Healthmade Limited

Royal Court Care Home

Inspection report

22 Royal Court
Hoyland
Barnsley
South Yorkshire
S74 9RP

Tel: 01226741986

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12 January 2017

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out this inspection on 11 and 12 January 2017. The inspection was unannounced. This meant no-one at the service knew we were planning to visit.

Royal Court Care Home is registered to provide accommodation and personal care for up to 40 older people in Hoyland, Barnsley. There were 24 people living there at the time of our inspection.

There was a registered manager employed at the service. 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.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the provider demonstrated to us that improvements had been made. The home is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

People told us they liked living at Royal Court and felt safe there. Relatives said they felt their family member was safe and well cared for at Royal Court.

People living at Royal Court and their relatives told us staff were caring and their privacy and dignity were respected. We saw and heard positive interactions between people and staff throughout the inspection.

We found effective systems were in place to ensure medicines were managed, stored and administered in a safe way. However, improvements were still required in the recording of topical medicines administration, such as prescribed skin creams.

Staff were confident about how to protect people from harm and what they would do if they had any safeguarding concerns. They were confident any concerns would be taken seriously by management.

Safe recruitment procedures were followed to ensure that all the required information and documents were in place before staff commenced employment.

There were enough staff employed to meet the needs of people living at Royal Court.

Staff were not provided with regular supervisions and a yearly appraisal to ensure they were suitable for their job and supported in their role.

The registered manager and staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and

Deprivation of Liberty Safeguards (DoLS). DoLS are put in place to protect people where their freedom of movement is restricted.

People told us they enjoyed the food served at Royal Court, which we saw took into account their dietary needs and preferences. This meant their health was promoted and their choices were respected. Small changes in the furnishings of the dining area and presentation of food would improve the dining experience for people.

People had access to a range of health care professionals to help maintain their health and wellbeing.

Care records contained up to date risk assessments and these were reviewed regularly, however there was no evidence people and/or their relatives were involved in these reviews to ensure information was person centred and up to date

Some activities were provided for people during the week, but this required improvement to ensure all people had the opportunity to take part in hobbies and interests they enjoyed. The service had a mini bus but this was not currently being used. People told us they would like to go on trips out.

People living at Royal Court and staff working there, told us the registered manager was approachable and responsive to any concerns they had.

There was evidence of regular quality audits being introduced to ensure safe practice and identify any improvements required. However, these required further development to ensure all areas of practice were covered and actions taken were recorded.

People who lived at Royal Court, staff and visitors were not asked for their views about the service. The registered manager told us a questionnaire was about to be sent out. We saw a copy of this.

During our inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to person-centred care, staffing, and good governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

We found some systems were in place to make sure people received their medicines safely and they were stored securely. Improvements were required in this area.

People living at Royal Court and their relatives told us the service was safe.

Staff told us they had safeguarding training and understood what they needed to do to if they suspected a person may have been abused.

Staffing levels were appropriate to meet the needs of people who used the service and the service had an effective recruitment and selection procedure in place.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not receive regular supervision or an annual appraisal in line with the service's own policy.

People told us they liked the food on offer at Royal Court. We saw some presentation changes could be made to improve people's overall dining experience.

Staff understood the requirements of the Mental Capacity Act 2005 and relevant legislative requirements were followed.

People had access to a wide range of health and social care services and received on-going support to access these services.

Is the service caring?

Good

The service was caring.

People living at Royal Court and their relatives told us that the service was caring.

We saw positive interactions throughout the day between people and staff.

We saw that people's privacy and dignity were respected. Staff were able to tell us what it meant to treat people with respect.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There were organised activities available to people living at Royal Court on weekdays. Some people and their relatives told us they would like more activities and trips out.

Care records did not show any evidence of the person concerned and/or their relative being involved in creating or reviewing their care records.

There was a complaints policy and procedure in place. There had not been any complaints recorded since our last inspection. Conversations with people living at Royal Court and their relatives confirmed this was the case.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were limited quality assurance processes such as regular quality audits being undertaken. Where these did take place there was no record of any actions to be taken as a result.

