

Curo Blackpool Limited

Royal Care Home

Inspection report

16-18 York Road
St Anns On Sea
Lancashire
FY8 1HP

Tel: 01253726196

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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

About the service

The Royal Care Home provides accommodation for persons who require nursing or personal care. All the accommodation is located on the ground and first floor of the building and a stair lift is available for people located on the first floor. At the time of our inspection visit there were 24 people who lived at the home.

The care home accommodates 27 older people including people living with dementia in one adapted building.

People's experience of using this service and what we found

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. People told us they felt safe when supported by staff with their care.

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's care and support had been planned in partnership with them. People felt consulted and listened to about how their care would be delivered. Care plans were organised and had identified the care and support people required.

People's communication needs had been assessed and where support was required these had been met. This included providing documentation in large print and various communication aids to support people with daily decision making.

People told us they felt consulted and listened to about the service they received. The provider used a variety of methods to assess and monitor the quality of the service. These included regular audits and satisfaction surveys to seek people's views about the service provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 31 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

Royal Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector 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 care service.

Service and service type

The Royal is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before our inspection we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service.

We checked to see if any information concerning the care and welfare of people supported by the service had been received. We also sought feedback from professionals who work with the service and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This helped us to gain a balanced

overview of what people experienced using the service.

As part of the inspection we used information the provider sent us in the Provider Information Returns. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with four people who used the service, four relatives and one healthcare professional about their experience of the care provided. We also spoke with seven staff members including the registered manager, homes administrator, four care staff and the cook.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and their human rights were respected and upheld. Effective safeguarding systems were in place and staff spoken with had a very good understanding of what to do to make sure people were protected from harm.
- People told us they received safe care and had no concerns about their safety. One person said, "I have no concerns about my safety. The staff are very kind and patient with me."

Assessing risk, safety monitoring and management

- The service managed risk through effective procedures. Care plans confirmed a person-centred risk-taking culture was in place to ensure people were supported to take risks and promote their own self development.
- Each person had a risk assessment and risk was managed and addressed to ensure people were safe. These had been kept under review by the registered manager and updated where required to ensure staff had access to information to support people safely.
- Staff understood where people required support to reduce the risk of avoidable harm. One staff member said, "We receive health and safety training which includes management of risk. The training is very good and tells us how to support people safely without risks to their or our health."

Staffing and recruitment

- The provider ensured suitable staffing arrangements were in place to meet the assessed needs of people in a person-centred and timely way. People told us staff were available when they needed them. They said they were happy with the support they received. One person said, "Staffing is not a problem here. There is always plenty of staff on duty and they respond very quickly if you need them."
- Observations made throughout the inspection visit confirmed staff were visible to the people in their care and provided the support and attention people required.
- Recruitment was safe and well managed. Two recently recruited staff confirmed appropriate checks had been made to ensure they were suitable for the role for which they had been employed.

Using medicines safely

- Medicines were managed safely and people received their medicines when they should. Medicines were clearly recorded within people's medication administration records. A log of the medication people were prescribed was kept and updated regularly. Protocols for when required medicines had been introduced to guide staff in supporting people with their medicines. This meant the service had

oversight of the medicines people took and ensured they were administered in line with the prescriber's instructions.

- Staff were unable to administer medicines unless they were trained to do so. This included regular training and competency checks to ensure they had the suitable skills to carry out the task safely.
- We observed medicines being administered at lunch time and saw good practice was followed.

Preventing and controlling infection

The provider had effective infection control procedures. Staff had access to and used protective personal equipment such as disposable gloves and aprons. This meant staff and people they supported were protected from potential infection during the delivery of personal care.

- Staff received infection control training and regular audits were undertaken to ensure standards were maintained.

