enable them to record mental capacity assessments on the computer.

People's nutritional needs were met. People and relatives were positive about the meals at the service. Comments included, "Excellent. I occasionally complain about a cold plate, but that's all. We get loads of drinks," "The food is absolutely wonderful. The chef is worth knowing! All the food is beautiful. I get drinks when I want," "The food looks lovely and it's good food. They're amenable to personal choices," "Ah, it's fantastic, even for the visitors. They make his meals look attractive for him. He gets cups of tea when he wants," "The main meal of the day is at dinner time, they also have afternoon tea and they can have a glass of wine with their meals" and "He said he was hungry one night and they asked him what he would like and he said a bacon sandwich and they went off and made him one." One person told us, "The food is excellent, but not always suitable for diabetics. They always make sure I've got a drink; I've no complaints there." We passed this feedback to the manager who said that she would look into this.

We found that people's dietary needs were met. One person required a specialist form of feeding. Guidance and records were in place to ensure that this was carried out correctly and safely. The deputy manager told us that specific training had been undertaken in this area.

We observed the lunch time period and saw that staff were attentive to people's requirements. Individual support was provided discreetly.

People told us that staff contacted health care professionals to meet their specific needs. Comments included, "I have a physio who comes and I was at the dentist two weeks ago. I've seen the GP recently as well," "Whenever there's a problem, they get a doctor. Sometimes they get a doctor when I don't need one" and "In fact the nurse was in today seeing if I needed anything."

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, district nurses, speech and language therapist, dietitians, the chiropodist and 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 used the "Situation, Background, Assessment and Recommendation" (SBAR) to communicate with health care professionals such as GPs. The SBAR technique provides a framework for communication between members of the health care team about an individual's condition. This process meant that health professionals were fully aware of all the relevant information before visiting or providing advice.

Good

Is the service caring?

Our findings

At our previous inspection we found that staff sometimes overstepped professional boundaries and discussed work matters with people and relatives. Information about people's preferences and choices had not always been completed in their computerised care records. At this inspection we found that action had been taken to improve and ensure good outcomes for people in this key question.

People and relatives told us that staff were caring. Comments included, "Extremely pleasant and caring. They take a real interest in us as people. They're very courteous," "The biggest quality is they treat them very nicely as people," "The staff are exceptionally caring, kind, funny and treat them [people] with dignity. The clients have the best quality of life," "Fabulous, it's everything I thought a home wasn't," "Brilliant, friendly, kind and humourful," "Kind and caring; everyone is smiling," "They look after you very well," "Everyone is friends," "The staff are absolutely lovely; they make every effort to get to know [person's name]." Several people told us that the quality of care provided by agency staff was sometimes not as good as the care delivered by the permanent staff.

We viewed a compliment which had been received from a relative. This stated, "The bottom line at Royal Hampton is that the culture and attitude of the staff are all centred around the resident. Their dignity, their wants, their needs, their happiness and obviously their health are paramount in everything they do." We spoke with this relative who confirmed her feedback. We looked at the reviews on a national care homes review website and noted that all 11 respondents had rated the care as excellent.

Staff were motivated and committed and spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. Comments included, "It's an honour to look after them," "We have some very special people living here and we need to tailor what we do for them" and "I come to work for the residents – seeing them happy is so satisfying." Staff knew people's needs and could describe these to us. One relative said, "Oh yes, [they know] everything, even down to how he prefers his cup of tea." Another stated, "There's some very good staff that know them very well, they are so experienced."

We saw positive interactions between staff and people. One person gave a staff member a hug. The staff member said, "We have laughter and cuddles don't we [person's name]." The person smiled and said, "Yes – we do." Another person told us, "She [staff member] is lovely; she has such a lovely smile." We heard a member of staff ask a person whether they would like their necklace on. They said, in a kind and jovial manner, "Should we put your crown jewels on?"

The manager had instigated a 'resident of the day' scheme to make people feel special and ensure that all aspects of their care and support were met and their care documentation was up to date.

Care plans contained information about people's life histories which had been developed with people and their relatives. This meant that information was available to give staff an insight into people's needs, preferences, likes, dislikes and interests, to enable them to better respond to the person's needs and enhance their enjoyment of life.

People and relatives told us that people's privacy and dignity was always promoted. Comments from relatives included, "We're asked to leave the room for any personal care. The door's always closed for any sort of care that he needs," "My parents have always been treated with absolute care and dignity" and "They [staff] always knock on the door before they come in," "The staff are very good at maintaining their dignity. The quality of all the staff is so good, they deal with it [any episodes of incontinence] without causing any embarrassment" and "The staff are very good with confidentiality, they never pass comment about anyone else who lives there."

