Crescentworth Limited

Royal Garden Hotel

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 24 May and 1 June 2018 and was unannounced.

The last inspection took place in January 2017 and we found a breach of regulation in relation to staffing. Staff did not receive regular supervision meetings or an annual appraisal to support them to carry out their duties. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to make improvements. At this inspection, we found that some improvements had been made and that this regulation was met.

Royal Garden Hotel is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Royal Garden Hotel is registered to provide accommodation and care for up to 36 older people. At the time of our inspection, 31 people were living at the home, which included two people who were in hospital. Accommodation is provided over four floors, serviced by a lift and stairs. There are five 'flatlets' and bedrooms all have en-suite facilities. Communal areas include a lounge situated on the top floor and a dining room on the ground floor.

A registered manager was in post. 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.

Systems were in place to monitor and measure the quality of care provided and the service overall, but these were not completely effective. They had not identified the issues we found at inspection.

The registered manager had scheduled supervision meetings and an annual appraisal for each staff member during 2018. Whilst supervisions had not been formally recorded, staff felt supported by the management. Informal meetings in the form of supervisions did take place, for example, at handover meetings. Staff meetings took place but were not formally recorded.

At the time of our inspection, out of 31 people accommodated at the home, seven people did not have a detailed care plan in place and their risks had not been identified or assessed, although some information was recorded about them prior to their admission. The registered manager took prompt action. Care plans and associated risk assessments were completed by the second day of our inspection following discussion with the management team.

People living at the home were assumed to have capacity. The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards had been met.

People told us they felt safe living at the home and the majority of staff had completed or updated

safeguarding training. Apart from some care plans which had not been completed as needed, in the main, risk assessments in relation to people's care and support needs had been drawn up and risks were managed safely. Risk assessments relating to premises and servicing of equipment had been completed. Staffing levels were sufficient to meet people's needs and checks were made on new staff who were recruited safely. The home was clean and smelled fresh. Medicines were managed safely.

People felt staff were competent and effective in their roles. Special diets were catered for and the majority of people were complimentary about the food on offer and the menu choices. People had access to a range of healthcare professionals and services. Rooms were personalised in line with people's choices and were decorated to a high standard.

People were looked after by kind and caring staff and positive relationships had been developed between people and staff. People did not always have a clear picture about what their care plan was and many people relied on their relatives or appointed representatives to make decisions on their behalf. People were treated with dignity and respect.

Care plans were kept electronically and provided detailed information and guidance to staff about people's care and support needs. Some activities were organised for people in the home, however, there were no restrictions on people and they were free to go out of the home if they wished. Outings were organised and people were encouraged to participate in activities at the home. Complaints were managed in line with the provider's policy.

Staff felt supported in their roles and by the management team, including the provider. People were asked for their comments about the home through residents' meetings and informal, twice-yearly surveys. The majority of people felt they would go to the provider [owner] if they had any issues and felt confident these would be addressed.

At the last inspection, we rated this service as 'Requires Improvement' in 'Effective' and awarded a rating of 'Good' in the other key questions and overall. At this inspection, the key question of 'Well Led' has been rated as 'Requires Improvement', with other key questions rated as 'Good'. The overall rating is 'Good'.

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.

People felt safe living at the home. Their risks had been identified and assessed and were managed safely by staff.

Staffing levels were sufficient to meet people's needs and safe recruitment systems were in place.

Medicines were managed safely.

The home was very clean and smelled fresh.

Is the service effective?

Good

The service was effective.

Staff felt supported by management and informal supervision meetings took place. Staff completed a range of training to undertake their responsibilities.

Everyone living at the home was deemed to have capacity. The requirements under the Mental Capacity Act 2005 were met.

People had varying opinions about the food on offer. Special diets were catered for.

People had access to a range of healthcare professionals and services.

Is the service caring?

Good

The service was caring.

People were looked after and supported by kind and caring staff. They were treated with dignity and respect.

People were encouraged to be involved in decisions relating to their care, although many people devolved this responsibility to their relatives or representatives.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their assessed needs, likes and dislikes.

Activities were organised at the home and people went out independently if they wished.

Complaints were managed in line with the provider's policy.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led.

Effective systems had not been established to monitor the service as they had not identified the issues found at inspection.

Care plans had not been drawn up for some people who lived at the home. These were completed by the second day of inspection.

Staff meetings took place but were not formally recorded. Staff felt supported by the management team. Action was taken to ensure all staff received a supervision.

Residents' meetings took place. People were asked for their feedback at these meetings and through formal surveys.