Learning lessons when things go wrong

- The provider had systems in place to record and review accidents and incidents. Accidents and incidents were investigated and actions put in place to minimise future occurrences. Lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager and senior carers completed assessments which were comprehensive to ensure people's needs could be met. Expected outcomes were identified, discussed and agreed. Following assessment, the service had provided a holistic approach towards providing person-centred care. Records were consistent and staff provided support that had been agreed during the assessment process. People confirmed this when we spoke with them.
- We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights.
- The registered manager and senior carers regularly reviewed care and support and updated care plans where people's needs had changed. This ensured people received the level of care and support they required.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. Discussion with staff and observation of training records confirmed they received training that was relevant to their role and enhanced their skills. All new staff had received a thorough induction on their appointment to ensure they had the appropriate skills to support people with their care.
- People told us they felt staff were well trained. One person said, "The staff are well trained and competent in my opinion. I often observe them moving [relative] during my visits and they do this with patience, professionalism and great care."
- Staff told us they felt well supported and had access to management when they needed them. One staff member said, "I haven't been here very long and have received two supervisions with the manager and attended a staff meeting. The manager is very approachable and supportive, I am enjoying working for her. She cares about her staff as well as the people in our care."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were well managed to ensure they received a balanced diet and sufficient fluids to keep them hydrated. Care plans confirmed people's dietary needs had been assessed and support and guidance recorded as required. People told us they were happy with the variety and choice of meals provided. One person said, "The food is very good and we have plenty of choices. Always plenty of snacks and drinks."

- Lunch was organised, well managed and provided a relaxed and social occasion for people to enjoy their meal. We saw people who required assistance with their meals received this from patient and caring staff.
- Where concerns had been identified regarding people's food and fluid intake appropriate action had been taken. This included implementing food and fluid charts to record the amount of food and fluid consumed by people deemed to be at nutritional risk.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked effectively with healthcare professionals to ensure people received a good standard of healthcare care. We saw the service worked closely with health care services including GPs, district nurses, care coordination team, dietitians, parkinson's nurse, speech and language therapists, physio and occupational therapists. This ensured people were supported by healthcare services in a timely manner.

Adapting service, design, decoration to meet people's needs

- Accommodation was accessible, safe, homely and suitable for people's needs. Communal space comprised of two lounges and a dining room located on the ground floor. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities.
- Some areas of the environment offered a range of dementia-friendly features including reminiscence in the form of era-specific pictures that people will often have a powerful connection with.
- The environment could be made more supportive and enabling with the introduction of more signs to assist people living with dementia. Signs can be very helpful if they are clear, mounted low enough, have words and a picture and contrast with the background to assist people finding their way around the home safely.
- Bathing and toilet facilities were available and accessible to meet people's needs and enable them to maintain their privacy and dignity.
- The service had Wi-Fi (wireless connectivity) fitted allowing people with computers, smartphones, or other devices to connect to the internet or communicate with family and friends

Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. People were supported to maintain good health and accompanied to health appointments and access healthcare services when required. One person said, "If [relative] is unwell they are very quick to get medical attention and keep me informed. I know they are in good hands and I don't need to worry about them."
- A visiting healthcare professional told us the service worked well with them and people's needs were met. They told us they responded quickly and appropriately to ensure people in their care received the right level of support.
- Care records confirmed visits to and from GPs and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed people supported by the service were cared for in a holistic manner and their needs were taken care of.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. There were no authorised DoLS although a number of applications had been sent through to the local authority for approval.

- Records contained evidence to demonstrate care planning was discussed and agreed with people and their representatives. Consent documentation was in place and signed by the person receiving care or their relatives who had legal status to provide consent on their behalf. Staff observed during the inspection sought consent from people before providing their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by caring and respectful staff. People told us staff were kind and attentive and our observations confirmed this. We saw they were polite, respectful and showed compassion to people in their care. One person said, "The staff here are absolutely brilliant and the care is excellent. They are very polite and respectful and treat [relative] with dignity and patience. I am very happy with them."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds.
- The service had carefully considered people's human rights and support to maintain their individuality. Documents for future service users included information of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. The registered manager told us they had systems to ensure people's human rights were upheld.