The views of people living at Royal Court and staff working there were not regularly obtained and were not recorded.

People living at Royal Court and staff working there told us the registered manager was approachable and supportive.

Royal Court Care Home

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 12 January 2017 and was unannounced. The inspection team was made up of one adult social care inspector, one pharmacist specialist inspector and one 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.

Before the previous inspection on 25 July 2016 we asked the provider to complete 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.

Prior to the inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury.

Before our inspection we contacted members of Barnsley Metropolitan Borough Council contracts and commissioning service. They told us they had been monitoring the service and trying to support the provider to improve, as they had concerns regarding the quality of support provided to people who used the service.

During the inspection we spoke with 12 people who lived at Royal Court and five relatives who were visiting. We spoke with one visiting healthcare professional. We met with the registered manager and one of the directors. We spoke with an additional seven members of staff. We spent time looking at written records, which included five people's care records, three people's financial records, three staff files and other records relating to the management of the service. We checked the medication administration records for seven people.

Requires Improvement

Is the service safe?

Our findings

We checked progress the registered manager had made following our inspection on 25 July 2016 when we found continued breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. During this inspection we found improvements had been made in this area.

One person living at Royal Court told is, "I have a few tablets and I always get them on time. The night staff can give me extra painkillers if I need them." One relative told us, "I have never known Mum run out of medication, they seem pretty organised at that."

We saw medicines were stored securely and access was restricted to authorised staff. Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. We saw written evidence staff carried out regular checks to ensure balances of controlled drugs were correct.

Room temperatures where medicines were stored were recorded daily and were within safe limits. We checked medicines which required refrigeration and found they were stored appropriately and accurate temperature records maintained.

All service users had photographs and allergy details completed on their Medication Administration Records(MARs); this helps to prevent medicines being given to the wrong person or to a person with an allergy. All of the MARs we reviewed had been completed accurately to show the medicines people had received. Some people were prescribed patches; staff used patch application records to record where these had been applied and to ensure patches were removed and applied at the right time. People who were prescribed 'when required' medicines had basic protocols in place to guide care staff when and how to administer these medicines safely.

Some people were prescribed topical medicines to be applied to the skin, for example creams and ointments. Topical MARs were not always completed with the same directions stated on the label attached to the medicines; this meant people did not always receive them as they had been prescribed. In addition, body maps were not always completed to show where the treatment should be applied. This increases the risk of a medicine being applied to the wrong area of the body.

The registered manager showed us the one medicines audit which had been carried out since our last inspection. This was dated November 2016. The audit was limited in scope; for example staff only reviewed a handful of records and this did not include all documentation relating to medicines. The audit had identified some problems with record keeping; however there was no record any action had been taken to ensure this had been resolved at the time of our inspection. We saw staff had received appropriate training in the safe handling of medicines; however the manager could only provide limited evidence of supervision and competency assessments which was not in accordance with the home's own medicines policy.

We found that suitable systems were now in place to ensure medicines were managed, stored and administered in a safe way. However improvements were still required to improve the recording of topical medicines administration and ensure their application is in accordance with the prescriber's intentions, and to improve the quality assurance processes in place to assess, monitor and improve the quality and safety of the service being provided.

We looked at the risk assessments contained within people's care records. We saw these had improved. Where risks had been identified we saw these had been reviewed regularly since our last inspection. Any changes were recorded alongside action to take to mitigate against the risk. Where a person had been identified at risk of poor nutrition we saw daily records of food and fluid intake were kept, alongside regular recordings of the person's weight to monitor any weight loss.

We checked progress the registered manager had made following our inspection on 25 July 2016 when we found that systems in place had not been effective in ensuring people were suitably protected from the risk of abuse. This was a continued breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment. During this inspection we found improvements had been made in this area.