Royal Garden Hotel

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 was an unannounced, comprehensive inspection which took place on 24 May and 1 June 2018. On the first day of our inspection, the registered manager was on annual leave, so we met with her on her return. The inspection team consisted of an 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.

Prior to the inspection we reviewed the information we held about the home. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection. Due to technical problems, the provider was not able to complete a Provider Information Return. 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with ten people who lived at the home, two relatives, the provider, registered manager, deputy manager, chef, two senior care staff and a care assistant. We spent time observing the care and support that people received and also observed a member of staff administering medicines to people.

We reviewed a range of records about people's care and how the home was managed. These included care records for five people and medicines records. We looked at staff training, support and employment records, audits, minutes of meetings, menus, policies and procedures, complaints and other records relating to the management of the home.

Good

Is the service safe?

Our findings

At the last inspection in January 2017, we rated this key question as 'Good'. At this inspection, we found the key question remains 'Good'.

People told us they felt safe living at the home. One person said, "I have no concerns about being safe. I'm not supposed to walk by myself, but I do. I go out to the park. I push myself to stop myself seizing up". Another person told us, "Yes I feel safe here; it's absolutely first-class. It's been an absolute miracle coming here". Staff had been trained to recognise the signs of potential abuse and knew what action to take if they had any concerns about people's welfare. One staff member described the types of abuse they might encounter.

People's risks had been identified, assessed and were managed safely. One person said, "The staff always ask if I need their help. They are very polite and willing, but will stand back and wait for you to indicate what you want done". We looked at risk assessments in relation to people developing pressure areas and that these had been assessed using Waterlow, a tool specifically designed for this purpose. People's risk of becoming malnourished had been reviewed using the Malnutrition Universal Screening Tool (MUST). Where people sustained recurring falls, referrals were made to the local authority falls team. Accidents and incidents were investigated and recorded appropriately; risk assessments and care plans were updated. A relative told us of the progress their family member had made following a fall and how staff had encouraged the person to regain their independence. The relative described staff as, "gently persuasive" and how pleased they were with the progress made.

Risk assessments relating to premises had been completed and records relating to areas such as gas safety, fire safety, equipment, lifts and room risk assessments were all current and relevant.

There were enough staff on duty to meet people's needs safely. We asked people whether there were sufficient staff to meet their needs. People said that their call bells were answered quickly and no-one told us they had to wait for any length of time for a response from staff, even at night. Everyone felt there were sufficient staff to provide them with the care and support they needed. There were five care staff on duty in the mornings and four care staff in the afternoons. At night, two waking night staff were on duty, with other staff on call for emergencies. We were told that the home was fully staffed at the time of the inspection. We looked at the weekly duty rotas for a period of three weeks and these showed that staffing levels were consistent across this time period. A member of staff felt that staffing levels were, "Fine. Generally staff will cover if there are any holidays. Staffing levels can increase if people are poorly". Another staff member, when asked about staffing levels, said, "Yes, most of the time it's good" and that they had time to sit and chat with people.

Staff recruitment systems were robust and staff files showed all the necessary checks, with references obtained and input from the Disclosure and Barring Service (DBS) which identifies whether potential new staff have criminal records and who may be unsuitable to work in a care setting.

Medicines were managed safely. We looked at the storage of medicines and the way medicines were recorded. Medication administration records (MAR) were completed safely and confirmed that people received their prescribed medicines. Internal medicines audits were completed every 12 weeks and the supplying pharmacy had also completed an independent audit in April 2018; no issues were identified. Staff were trained to administer medicines through on-line medicines training and had their competencies checked.

The home was very clean and smelled fresh. A relative commented that the home was, "Always spotlessly clean". Infection control audits had been completed. Personal protective equipment was used by staff to support safe personal care delivery and in relation to the serving of meals.

Good

Is the service effective?

Our findings

At the last inspection in January 2017, we rated this key question as 'Requires Improvement'. At this inspection, we found this key question had improved to 'Good'.

At the inspection in January 2017, we found the provider was in breach of a Regulation associated with staffing. We asked the provider to take action because staff did not receive appropriate supervision and appraisals as was necessary to enable them to carry out the duties they were employed to perform. Following the inspection, the registered manager sent us an action plan which showed what steps would be taken to meet this regulation. At this inspection, we found that improvements had been made and that this regulation had been met.

A staff supervision and appraisal schedule had been drawn up by the registered manager for 2018. We have written further about this in the 'Well Led' section of this report. Staff told us they met regularly with their line managers and informal staff meetings took place. Staff felt supported in their work, but no formal record was kept of when supervision meetings took place.