Supporting people to express their views and be involved in making decisions about their care

- The service supported people with decision making. Care records contained evidence the person who received care or a family member had been involved with and were at the centre of developing their care plans.
- People supported by the service or a family member had been encouraged to express their views about the care required. One person told us, "I was involved in developing [relatives] care plan and attend the reviews. They listen to what I have to say and the care is provided as agreed."
- Information was available about local advocacy contacts, should someone wish to utilise this service. An advocate is an independent person, who will support people in making decisions, in order to ensure these are made in their best interests. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and consent was sought before staff carried out any support tasks. They told us they were always treated with respect and their human rights were respected.
- Staff demonstrated a genuine concern for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way. A relative told us, "The staff are very respectful and

polite. [Relative] tells me they are treated with great care and encouraged to do as much for themselves as they are able."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care files were person-centred and individualised documents reflecting each person's assessment of needs. They contained detailed information, providing staff with clear guidance about people's specific needs and how these were to be met. These included people's personal care needs, nutritional support and social interests. Staff spoken with were able to describe people's individualised needs and how these were met.
- The service provided care and support that was focused on individual needs, preferences and routines. People told us how they were supported by staff to express their views and wishes. This enabled them to make informed choices and decisions about their care. One person said, "Couldn't get better care anywhere. The staff are brilliant."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw people's communication needs had been assessed and where support was required this had been met. The registered manager had provided large print information for people with visual impairment and sought guidance and training from healthcare specialist's, so they could support people with their communication needs. We saw staff effectively using communication aids whilst supporting people during the inspection. These included picture card menus enabling people to pick the meal of their choice for lunch.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were empowered to have as much control and independence as possible. Care records we saw highlighted the positive impact this service had on people and the support provided to enable them to pursue activities of their choice.
- We saw a varied range of social activities were organised to keep people entertained and stimulated. These included a visit from a local children's nursery every other week which people told us they greatly enjoyed and looked forward to. Activities undertaken with the children included baking, crafts, singing and reading. One person said, "The children are absolutely delightful."

Improving care quality in response to complaints or concerns

- The provider had processes in place to ensure all complaints would be dealt with appropriately. The registered manager told us they used issues, complaints or concerns as a positive experience and learning opportunity to improve the service.
- People told us they were happy with the service they received and had no reason to complain about anything. Everyone we spoke with said they were very confident if they ever had any concerns these would be dealt with quickly and professionally.

End of life care and support

- People's end of life wishes had been recorded including their cultural and spiritual needs so staff were aware of these. Staff spoken with confirmed they had received palliative training to enable them to support people at end of life. We saw people had been supported to remain at the home where possible as they headed towards end of life. This allowed them to remain comfortable in their familiar, homely surroundings, supported by staff known to them. At the time of this inspection the service was not supporting anyone with end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider planned and delivered effective, safe and appropriate person-centred care. We saw all current and relevant legislation along with best practice guidelines had been followed. This was to ensure the diverse needs of everyone who used their service were met.
- The service's systems ensured people received person-centred care which met their needs and reflected their preferences.
- The service was well-organised and there was a clear staffing structure. People spoke positively about how the service was managed. One person said, "Really well managed service. The manager is very approachable and helpful."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood legal obligations, including conditions of CQC registration and those of other organisations. We found the service had clear lines of responsibility and accountability. People spoke positively about how the service was managed. They informed us the registered manager was visible and had a good understanding of their relatives needs and backgrounds.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. People were very positive about the quality of service they received. One relative said, "The manager and staff are very good. It's a nice service."
- Discussion with the staff confirmed they were clear about their role and between them and management provided a well run and consistent service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager provided an open culture and encouraged people to provide their views about

how the service was run. The service had sought the views of people they support and family members through satisfaction surveys, care plan reviews and meetings. People told us they felt consulted about the service they received and listened to. One person said, "I attend the resident's meetings. I like to know what is going on and have my say. They encourage us to speak up."

- Staff told us they could contribute to the way the service was run through team meetings, supervisions and anonymous surveys. They told us they felt consulted and listened to.

Continuous learning and improving care

- The provider had systems in place to ensure the quality of service was regularly assessed and monitored. The service had a wide range of effective audits such as medication and care records. We saw evidence the service had acted upon any findings from the audits. This demonstrated improvements were made to continue to develop and provide a good service for people supported by the service.

Working in partnership with others

- People received safe and coordinated care. The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GPs, district nurses and occupational therapists. This ensured the registered manager and staff team provided a multi-disciplinary approach to support care provision for people in their care.