People we spoke with told us they felt safe living at Royal Court. Comments included, "I definitely feel safer here than I did at home," "It has taken a while to settle in, but I feel safe and sound," "I can rest at night because I know I am safe here" and "The staff give me confidence." A relative told us, "This is the best decision Mum has made in a while, she is so much safer here."

We saw the service had a safeguarding policy, however it was due for review in September 2016 and this hadn't happened by the time of our inspection. This meant it may not have reflected current legislation and good practice guidelines. Staff told us they had received training in safeguarding vulnerable adults from abuse. Some staff were due refresher training in this area. The training records we were shown confirmed staff were booked on to complete training over the remainder of January, February and March 2017. Staff we spoke with confirmed this was the case. All staff we spoke with were able to tell us what abuse was and how they would recognise it. They were confident their concerns would be taken seriously by management.

At our last inspection on 25 July 2016 staff we spoke with did not fully understand what whistleblowing was and who to contact if they had concerns. Whistleblowing is when a member of staff raises a concern about wrongdoing at their place of work. Staff we spoke with during this inspection were clear what whistleblowing was and who to contact. Again they were confident any concerns they had would be taken seriously by management, but if not they would escalate the issues to CQC.

The registered manager had notified CQC of one safeguarding concern the local hospital had raised with the local authority regarding pressure care. The registered manager had completed an investigation into the concerns raised at the request of the local authority safeguarding team. The registered manager had also shared her investigation findings with CQC. The local authority had confirmed via email they were not taking any further action following receipt of the registered manager's investigation.

We checked progress the registered manager had made following our inspection on 25 July 2016 when we found that sufficient amounts of staff were not deployed in a way to meet the needs of the service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. During this inspection we found improvements had been made in this area.

Comments from people living at Royal Court included, "They come straightaway to help you if you use the

buzzer, even during the night," "'You can call for help whenever you need it" and "not enough [staff] as sometimes you have to wait." One care worker explained they, "very rarely can't cope. Key is to prioritise work when demand is high, for example at meal times we make sure all staff on shift are available." They went on to explain that during less busy times staff do have time to organise activities and sit and talk with people.

We asked the registered manager how they calculated how many staff were required on each shift to meet the needs of the people who lived at Royal Court. We were told, and staff rotas showed, there should be four care staff employed during the morning and afternoon shifts and three during the night shift. This was in addition to ancillary and domestic staff. People's care records contained risk assessments that identified their level of dependency in each area of daily living and this information was used by the registered manager to work out staffing levels. We were shown a care staffing levels calculator that recommended the amount of care staff hours required per person per day dependent on their level of care needs. The registered manager told us she worked this out by looking at every person's care record. This was the same tool used at the time of our previous inspection on 25 July 2016.

We asked what had changed that people and staff now told us they felt there were enough staff. The registered manager explained that staff were making more efficient use of their time. We saw minutes of a team meeting where this issue had been discussed. There were also fewer people living at Royal Court since our last inspection. We asked if staff levels would increase if more people came to live at Royal Court. We were given verbal reassurance they would.

We checked progress the registered manager had made following our inspection on 25 July 2016 when we found the system did not adequately ensure staff were assessed as suitable to work at the service. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed. During this inspection we found improvements had been made in this area.

Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires certain information and documents to be obtained to demonstrate a thorough recruitment process has been followed to ensure fit and proper persons are employed. This includes evidence of a disclosure and barring (DBS) check taking place and satisfactory evidence of conduct in previous employment concerned with the provision of services relating to health or social care or children or vulnerable adults and where a person has been previously employed in a position whose duties involved work with children or vulnerable adults, satisfactory verification, so far as reasonably practicable of the reason why that person's employment ended.

We were told no new staff had been employed since our last inspection, however where the registered manager was in the process of recruiting we saw that safe procedures were being followed. The registered manager told us and we saw staff files all included a photo of the person and proof of their identity such as birth certificate or driving licence. Where it had not been possible to obtain appropriate references we saw a risk assessment had been undertaken and kept on the member of staff's file.

