Alex Davis (Gosport) Limited

# The Royal

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 inspection took place on 22 November 2016 and was unannounced.

The Royal is a care home in a converted public house situated on a high street with local shops. It caters for seven people with additional learning needs. Six of the seven bedrooms had a bedsit type arrangement and people were provided with a kitchenette type area which they can use to be more independent if they wished.

At the last inspection on 30 April 2014 we found the registered provider was meeting the required standards.

The service had in place a registered manager. 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.

Risk assessments were in place for people who used the service and staff understood the potential risks and required safeguards to keep people safe.

Checks were carried out by the registered provider and the registered manager to ensure the building and its contents were safe for people to live there.

Staff had been trained in how to safeguard vulnerable adults and they felt if they had any concerns about a person the registered manager would respond well to them raising the concerns.

Accidents and incidents were monitored to prevent re-occurrences. Medicines were appropriately administered and recorded. Staff had been assessed as competent to administer medicines

The registered provider had in place a recruitment and selection procedure which involved carrying out relevant checks when they employed staff. Staff were suitably supported through training, regular supervisions and appraisals.

We found the staffing levels were appropriate to meet people's care and support needs. Staff supported people to access their hospital appointments and took them to their G.P. if they required medical attention.

Consent had been obtained from people to use CCTV in communal areas using a pictorial format to enable people to understand the issue under discussion.

Staff were aware of, and supported people with, their nutritional needs. Specialist food had been purchased to meet one person's particular needs and staff were aware of people's diagnosed conditions which required particular attention to their nutritional intake.

In a discussion about a television programme which exposed poor care staff demonstrated they understood what good care means. They showed their caring ways and were shocked and dismayed at how people were treated in a care home.

Staff treated people with dignity and respect and were able to describe to us how they helped to maintain people's independence.

People were protected by the staff from social isolation. We found activities were arranged for people who used the service and these were based on people's preferences.
We found people's care records were up to date and accurately reflected people's needs. Keyworkers supported people to be involved in the review of their care plan.

Staff felt supported by the registered manager and described her as having an "Open door." We saw the registered manager carried out checks and surveys to measure the quality of the service.

People were enabled to access community facilities by public transport.

## 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.

The registered manager had in place regular checks on the building to ensure it was safe for people to live there.

Staff underwent a thorough recruitment process to ensure they were appropriate to work with vulnerable people before they were employed in the service.

The service had in place risk assessments to reduce the risk of accidents in the building. People also had their own risk assessments in place to guide staff on how to care for them in a safe manner.

### Is the service effective?

Good

The service was effective.

We found people were supported to eat the food they wanted. Staff were aware of people's dietary needs and food for people with specific diets was purchased by the service and stored separately.

Staff were supported in the service through induction, training supervision and appraisals.

People were supported by staff to access healthcare appropriate to their needs and diagnosed conditions.

### Is the service caring?

Good

The service was caring.

Staff demonstrated to us throughout the inspection they were caring towards people and were able to describe good care during a staff meeting.

We found staff promoted the individual well-being of people who used the service.

Staff were able to describe to us people's needs in detail and

understood how people liked to be cared for.

## Is the service responsive?

Good

The service was responsive.

People had detailed care plans in place in place which described their individual needs and wishes.

Keyworkers in the service carried out monthly reviews of people's care documents to ensure they were up to date. People were invited by their keyworker to discuss their wishes and had a say in their plans.

People living in the home were given choices about their lifestyle and staff supported these choices.

## Is the service well-led?

Good

The service was well led.

Staff felt confident the registered manager would respond to any concerns they raised about the service, and described to us the registered manager had an, "Open door."

We saw the registered manager conducted audits and surveys to monitor the quality of the service. The responses to the surveys were largely positive.

Records in the service were up to date and accurate. Staff regularly updated people's daily records throughout each day.

# 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 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.

This inspection took place on 22 November 2016 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service; including local authority commissioners.

During our inspection we reviewed three people's care records and spoke to four people who used the service. We carried out observations of people who could not speak for themselves. We spoke to five staff including the registered manager, senior carers and care staff. During our inspection we attended a staff meeting and asked eight staff to complete a short questionnaire about the service.

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 improvements they plan to make. We used this information to plan our inspection.

Good

# Is the service safe?

## Our findings

During our inspection we carried out observations of people who used the service and were unable to speak for themselves. We saw people approach staff with confidence and no one showed any distress reactions when speaking to staff. When we asked people if they were safe living at The Royal people nodded their heads and began chatting about what they were doing that day.

We looked at staff recruitment records and saw that appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least three written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant the registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing levels with the registered manager and care manager and looked at staff rotas. We saw there were sufficient numbers of staff on duty and staff did not raise any concerns regarding staffing levels. The registered manager told us staff absences were covered by their own permanent staff team, but had only recently had to resort to using agency staff due to a number of staff leaving the service for different reasons at the same time. They told us they were in the process of recruiting new staff to avoid using agency workers and provide continuity of care for the people who used the service.