We looked at a staff training plan which showed training that had been completed by staff and training which was due; this was stored electronically. We have written about this in more detail under the 'Well Led' section of this report.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The home was compliant in relation to the requirements under MCA and DoLS. We asked staff about people's capacity to make decisions and we were told that no-one living at the home was subject to DoLS. People were free to come and go as they pleased. One staff member said, "Pretty much everyone has capacity to make decisions. We work on the basis of what people like or don't like". We asked staff what action would be taken if a person demonstrated they might lack capacity to make specific decisions. A staff member said, "An outside team are called in if assessments are needed".

People felt that staff were competent in their roles. One person said, "They're nice lasses and everything is fine. I'd soon tell them if it weren't". A second person told us, "I think the staff are well trained; if you summon them they come quickly". A third person said, "The staff are always willing to help and new staff are supervised when helping you for the first time".

New staff completed an induction programme. Staff felt supported in their roles by the management team. One staff member said, "The manager is very good and very approachable. There is an open-door policy; it's a very nice place to work". Another staff member told us that the management team, including the owners of the home, all made themselves known and were extremely approachable.

We observed people having their lunchtime meal with many people choosing to eat in the dining room. The tables were neatly laid with cloths and napkins and jugs of water and squash were readily available. The meal of the day was steak and stilton pie, however, alternatives were available if people requested. People had their own preferred places to sit at tables and the meal was a sociable occasion, with people chatting to each other. The food looked and smelled good and was nicely presented and the majority of people were positive about the food on offer. One person said, "The food suits me" and another, "The food is delicious". Staff stood watching people from the doorway of the dining room and did not intervene except to serve food, clear away plates or provide assistance when needed.

We were told that relatives could stay for lunch, free of charge, if they wished. The chef was knowledgeable about people's dietary needs and said that every week the menu changed slightly. The chef told us that roasts were served on Wednesdays and Sundays, because people liked a roast. Fish was served on Fridays and Wednesday evenings, with a different savoury pie every Thursday. The chef said that when a person came to live at the home, he would meet with them to discuss their dietary needs and preferences. Suggestions from people were welcomed and helped to plan the menus. A relative said, "Food is marvellous and consistently really, really good". A second relative told us, "The food is all good".

People told us they had access to a range of healthcare professionals and services and care plans recorded any appointments or visits. A staff member told us the local medical practice handled the majority of people's healthcare needs and were very responsive. One person told us they had been feeling under the weather and were deciding whether to see a GP or not. Another person said, "If you don't feel well, they will always give you something for it or suggest you see the doctor. They're quite good like that".

Rooms were personalised and the home was decorated to a high standard. Lifts enabled people to move freely around the home.

Good

Is the service caring?

Our findings

At the last inspection in January 2017, we rated this key question as 'Good'. At this inspection, we found the key question remains 'Good'.

Positive, caring relationships had been developed between people and staff. We observed friendly, warm interactions between staff and people and that staff were polite and friendly. Relatives and friends were free to visit at any time. One person said, "The staff are always very friendly and will offer a cup of tea when my daughter comes". Another person told us, "Staff will always chat, but then I put myself about a bit. I don't stay in my room like a lot of people do. If you're feeling a bit down, staff will come and put an arm around you and give you a hug to make you feel better". When this person was asked if they were involved in decisions relating to their care they said, "My daughter handles all my affairs so they talk everything through with her". A third person commented, "I've never had anyone be unkind to me. Generally they are very kind and very good at explaining things to you if you have any queries. Sometimes they look things up on the computer for you". People felt that staff were attentive to their needs and flexible in their approach. For example, one person explained, "The best thing about the place is the kindness and the homely atmosphere. Staff are very thoughtful. I have to have my meds at 7pm so staff always bring my meal to my room. They are willing to accommodate changes in routine".

Some people did not have a clear picture about their care plan, but everyone we spoke with felt they were consulted about decisions relating to their care. We observed people were consulted in day-to-day decisions and choices about life at the home. One staff member told us they tried to involve people in decisions relating to their care, but the majority of people either delegated this to relatives or were happy with the status quo. People were encouraged to be as independent as possible with minimal interventions from staff, who supported people when needed. People living at the home had low level support needs, were articulate and able to communicate effectively.

Relatives were complimentary about the staff and felt confident that their family members were well looked after. One relative told us they had been contacted immediately after their family member had sustained a fall. Referring to staff they said, "They do go the extra mile. Anything you ask of staff, they're there".