The registered manager was responsible for managing small amounts of money for people living at Royal Court. The registered manager kept an individual financial record for each person who could access funds from a petty cash float. We checked the financial records and receipts for three people and found they detailed each transaction, the money deposited and the money withdrawn The records were signed and up to date; this showed procedures were followed to help protect people from financial abuse.

Requires Improvement

Is the service effective?

Our findings

We checked progress the registered manager had made following our inspection on 25 July 2016 when we found breaches of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for consent. During this inspection we found improvements had been made in this area.

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 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. There was a Yale lock and a star key deadlock on the front door of Royal Court. People had to ring the doorbell to be let in and had to ask a member of staff to unlock the door with the star key to get out. This meant people's liberty at Royal Court was potentially being restricted. The registered manager told us and we saw she had applied to the Local Authority for DoLS authorisations as appropriate. The registered manager continued to be aware of her responsibilities with regard to DoLS.

Care staff we spoke with had an awareness of mental capacity and told us they had received training in this area. At the last inspection documents showed care staff had received training in understanding mental capacity and DoLS in December 2015. Refresher training was not due at the time of this inspection. Care staff were able to tell us how they supported people to make day to day decisions such as what to wear and what to eat.

People's care records contained information when the person had capacity to consent to care and treatment. We saw that care records were now clearer when a person did not have capacity to consent to specific decisions. For example, where a person had bed rails in place which can be used as a form of restraint to keep people safe, we saw that people with capacity had signed and dated their consent to have bed rails in place. Where a person didn't have capacity we saw the decision was recorded and a relative had signed on behalf of the person concerned.

We checked progress the registered manager had made following our inspection on 25 July 2016 when we found the service was failing to ensure staff received appropriate training, support, supervision and appraisals to enable them to carry out their role effectively. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

The registered manager showed us the training matrix which listed the required training for all staff. The matrix was designed to show the month and year when the member of staff last undertook the training and if it was within timescales the date was flagged as green. Where the member of staff was overdue to undertake training it was flagged as red. This was because some training needs to be completed more than once in order to keep up to date with current legislation and any innovations in practice, for example safe moving and handling techniques. We saw there were still red areas on the training matrix particularly in moving and handling, safeguarding and fire safety training. The registered manager told us staff were booked on moving and handling and safeguarding training over the coming months. Fire safety training was still to be arranged. Staff we spoke with confirmed they had received recent training or were booked to attend some over the next three months.

Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. We were told by the registered manager that supervision should take place three times every year. This was also stated in the service's 'staff training, development and supervision policy.' We saw evidence that most staff had attended one supervision session since our last inspection. No one had had an appraisal since June 2015. This meant the service was not following its own policy and staff were potentially missing out on support to enable them to carry out their job effectively.

This continued to be a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

We observed people having their lunch in the main dining room. The dining tables were not neatly set out and the table cloths were creased and had frayed edges. People were given a hot drink in a tea cup but without a saucer. This did not create a welcoming environment. However, nearly everyone we spoke with was complimentary about the food. Comments from people living at Royal Court included, "The food is just what we like, good home cooking," "Nothing is too much trouble for the cooks, if you don't like something they will make you something else," "The cooks know what I like," "I eat my meals just when I want to they don't mind," and "We get good old fashioned food and plenty of it." One person told us, "Dinner was rubbish, the meat was tough, but the pudding was nice."

Several relatives were daily visitors to Royal Court and told us, "The staff offer me a meal most days, I come to support my [relative], the food is good," "The staff show such patience when they are helping people with their food, I come every day," "The food they offer my [relative] is good, it is always how [relative] likes it," and "They always offer alternatives if they know people don't like what's on offer."

Some people chose to eat in their own room or the lounge area and we saw that staff were able to accommodate this. We saw that a member of staff knew that a person was out over lunchtime and a meal was put aside for their return. We saw the two members of catering staff take the lead on plating up people's meals and we saw all the staff were calm and patient when delivering these meals. Some people were offered a choice of food for lunch and others were presented with a meal. However, it was clear staff new people's preferences well and asked when they weren't sure what the person would want.