Whistleblowing is about telling people about any worries or concerns. The registered manager told us they had no on-going concerns raised by staff. We asked the staff if they had any concerns about the service who would they talk to. Staff told us they would tell the registered manager, the registered provider or CQC. All of the staff we spoke with were confident they would get a good response if they raised concerns.

We looked at the management of medicines and we saw completed medication administration records (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. Each person had their own individual MAR, which listed their prescribed medicines. We saw there were in place daily audits of people's medicines and found the audits did not show any errors had occurred. Staff had been assessed as being competent to administer people's medicines.

PRN are medicines which are used on an as and when basis. We found people had in place PRN plans which gave guidance to staff about when and how to use these medicines to support people. We saw these medicines had been used and staff recorded when they were given. This meant people who needed PRN medicines were given them at appropriate times.

We saw the service had in place risk assessments, for example when using the kitchen or the use of

extension leads. Staff had signed the risk assessments for the home to demonstrate they had read and understood the assessments. This meant staff were aware of the risks in the home.

We reviewed the records of two people who used the service were at risk of epileptic seizures. Each person had a separate epilepsy support plan in place, which described the type of seizures the person may experience, the treatment prescribed to assist in controlling the person's epilepsy, known triggers and actions for staff to take if a seizure occurs. The person's care records also included a flow chart for seizure management.This meant the registered provider had taken seriously any risks to people and put in place actions to reduce the risk.

We looked at how accidents and incidents were managed at the service and found reports had been completed by staff. These had been reviewed by the registered manager to check if actions could be put in place to prevent a re-occurrence.

We found checks were carried out on the building to ensure it was safe. For example we saw there were weekly fire checks and monthly emergency lighting checks in place.  The water temperatures had also been checked and we found these were within safe limits. We saw a fire risk assessment had been carried out in February 2016 to ensure the building was safe. Portable appliance testing (PAT) had also been carried out. People had in place personal emergency evacuation plans (PEEPs). These gave guidance to staff and emergency services on how to evacuate people from the building.

Good

# Is the service effective?

## Our findings

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 so that they can 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 was aware of people's mental capacity and staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards. The registered manager told us people were free to move around the home and there were no restrictions on people going out, and if people wanted to go out of the staff were available to go with them. We saw the service had in place, "Hampshire Mental Capacity Toolkit and Best Interest Decisions." We saw best interests' decisions had been made involving a GP and family members on a specific issue for one person. This had resulted in agreements in place to manage the person's health needs.

We observed that the service had sought consent from people or their family members for the care and support they were provided. We also saw the service had in place pictorial consent forms to work with people and seek their consent in a format they understood. These had been used to seek people's consent in using CCTV in the communal areas of the home. One person had responded to the consent for CCTV by saying, "I don't mind." People's responses had been recorded by staff.

New staff completed an induction to the service, which included completion of the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care. The induction included an introduction to policies and procedures, shadowing the care manager or lead support worker and being observed in practice before being signed off as being competent.

Staff received mandatory training, which included infection control, fire safety, safeguarding, first aid, moving and handling and safe administration of medication. Mandatory training is training that the registered provider thinks is necessary to support people safely. We looked at training certificates and found the certificates correlated with the registered manager's expectation of staff learning. Staff confirmed they had completed theses course.

We found the registered manager had in place a staff supervision planner where staff supervision meetings were planned every two months. Staff received regular supervisions and an annual appraisal. A supervision meeting is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. We looked at three staff supervision files and found there was a supervision format used by the registered manager which included looking at staff performance, their

training and a check on if tasks agreed at the last supervision meeting had been completed. This meant staff were provided with supervision relevant to their role. Staff were also given an annual appraisal.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from and to external specialists including GPs, learning disability services, chiropodists, speech and language therapists (SALT) and local hospitals to review and treat their diagnosed conditions.

The registered manager told us the home received' "A big shop" from a national supermarket chain and other food stuffs were bought as required. We looked in the kitchen and found there was a cupboard stocked with one person's particular dietary requirements. Staff were aware of people's diagnosed conditions and their dietary requirements. People ate at times suited to their needs and we observed staff giving people a choice a meals. On the day of our inspection people told us they had enjoyed their breakfast. We found staff understood people's individual eating needs including where particular diets were required to ensure people did not choke. In one person's eating plan we read, "I enjoy most foods, sometimes when I do not fancy them I will push them away or put my plate in the sink. ". This meant staff were aware of people's food needs and were then able to offer alternatives. We checked people's weights and found there was no one with excessive weight loss or gain. This meant people were receiving nutrition appropriate to their needs.