There were open plan office areas situated on each floor. This design meant that staff were visible at all times and could easily be approached by people, relatives and health and social care professionals. One member of staff told us however, that sometimes it was difficult to conduct phone calls in private because of the open design of the office. We spoke with the nominated individual about this issue. She told us that they were currently discussing ideas to resolve this issue.

People were supported to maintain their independence. One person told us, "I do as much as I can, but they know me now. They let me do as much as I can for myself." A relative told us, "It's their ethos here – they are encouraged to live." One person was on holiday in Spain at the time of the inspection. Another person wrote the monthly bulletin [newsletter] for the home. The activities coordinator said, "[Person's name] types everything up and researches everything and gives it to me on a memory stick and I format it."

People and relatives told us and records confirmed that they were involved in people's care. Comments included, "Once a month I have a meeting with the nurse. It's otherwise ad-hoc," "Oh yes, yes; it's all discussed," and "We discuss the care plans at length."

At the time of our inspection no one accessed the services of an advocate, but we saw more informal means of advocacy through regular contact with families. This meant that people were invited to be supported by those who knew them best. Advocates help to represent the views and wishes of people who are not able to express their wishes.

Good

Is the service responsive?

Our findings

At our previous inspection we found that preadmission assessments were not always carried out prior to people moving into the home and care plans and assessments were not always accurate or up to date. At this inspection we found that action had been taken to improve and ensure good outcomes for people in this key question.

Preadmission assessments were carried out. We looked at three people's preadmission assessments. The deputy manager told us, "It [preadmission assessment] includes everything because it helps you write your care plans." The manager explained and records confirmed that MCA and DoLS were now part of the preadmission assessment. She said, "It means there's no delay, if they need a DoLS authorisation we can apply straight away." This process meant that people's needs were assessed before they came to live at the home to ensure that safe, effective and appropriate care could be provided.

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. People and relatives told us that staff were responsive to people's needs. Comments included, "I think it's absolutely marvellous" and "It's made a huge difference [person's name] coming here. They were so lovely and helped to ease us through the transitional period [when they came to live at the home]."

We read a compliment which had been received from a relative. This stated, "The quality and manner in which the staff provided support in these early days while [person's name] was poorly and needed help for all activities was so professional, pleasant and reassuring. My husband and I were amazed at [person's name] speed of recovery." We spoke with this relative who confirmed her feedback.

We spoke with a member of the district nursing team who said that she had no concerns about the service and confirmed staff contacted them with any concerns.

We saw that emergency health care plans (EHCP) were in place for some people. An EHCP is a document that is planned and completed in collaboration with people and a health care professional to anticipate any emergency health problems.

There was an activities facilitator employed to meet people's social needs. People and relatives spoke positively about her. One relative said, "The effort that the entertainment manager puts in is amazing. She sits with them [people] and finds out what they like doing and what they are interested in."

Most people told us that their social needs were met. They said quizzes, outings, visits from external entertainers and film nights were organised. Comments included, "Oh definitely, definitely [there is enough to do]" and "Yes, there's enough going on for me." Some people told us they preferred not to join in with the activities. One person said, "I like doing Sudoku. I'd rather stay in my room." Another person commented, "There's never enough to do." A relative told us, "It's perfect, they have films, music, debates, little talks, it's

really good."

We spoke with the activities facilitator who told us that she carried out group activities as well as one to one activities. She used a hand held computer [tablet] as a reminiscence tool to show people the places they had visited or knew.

People had access to the outdoors. There were gardens to the back of the home and balcony areas on the first and second floors which people could use. People had been involved in planting sunflowers and the activity facilitator told us there was a competition to see who could grow the tallest. Afternoon tea was held in the garden on the afternoon of our inspection.

There was a complaints procedure in place. No formal complaints had been received in 2017. People and relatives with whom we spoke did not raise any complaints. One person said, "Well, I don't know how anybody could; I've no complaints at all." Another person commented, "I've had a minor complaint…It was dealt with quickly."

Good

Is the service well-led?

Our findings

At our previous inspection we found that an effective system was not in place to monitor the quality and safety of the service. Staff told us that morale was very low which most staff informed us was due to the management of the service. At this inspection we found that action had been taken to improve and ensure good outcomes for people in this key question. The provider contacted us to state, "The staff have worked extremely hard over the last eight months to ensure that not only has the care been to a high standard but that the care is consistently maintained at that level. The manager, who has been at the home, has developed a team culture among the staff, creating a homely and happy environment. The senior management team, especially the nominated individual have monitored and supported the home very closely to ensure that the new systems, introduced eight months ago are effective and embedded in practice."

There was a new manager in place. She had commenced employment on 3 January 2017. She was a registered nurse and her background was in palliative care. She had a Masters level qualification in leadership and management. She had applied to be a registered manager and was due to have her fit persons interview with a CQC registration inspector the week after our inspection.