Some people living at Royal Court required support and/or encouragement to eat and drink. We saw care staff providing this support in the dining room but they did not always sit next to people. On two occasions staff offered people food from a spoon whilst standing and leaning over the table. Best practice would be for the same member of staff to sit down next to the person and support them to eat their meal. By standing up and/ or supporting two people to eat at the same time could make the person feel rushed. Eventually care

staff did sit and dedicate their time to people with encouraging words to ensure they ate a much of their food as possible.

People were served a hot drink with their meal, however we did not see any other options such as water or juice offered. Improvements are required to improve the overall dining experience for people.

We saw the premise were clean. People living at Royal Court and their relatives told us they were happy all areas of the home were clean and well presented. We saw some bedrooms and one bathroom were under refurbishment.

Some people residing at Royal Court were living with dementia. The inside of the home didn't have a particularly dementia friendly approach. There was little signage to orient people to their environment, such as coloured doors or memory signs/ boxes. There continued to be photos and thank you cards over eight years old displayed on the corridors and therefore no longer relevant to some of the people living at Royal Court. There were bold, swirly patterned carpets in some of the lounges. This can all be disorientating for a person living with dementia. Improvements were required in this area.

Care records showed that people had access to a wide range of health and social care professionals. Relatives told us their loved ones accessed health professionals regularly. Comments included, "They make [relative] appointments at the hospital and arrange for an ambulance or other transport," "The GP comes regularly and they let me know what they have to say" and "They always keep me informed of my [relative] health needs, especially if [relative] has seen a nurse or a doctor."

One person living at Royal Court told us, "The staff make sure I get to all my hospital appointments," and another person said, "I have my own optician and the staff make me an appointment when the time comes around."

Good

Is the service caring?

Our findings

All the people living at Royal Court and the relatives we spoke with made positive comments about the staff. People's comments included, "The staff are smashing, I get on with all of them," "Staff are very, very good. Only need to ask them and they will do it," "Very good carers here, very obliging" and "I have lived in another care home and this is better."

Relatives told us, "Nothing is too much trouble for the staff, they help [relative] with so many things," "[Relative] has never regretted coming to live here," "The staff are so patient with everyone, not everyone is easy to care for" and "The staff really cheer my [relative] up, they have a good laugh with everyone."

A visiting healthcare professional told us they always had help and support from staff during their visits. They told us they always found the people living at Royal Court to be happy and well cared for and there was, "A good atmosphere and camaraderie."

We saw staff sitting with people and chatting with them throughout the visit. It was positive to see staff get on well with people. We heard a lot of laughter and friendly 'banter' between people and staff. People told us staff were good at listening to them. We saw relatives and visitors were welcomed in a caring and friendly manner. One person told us, "My family come whenever they want; the staff will always make sure they get a cuppa." Relatives said, "I must say the staff cheer up my day whenever I come to visit" and "I come every day, the staff never fail to be friendly and welcome me with the offer of a cuppa."

We saw people's privacy and dignity were respected. We saw staff knocking on doors and calling out before they entered their bedroom or toilet areas. People told us, "Although I spend a lot of time in my room, I join people for lunch then come back [to my room]. I love my privacy," "I can lock my door when I leave my room; I really appreciate the privacy that offers," "There is such a homely atmosphere here, that's why I like it" and "I feel as though I am treated with respect, the staff know me well and my funny little ways."

Staff we spoke with were able to tell us what it meant in practice to treat people with dignity and respect. They were able to give us examples of how they would do this, including discreetly supporting people who needed assistance to get to the toilet. We saw staff take the time to crouch down to people's eye level to explain what they were about to do and offer reassurance. One person was upset and a member of staff stroked the person's hand while gently talking to them to find out what was upsetting them.

We saw staff knew people living at Royal Court well. They were able to describe people's preferences and what they liked to do. Every person had an allocated keyworker. This was usually, but not always, a senior care worker. Each keyworker had responsibility for two or three people and making sure their care records were up to date.