We saw the building had been adapted so that people were kept safe. In one person's room we saw there was padding on the walls to protect the person when they moved around. People were able to move easily around the home. Other adaptations including the use of specialists bathing equipment.

The service had in place arrangements to ensure communication between staff was effective. This included a handover book and a daily diary. A read and sign file was also in place so staff were given updated information and were required to sign the file to say they had received the information. People's communication needs were described in their respective care plan documents. The registered manager showed us how the staff had used a "Stop" sign to community to someone when their behaviour became inappropriate." We observed staff communicating with people and found people to be relaxed when communicating with the staff who were supporting them.

Good

# Is the service caring?

## Our findings

People we saw were well presented and looked comfortable with staff. We saw staff talking to people in a polite and respectful manner and staff interacted with people at every opportunity. We saw and heard how people had a good rapport with staff. People approached staff with ease; one person said, "Staff are nice."

Staff we spoke with were able to describe the individual needs of people who used the service and how they wanted and needed to be supported. For example, staff could describe the care needs and action to take for one person who was at risk of epileptic seizures.

We saw people who used the service were invited to be involved in house meetings where there opinions were sought and views taken. During these meetings we found people had been asked if they were happy with their bedrooms and if anyone was worried about anything. We saw the answers were largely positive and where people had raised issues explanations had been given and resolutions sought by staff.

Staff described to us how they respected people's privacy and dignity. They told us they would knock on the bedroom doors of the people who lived in the home. We found people's personal care wishes had been included in their care plans with detail on how to preserve people's personal dignity.

During our inspection we observed a staff meeting and asked the staff during the meeting to complete a short questionnaire. We asked staff, "How do you promote people's independence." Staff responded by stating, "Allowing them to have freedom of choice", "We encourage their skills and don't deskill them" and "By letting the service user do as much as they possibly can." Other staff spoke about building confidence and following care plans. This meant the staff understood how to promote people's independence.

The registered manager used the meeting to discuss a television programme about poor care. During the discussion we noted staff understood poor care and showed they were shocked and upset that people had been subject to such poor care standards. They spoke about people in the programme and described how they should have been supported. We saw staff cared about the people they supported as they demonstrated in the meeting their approach to people living in the home.

People were supported to attend religious services of their choosing. This meant if religion was an important part of a person's life staff supported them and did not discriminate against them. One person had a pet living in the home. They told us about how staff help them to look after their animal. We saw a note between staff to remind them how to care for the person's pet during the winter. These examples meant staff promoted people's well-being in different ways.

During our inspection we saw staff, as a part of their induction were required to understand confidentiality. People's care documents were kept in a locked office. Staff were aware of the need to secure the office due to its contents. This meant staff promoted people's confidentiality.

Advocacy services help people to access information and services, be involved in decisions about their lives,

explore choices and options and promote their rights and responsibilities. The registered manager explained they had access to an advocacy service was there if people needed independent support with decisions. We also saw the service had worked with people's family members and had listened to them as natural advocates for people who used the service. Information from family members had been included in people's care plans.

We heard conversations between staff and people who used the service. The conversations included staff giving people a choice and providing explanations and information. For example on person returned from a shopping trip, staff gave them the option to put their shopping away as it was lunch time and they needed to have their lunch. The person chose to take their shopping to their room before preparing their lunch with staff. As we conducted the inspection and asked questions of people who used the service staff supported people to answer and helped them to explain to us how they felt about living at The Royal.

Good

# Is the service responsive?

## Our findings

We saw assessments of people's needs had been carried out by the service in conjunction with people, their relatives and statutory services. These assessments resulted in detailed care plans in the service for people which give guidance to staff and included very specific issues pertinent to each person. For example in one person's file we read, "Never leave me unattended in the bath." In one person's file we found there was explicit guidance given on how to manage a person's responses to personal care. In another person's plans we saw precise guidance on supporting them to transfer from their bed to a chair. Clear seizure management plans were in place for those people who had been diagnosed with epilepsy and seizure charts were in place to monitor people's epilepsy. We also saw where people were anxious or likely to become distressed there were care plans in place to guide staff on how to manage people's behaviour. This meant people's care plans were personalised and specifically designed to meet each person's needs.

We found the service had in place monthly keyworker checks. These checks were carried out by people's key workers to ensure the contents of people's care plans were correct. This meant there were monthly reviews of each person's care needs. People who used the service also had meetings with their keyworker to check on their progress and to see if their needs were being met. A member of staff told us people, "Have a say" in their care plans. We found the service engaged people in conversations about their care to ensure the care was focussed on them as an individual.

We observed staff maintained daily records of people's activities. These were documented electronically. We saw people who used the service and staff signed in and out of the building using a key pad at the front door. When people signed out this was recorded in their electronic care records. This meant the registered provider had an accurate record of when people left the building and when they returned.