People felt they were treated with dignity and respect. One person said, "Staff are never rude or unpleasant". We observed staff knocking on people's doors and calling out the person's name before entering the room. Another person commented, "They always make sure the door is kept closed when they are helping me to get dressed. They do treat you with respect". We asked a staff member for their views on dignity and respect and they explained, "It's about giving people the choice always, this is their home".

Good

Is the service responsive?

Our findings

At the last inspection in January 2017, we rated this key question as 'Good'. At this inspection, we found the key question remains 'Good'.

People received personalised care that was responsive to their needs; care plans were kept electronically. Before people moved into the home, an assessment was made of their care and support needs and this provided the basis for their care plan. People's protected characteristics as defined by the Equality, Diversity and Human Rights Act were identified and met. There were no specific examples at the time of inspection.

Care plans included information about people's emotional and mental health, personal care needs, day and night routines, medicines, recreation and activities, religion and language. The majority of people had their personal histories recorded and these included people's likes, dislikes and preferences. Care plans were reviewed monthly, with a more detailed review happening every six months. Some people did not have detailed care plans in place and we have written about this under the Well Led section of this report. Despite the lack of care plans in some cases, staff demonstrated a good understanding and knowledge of people and their care needs. Handover meetings took place between shifts and enabled staff to discuss people's care needs and flag up any issues or concerns. Daily notes were completed by staff which provided ongoing detail about people's care and support needs for all staff to read. The electronic system used to generate care plans also flagged up to staff when a review was needed. If people needed to be admitted to hospital in a hurry, information relating to their care and support needs could be printed off quickly.

From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. People's needs were catered for in relation to any specific requirements they might have. For example, one person had a visual impairment, so information was printed in larger print and they enjoyed playing Scrabble, which was provided with larger letters so the person could be involved in playing this game. People had access to a computer in the top lounge and wi-fi was available throughout the home.

People told us they were happy with the activities that were on offer. Some activities were organised for people should they wish to participate. These were in line with people's choices and preferences. Many people chose to occupy themselves independently or went out of the home into the town. A few people preferred their own company and stayed in their rooms outside of mealtimes. A programme of activities was organised and afternoon activities took place which were overseen by one of the care staff, who was also acting as activities co-ordinator. On the morning of the first day of inspection, a physiotherapist came in and held a session of armchair exercises which were enjoyed by a few people. Other activities we were told about included carpet bowls, Bingo, singing, arts and crafts, visiting animals and quizzes. On the afternoon of the first day of inspection, a quiz had been organised, which four people attended. Many people chose to go out and others preferred to stay in their rooms. A staff member told us, "We are trying to organise more outings. People have been out for fish and chips, canal boat rides, flowers at Chichester

Cathedral and there have been movie nights. We're trying to get people involved in things they would like to do".

Complaints were managed satisfactorily. We asked people what they would do if they had a problem and, without exception, people told us they had never had to complain. One person said, "I've never had to complain. There's probably a complaints policy, but I've never needed it. My daughter visits me and the home consult her and keep her informed about anything to do with my care". Another person told us, "I've never complained but the owner has known me a long time, so I think he'd listen to me". This person stated they would prefer to discuss any issues with the provider, rather than the registered manager. We looked at the complaints log which documented the complaints received and the outcome of the complaint. The provider's complaints policy stated, 'Complaints must be fully investigated and so far as reasonably practicable, resolved to the satisfaction of the service user or the person acting on the service user's behalf'. One staff member told us that any complaints were usually handled by a member of the management team.

If staff could meet people's end of life needs, and it was their wish, people could live out their lives at the home. One person said, "We haven't talked about end of life care yet, you don't like to think about it really". Another person's care plan documented their desire to stay at the home rather than be transferred to a nursing home or hospital.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in January 2017, we rated this key question as 'Good'. At this inspection, we found the key question had deteriorated to 'Requires Improvement'.

Records were not kept to show that staff received regular supervision meetings or an annual appraisal. The provider had recorded when staff supervisions and annual appraisals were due to take place. An annual appraisal and two supervision meetings were scheduled for each member of staff. However, supervisions and annual appraisals did not take place for some staff members according to those planned into the schedule.

In their action plan, the registered manager stated they had delegated the responsibility for the majority of staff supervisions to two senior care staff. The registered manager stated further that they were committed to carrying out supervision meetings with key members of the team and appraisal meetings. According to the action plan, the registered manager stated they planned to introduce monthly staff development meetings to discuss and monitor the progress of supervisions. We were told that regular staff meetings did take place, but these meetings were not formally documented. There was no evidence to show that the lack of staff supervisions and appraisals had an impact on the care and support that people received.

We spoke with the registered manager in November 2018 to receive an update and she told us that all staff had now received a recent supervision. The registered manager added that formal supervision meetings, and other informal meetings, were now recorded.