Every member of staff we spoke with told us they would recommend Royal Court to anyone needing the type of care it provided. One member of staff told us, "I love working here; it's like a big family."

Requires Improvement

Is the service responsive?

Our findings

We checked progress the registered manager had made following our inspection on 25 July 2016 when we found care was not always provided in a way to meet people's needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care.

We saw there was now a timetable of activities clearly displayed in the dining room. They were listed as bingo on Monday, hoopla on Tuesday, domino drive on Wednesday, bowling on Thursday and armchair music and movement on Friday. There were no activities listed for the weekends. There was no one employed specifically as an activities coordinator with care staff being expected to undertake activities as part of their role. Staff told us they did have time to do this. One member of care staff said, "[We] try and do something with residents every day, plus we do sit and talk with people and do their nails if they want us to."

We asked people living at Royal Court if there were things to do, one person told us, "Sometimes have activities, but we don't always want to do them. We play hoopla and very rarely we play bingo." Other comments included, "[Staff] ask what we would like to do, I am never bored," "[Staff] come and invite me to join in, but I don't always want to," "I love the music afternoons," "The staff make sure we have fun, I like playing dominoes," '"They arrange some great entertainers to come in sometimes" and "We play games and bingo, dominoes are fun." People also told us they enjoyed walking outside in the paved garden area in fine weather.

Relatives told us, "We used to go on outings, they have stopped now," "The staff do their best to keep people active" and "[Relative] loves the dominoes, they have such a laugh when they all join in together."

We saw Royal Court had a minibus parked in the car park. We asked people if any trips out were organised. People told us, "We used to go out in a minibus, I would like to go on more trips," "I could not walk far, but I would like to go on outings, maybe in the country," and a relative told us, "My [relative] would like to go on trips and outings." The registered manager told us they didn't currently have a driver for the bus and not many people would be able to go out on trips without support from care staff. As a result trips out were not something she was prioritising at the moment. Further improvements were required in this area.

Care records we looked at had improved since our last inspection. Information was better organised and therefore easier to find. All the care records we looked at contained completed life story books. This gave the reader a sense of the person's life history, and their likes and dislikes. The books had space to include the person's favourite things and a calendar to record important dates to the person such as birthdays and anniversaries. Daily notes were completed each day and we saw the most recent were held on the person's care record with older versions archived. Daily notes were regularly completed and gave basic details about the person's days and nights.
A member of care staff told us, "[Care records] are so much better, can find information much quicker and helps me to do my job better."

Care records did not include any evidence that the person concerned and/or their relatives had been involved in reviewing the records. People were unclear when we asked about their care records and if they had any involvement in creating or updating them. One person told us, "I know they have to write things down about us, I am not bothered about what they write." Another person said, "I don't know if I have a care plan." Relatives we spoke with gave us similar responses, "I don't think we have ever been asked about a care plan" and "The staff do phone us or tell us if the care changes, but I have not seen a care plan." Improvements were required in this area to ensure people and their relatives were actively involved in care planning and reviews. This would ensure the information was as person centred and up to date as possible.

Care records were not audited and we spoke to the registered manager about this. She told us this was something they were looking to implement, as the previous audit form had just been a tick box form and therefore there was no way to record poor practice or learn from best practice examples. The registered manager told us they were working with an external consultant to implement a meaningful care plan audit tool.

The above continues to be a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care.

There was a complaints policy clearly displayed in the reception area. It gave details of who to contact to make a complaint and who to contact if you were unhappy with the original response. Since the last inspection CQC had not received any complaints about the service and the registered manager told us she had not received any complaints. Our conversations with people living at Royal Court and their relatives were mostly positive about the service and no one told us they had any recent cause to raise a complaint.

We saw written records of two meetings the registered manager held with individuals in December 2016. These were about plans for Christmas not complaints. However, this did give us reassurance that decisions made and actions to be taken as a result were now being formally recorded.