People, relatives and staff spoke positively about her. Comments included, "Excellent; very approachable," "She's very much on top of things – she's very impressive," "[Manager's name] is excellent, she listens and is approachable…I don't think she spends her time in the office, she is out on the shop floor. She often opens the door and sits and eats with us," "[Manager's name] is absolutely wonderful," "Could not wish for a better home manager," "You can see [manager's name] anytime, she always makes time for you," "They're very laid back but they're there. They're often on the floor mixing with us," "[Manager's name] is lovely, she listens. There were a couple of issues and these were acted upon immediately," "[Name of manager] is fabulous, we can go to her about anything," "[Name of manager] is in tune with everything – she actions everything" and "I love her [manager]."

People and relatives were also positive about the service. Comments included, "You couldn't find a better home," "It satisfies my needs" and "You couldn't wish for more." They told us they rated the home as good or outstanding. We read a compliment from a relative which stated, "Watching him walking to the dining room or to the lounge and seeing just how well he is, we have had no hesitation, after two months now, in deciding that the Royal Hampton is the perfect place for my father to enjoy the rest of his life." We spoke with this relative who confirmed her feedback. We checked an external care homes review website. The service had scored 9.5 out of 10 from 11 reviewers.

A new documented handover system had been introduced and quick reference files were in place which highlighted specific details about people such as their mobility, dietary needs and if they had a Do Not Attempt Cardiopulmonary Resuscitation order in place. Daily 'flash' meetings were carried out for the heads of departments. All areas of the home were discussed. The manager told us, "It's really important for staff to globally know what is going on - everyone has an awareness. It's about continuity and making sure nothing, not even the small things are missed – it's [flash meetings] an extra safety net." A file of important

information and procedures had also been put together for nursing staff. The deputy manager told us, "It's got everything that any nurse needs to know." This meant that effective communication systems were in place to ensure staff could deliver safe, effective and responsive care.

There were various feedback mechanisms in place to obtain the views of people and their representatives. Meetings and surveys were carried out. One relative told us, "Whatever I have asked them to do, they do it. I asked for an extra handrail in the bathroom and straight away it was done – they also come up with suggestions." Another relative stated, "We have some good residents' meetings, we discussed at one meeting that we don't have any good evidence about what is quality care. It's good to have those discussions….They listen, my brother wanted a fish tank and they got a fish tank."

These systems meant that people, their representatives and staff were regularly involved with the service in a meaningful way to help drive continuous improvement.

Regular audits and 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. Action was taken if any issues were identified. The manager told us, "From the medication audits we found signatures and codes were being missed so we brought in a buddy system. It's not about catching people out, it's just so you can say 'look there's a gap.' We're changing the ethos, it's not about being punitive, it's about support." There were no gaps in any of the medicines administration records which we viewed. We examined the most recent care plan audit which was completed in May 2017. The manager had recorded, "Care plan evaluations late – instigated 'resident of the day' to ensure full checks complete." We looked at three people's computerised care plans and noted that these had been reviewed and evaluated in May 2017.

Our observations and findings on the day of our inspection confirmed that the provider had an effective quality monitoring system in place.

Accidents and incidents were recorded and analysed for any trends or themes. The manager told us, "There is no reluctance to record or report. For example, there was a medicine incident and they weren't frightened to record and report this." We noted that action was taken if any concerns were noted. One person had fallen a number of times; a sensor alarm which alerted staff if the person was at risk of falling was installed and a special bed obtained. We noted the number of falls had reduced.

Staff were very positive about working for the provider. They said they felt valued and enjoyed working at the home. When we first arrived at the home we were greeted by a member of staff who said, "It's fabulous." Other comments from staff included, "I love coming to work now," "It's totally different now we work together as a team. I would not change a thing," "It's really nice coming to work – it's so satisfying," "We were in a dark place, but now we can see the light…We've turned around," "Everyone is happy," "It couldn't be better," "You feel energised when you come in" and "We have laughter in the home… it's nothing like it was."

We observed that this positivity was reflected in the care and support which staff provided throughout the day. Staff responded positively to any requests for assistance and always sought to be complimentary when speaking with people. One relative said, "The staff seem happy, they have a cheerful, happy demeanour which suggests that the management is working correctly."

The provider had notified CQC of all notifiable events at the service. Notifications are changes, events or incidents that the provider is legally obliged to tell us about. The submission of notifications is a

requirement of the law. They enable us to monitor any trends or concerns within the service.

The provider was displaying their previous CQC performance ratings at the service and on their website in line with legal requirements.

Following our inspection, the nominated individual contacted us and stated, "I am so proud of all our staff as they have each worked incredibly hard and I've witnessed first-hand their sincerity and willingness to make every day special and meaningful, treating all people who have chosen to live in Royal Hampton with the utmost dignity and respect."