According to the training plan some staff had not completed, or refreshed, the training they required to demonstrate their effectiveness in their role. Staff told us they had completed all the training they needed to support people effectively. In November 2018, the registered manager confirmed that all staff had completed their mandatory training and the training plan updated to reflect this.

Systems had been established to monitor and measure the quality of care provided and the service overall, but these were not effective at the time of our inspection. They had not identified the issues we found. Whilst incidents and accidents were reported, there was no formal analysis of this information, for example, in relation to falls sustained by people to establish whether there were any patterns or trends. However, after the inspection, the registered manager told us that any concerns about people's welfare, including falls, would be shared with the GP, so that an appropriate referral could be made, for example, to the falls team.

Since the inspection, improvements have been made by the registered manager in relation to staff supervision meetings and the updating of systems and records. We will be checking to see whether these improvements have been sustained at the next inspection.
Care plans had not been completed for everyone accommodated at the home. Out of 31 people who lived at the home, seven people did not have detailed care plans at the time of our inspection. These people had been admitted between early March and May 2018. The responsibility for writing care plans had been

delegated by the registered manager to another member of the management team. However, when this staff member took a leave of absence and new people were admitted to the home, detailed care plans had not been written-up. We were shown copies of pre-assessments that had been completed for people which showed people's likes, dislikes, medical histories and other information relating to their support needs. Notwithstanding this, people's risks had not been identified or assessed and therefore their care needs could not be fully documented or managed. However, from our interviews with staff, it was clear they knew people well. The lack of care plans had not impacted on people's safety and welfare. The registered manager and deputy manager agreed that the lack of detailed care plans for these seven people was an oversight.

By the second day of our inspection, care plans had been completed for each person. A new system was to be implemented so that the responsibility for writing care plans had been delegated to other members of staff to ensure plans were put in place promptly following people's admission to the home.

In an update with the registered manager in November 2018, she informed us that tablets had been purchased for staff to record information about people. This new system was working well and enabled people to be involved in the drawing-up of their care plan.

Staff felt supported in their roles by the management team, including the provider. One staff member told us they felt supported and said, "There's always someone to ask for advice". They added, "I love it here because everyone's chatty and people are all very independent". Another staff member enjoyed working at the home and told us, "All the staff get on really well". Records showed that staff meetings had taken place in January and March 2017, but there were no minutes of staff meetings that had occurred during 2018. The deputy manager told us that staff meetings did take place informally, but were not recorded. They explained, "Every now and again the manager will call us into the office for a meeting". Another member of staff told us that formal staff meetings took place, "Maybe once a year".

We were told that the registered manager was in the process of updating the provider's policies and procedures. Some policies we looked at were out of date and in need of review. Policies were not in place in some areas. For example, there was no policy to advise staff about Duty of Candour. Duty of Candour relates to a requirement that providers should have a culture of openness and honesty so that if people receive inappropriate care or treatment, systems are in place to address this. Staff did have an understanding of their responsibilities under Duty of Candour. One staff member explained, "It's not keeping anything secret. Making sure everyone knows what's going on". Staff were also asked about their understanding of whistleblowing. One staff member told us, "Yes, isn't it like when something's going on and you're the one who says something, rather than keep quiet?" Staff told us they would go to the provider if they had any concerns of this nature. One relative felt that communication could be improved. They said it was, "Hard to know who is who amongst the staff" and that updates on their family member's care and support were variable depending on which staff members were on duty.

Notifications that the provider was required to send to us by law had been completed and sent to the Commission as needed. The Commission's rating of the home, awarded at the last inspection, was on display at the home and on the provider's website.

We asked people for their views on how well the home was run and people had mixed comments. Without exception, people felt that the owner of the home was approachable and listened to them. In talking with people, it was obvious that the provider [owner] was who people thought would be most responsive if they had any issues. One person said, "The management sort problems really quickly if there is something we want, we ask for it and they set it in motion and do it". When we asked this person who they meant by 'the

management', they named the owner rather than the registered manager. Another person said, "We have residents' meetings, but I speak to the owner if I have any problems". A third person told us, "The owner is always chatting to everyone, he's the one that gets things done". There was a strong sense that the owner was pivotal to the smooth running of the home and, although there was a registered manager in post, some people preferred to talk to the owner about any issues they might have. We asked people if they would recommend the home to others and everyone confirmed they would.

Surveys were issued twice a year to people living at the home and their feedback was obtained and acted upon. For example, according to one survey we looked at, one person had requested a hot water bottle and this had been arranged.