Requires Improvement

Is the service well-led?

Our findings

We checked progress the registered manager had made following our inspection on 25 July 2016 when we found the service had not assessed and monitored effectively and in a way to identify and make improvements. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

People living at Royal Court told, "The manager is always approachable and helpful," and "I would go straight to [name], the manager, if I ever had a problem." A relative told us, "I know we can talk to [name of registered manager] anytime we have any worries."

We asked staff if they felt supported by management. Everyone we spoke with told us they did and gave examples of when they had felt supported and valued by management. Comments included, "[Name of registered manager] is fine, she is spot on," and "[Name of registered manager] is an approachable person to work with. She looks after her staff."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We saw a 'report of monthly walk round of care home' had been recorded each month by one of the directors since our last inspection. This included free text boxes to describe resident and staff experiences, and progress on planned improvements. There were no associated records of what these planned improvements were and nowhere to record any actions to be taken with completion dates. There had been a medicines audit since our last inspection but there were no other quality assurance processes in place at the time of this inspection. The registered manager told us they were planning to introduce more.

We checked whether the maintenance records for the premises and equipment were satisfactory and up to date. We saw Portable Appliance Testing (PAT); gas servicing and electrical installation servicing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, fire risk assessments were in place, fire drills took place, and fire extinguisher and fire alarm checks were up to date. The care records we looked at contained personal evacuation plans for the person concerned in the event of a fire.

We were shown the 'accidents and incidents' book where details of each accident should be recorded. We checked whether the information recorded in the book was also referenced in the person's care record. We found this wasn't always the case. In addition we sometimes found accidents were recorded on the person's care record but there was no evidence of them being recorded in the book. This prevented an overview or analysis of all the information to identify any patterns or trends to accidents that had taken place at Royal Court, and therefore no learning as to how to reduce the risk of similar accidents and incidents happening again.

We asked if people living at Royal Court and the staff that worked there were asked for their views on the

service provided and to make suggestions for improvement. Some services seek feedback through questionnaires and/or suggestion boxes from people using the service, staff members, relatives and visitors and healthcare professionals. We saw there was a suggestion box and a comments book in reception and copies of blank questionnaires to complete for anyone visiting or living at Royal Court. We saw there had been two more positive comments written in the comments book since our last inspection and no negative ones. We asked the registered manager if there had been any completed questionnaires returned and any analysis of the results. We were told they had only just been introduced and the plan was to send them out to ask people and visitors for their views.

Some of the relatives we spoke with told us they would like more updates from management about the future plans for the service. We were told, "I am not aware that there are any relatives meetings," and "I would come to relatives meetings."

There was a record of a discussion the registered manager and one of the directors had with a group of people during a mealtime in December 2016. However, there were no other records of any meetings with people living at Royal Court or their relatives since our last inspection. People told us, "I am not sure if we have meetings, we might do," and "We have had meetings in the past, but I can't remember what was decided."

We saw records of staff meetings taking place over the previous two months.

We reviewed the service's policy and procedure file. The file contained a wide range of policies and procedures covering all areas of service provision relating to both people living at Royal Court and the staff that worked there. We most policies and procedures had been due for review in either September or October 2016 or earlier. This meant they may not reflect current legislation and good practice guidance.

It is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that a service displays their most recent rating on their premises and on every website maintained by or on behalf of any service provider. The service's current rating was clearly displayed in the reception area. Prior to this inspection we checked the service's website and could not find one for Royal Court. We spoke to the registered manager about this who told us the website was being updated.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that all notifications required to be forwarded to CQC had been submitted. Evidence gathered prior to the inspection confirmed that a number of notifications had been received.

Effective governance systems were still not fully in place to evaluate and improve practice and therefore we found this to be a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care An assessment of the needs and preferences for care and treatment of the service user were not carried out collaboratively with the relevant person.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective governance systems were not fully in place to evaluate and improve practice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The service was failing to ensure staff received appropriate training, support, supervision and appraisals to enable them to carry out their role effectively.