We asked staff in the questionnaire we used in a staff meeting, "How do you know if there has been a change to people's care plans including medication." Prior to asking the staff the question the registered manager told us what the service has in place to manage changes. All of the staff told us exactly what the registered manager had said. One staff member wrote, "There is always a note in the communication book, in the read and sign folder or on the whiteboard in the office." This meant staff were aware of where to look for changes to people's care planning and were able to be up to date with people's needs.

Arrangements were in place for people to transfer between services for example between The Royal and a day centre or their family home. We saw communications arrangements had been put in place to ensure continuity of care for people. Information was readily available should a person need to go into hospital. The information described the person's background and their current needs. We found the service co-operated with others to ensure transitions for people were smooth and well-informed.

We looked at people's activities and found their care documents described what they liked to do. The registered manager explained that budget cuts had impacted on people and their contacts with for example a day centre had meant their routines had to change. We saw people had in place plans for their days which included accessing local facilities for example a swimming pool or local eateries and also included time

spent in the home carrying out chores or watching their favourite television programme.

We found choice was a key theme of the service. People chose when they got up and when they wanted to go to bed. Whilst some people preferred the security of having a routine in place others chose day by day what they wanted to do. People also chose what they wanted to wear and what they wanted to eat. Staff viewed these choices as promoting people's independence.
During our inspection we observed staff communicating with each and explaining what they were doing next with people. These included going out and helping a person prepare their meal. We saw people approach the registered manager and have conversations with her. They explained to us the meaning of the conversation, and staff throughout our inspection had meaningful conversations with people. This meant people were protected from social isolation.

The service had in place a complaints process. We looked at the complaints file; the registered manager told us they had not received any complaints since the last inspection. We saw people and their relatives had been given information on how to complain and people who used the service had been asked if they had any worries or concerns about their care. We found the service was open to people's comments

Good

# Is the service well-led?

## Our findings

There was a registered manager in post in the service. The registered manager was able to give us a good account of the service. They provided us with all of the information we needed, and it was organised and easy to follow. We spoke with the registered manager about the service values. They took us to the entrance way and showed us a sign on the wall which said, "Our clients do not live in our workplace – we work in their home." This meant the focus of the work at The Royal was on people who lived there.

Staff were complimentary about the registered manager. They told us they always felt well supported and they were confident the registered manager would respond to any issues they wished to raise. They told us the registered manager had an open door policy and they had the time if they needed to discuss anything. We looked at the minutes of staff meetings and found staff had raised issues with the registered manager who had then provided an appropriate response.

Our inspection following the showing of a television programme which showed poor care in another part of the UK. The registered manager told us staff had already spoken to her about the horror they had felt when watching the programme. On the day of our inspection the registered manager was due to hold a staff meeting. When staff arrived she told them the usual format of the meeting was changed and opened up the discussion on the television programme. Staff were invited by the registered manager to state what their service had in place to keep people safe. Staff were then able to describe to the manager the arrangements in place to maintain people's safety. This meant the registered manager used information in the media to reinforce the expectations in the service. This also meant the registered manager was open and transparent with us about the staff responses to the programme.

The service had an up to date statement of purpose, this is a document which tells people and their relatives what they can expect from the service.

Since the last inspection the registered provider had submitted a notification to change their statement of purpose to include older people. We checked with the registered manager why this was the case. They explained one person who used the service had reached a different age group and they wanted to continue to be able meet their care needs at The Royal. This meant the registered manager was aware of their responsibilities in relation to CQC and their registration.

The registered manager had in place arrangements to monitor the quality of the service. We saw audits were used to monitor for example health and safety and medicines.

The registered manager also carried out surveys to check the views of the relatives and other professionals who came into contact with the service. We saw the responses to the surveys were positive.
We discussed safeguarding with the registered manager who told us they had recently attending a training forum and had been updated on the local authority's latest position on investigating safeguarding incidents. This meant the registered manager was aware of the thresholds in place when investigating incidents of a safeguarding nature.

We found there was clear partnership working between the home and other professionals. Staff attended and participated in people's review meetings with care managers. We found the home had in place working relationships with GP's, opticians, chiropodists, speech and language therapists

The home was situated on a main high street with access to local facilities. The registered manager explained that other facilities were a short bus ride away and everyone was required to use public transport. We saw people accessed the local shops and hairdressers. Staff supported people to access community leisure venues including the nearest swimming pool.

We saw people's care plans and risk assessments were kept up to date. Staff throughout our inspection updated people's daily records on a computer system. Staff only had access to the electronic records using passwords.  Our observations of people and information staff gave to us about them were accurately reflected in people's care documentation. This meant people's care records were accurate and up to date.