

Appleton Shaw Limited

Royal Court Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection visit at royal Court Care Home took place on 06 June 2017 and was unannounced.

Royal Court Care Home is registered with the Care Quality Commission to provide personal care for up to 20 older people who do not require nursing care, but who may have dementia related conditions. At the time of our inspection, 15 people were living at the care home.

The service had a registered manager in place. 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. The registered manager was not present on the day of our inspection. We spoke with them after our inspection visit.

At the last inspection on 10 and 11 February 2015, we found the provider was meeting the requirements of the regulations that were inspected. However, we identified that activities for people living with dementia required improving. At this inspection in June 2017 we found activities were available that met the needs of all the people living at Royal Court Care Home. The provider kept clear records of activities offered and who participated. On the day of our inspection we observed, people reading, completing jigsaws and a relaxed and informal game of bingo, which included relative participation and lots of smiling and laughing.

At this inspection, staff responsible for assisting people with their medicines had received training to ensure they were competent and had the skills required. We noted when the instruction identified a variable dose could be administered, for example, one or two tablets, there were no instructions to guide staff on the amount to administer.

We have made a recommendation that the provider introduce person centred protocols to guide staff on the amount of medicine to administer when a variable dose is prescribed.

During this inspection, we noted the provider had systems that ensured people who lived at the home were safe. We found staff were knowledgeable about the support needs of people in their care. They were aware of what help people needed to manage risks and remain safe.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Records we looked at indicated staff had received safeguarding training related to the identification and prevention of abusive practices. They understood their responsibilities to report any unsafe care or abusive practices related to safeguarding of adults who could be vulnerable.

Staff received further training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

The provider had recruitment and selection procedures to minimise the risk of inappropriate employees working with people who may be vulnerable. Checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions with staff and records we looked at.

We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was organised directing staff with their allocated tasks.

Family members told us they were involved in their relatives care and had discussed and consented to their care. We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Relatives told us and observations indicated people were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

Care plans were structured organised and identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

Comments we received, and feedback we read, demonstrated relatives were satisfied with the care delivered. The provider and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people who lived at the home.

We found people had access to healthcare professionals and their healthcare needs were met. There were established relationships with community based health professionals. We saw the management team had responded promptly when people had experienced health problems.

A complaints procedure was available and people and their relatives we spoke with said they knew how to complain. Staff spoken with felt the registered manager was accessible, supportive and approachable.

The manager had sought feedback from people living at Royal Court Care Home and their relatives.

The provider had regularly completed a comprehensive range of audits to maintain people's quality of life, keep them safe and manage risk.

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 received their medicines correctly according to their care plan. Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed and staff were aware of how to reduce potential harm to people.

There were enough staff available to meet people's needs safely. Recruitment procedures the service followed were safe.

Is the service effective?

Good ●

The service was effective.

Staff had the appropriate training to meet people's needs.

The provider was aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had knowledge of the process to follow.

People were protected against the risks of dehydration and malnutrition.

Is the service caring?

Good ●

The service was caring.

We observed people being supported by staff with kindness and compassion in their day-to-day care.

Staff had developed positive caring relationships and spoke about people in a warm compassionate manner.

People, where appropriate, and their relatives were involved in making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive.

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

The provider organised activities and events to stimulate and maintain people's social health.

Relatives of people who lived at Royal Court Care Home told us they knew how to make a complaint and felt confident any issues they raised would be dealt with.

Is the service well-led?

Good ●

The service was well led.

The provider had clear lines of responsibility and accountability.

The management team had a visible presence within the service. People and staff felt the registered manager was supportive and approachable.

The management team had oversight of and acted upon the quality of the service provided. There was a comprehensive range of quality audits, policies and procedures.

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

The inspection team consisted of one adult social care.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events the provider is required to send us. This helped us to gain a balanced overview of what people experienced accessing the service.

Not everyone shared their experiences of life at the home. 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. We observed how staff interacted with people who lived at the home and how people were supported during meal times and during individual tasks and activities.

We spoke with a range of people about this service. They included three people who lived at the home and four relatives who visited during our inspection. We spoke with the deputy manager, four staff and two visiting health professionals.

We had a walk round the home to make sure it was a safe and comfortable environment for people who lived there. We checked four care documents and six medicines records in relation to people who lived at Royal Court Care Home. We looked at three staff files and reviewed records about staff training and support.

We looked at documentation related to the management and safety of the home. This included health and safety certification, staff rotas, training records, team meeting minutes and findings from monthly audits.

Is the service safe?

Our findings

People we spoke with told us they felt comfortable and safe when supported with their care. Observations made during the inspection visit showed they were comfortable in the company of staff supporting them. One person who lived in the home told us, "I feel safe here, I have never felt anything else but safe." Family members who visited the rest home told us they had no concerns about their relative's safety.

During this inspection, we observed medicines administration and looked at related documentation. The staff member administered people's medicines safely by concentrating on one person at a time. We observed consent was gained from each person before their medicine was administered. One person who lived at the home told us, "I get my tablets regularly."

There was a chart for each person that gave instruction and guidance specific to that individual. Each person had a medication administration recording form (MAR). The form had information on prescribed tablets, the dose and times of administration. We noted when the instruction identified a variable dose could be administered, for example, one or two tablets there were no instructions to guide staff on the amount to administer.

We recommend the service introduce clear guidance for staff on 'as and when' medicines and what dose to administer.

The registered manager contacted us after our inspection visit to share they had taken action and protocols were in place.

Staff who administered the medicines received training and annual competency checks by a member of the management team. Documentation looked at indicated competency checks had taken place. Controlled Drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance, controlled drugs: safe use and management. The controlled drugs book had no missed signatures and the drug totals were correct. This showed the provider had systems to protect people from the unsafe storage and administration of medicines.

We asked about staffing levels during our inspection visit. Relatives and staff felt there were enough staff to meet people's needs safely but there were times when more staff could be needed. We shared this with the deputy manager who told us they had recently increased staffing levels in the evening. We saw staff rotas that evidenced the increase. We observed staff going about their duties. We noted they were not rushing and had time to respond to people in a safe and timely manner.

When asked about safeguarding people from abuse, staff were able to tell us what procedures they would follow to keep people safe. They had a good understanding of safeguarding people from abuse, how to raise an alert and to whom. One staff member told us, "We have a duty of care. It is up to us to keep people safe."

There were procedures to enable staff to raise an alert to minimise the potential risk of abuse or unsafe care.

When asked what they would do if they had any concerns about abuse, staff told us they would report any concerns to the manager. Training records we looked at showed staff had received related information as part of their induction to underpin their knowledge and understanding. This showed the provider had identified risk and shared information to manage the risk safely.

During the inspection, we had a walk around the home, including bedrooms, bathrooms, toilets, the kitchens and communal areas of the home. We found these areas were clean and tidy. We observed staff made appropriate use of personal protective equipment, for example, wearing gloves when necessary.

As we completed our walk around the water temperature was checked from taps in bedrooms, bathrooms and toilets; all were thermostatically controlled. This meant the taps maintained water at a safe temperature and minimised the risk of scalding. All legionella checks were systematically completed.

We checked the same rooms for window restrictors and found all rooms had operational restrictors fitted. Window restrictors are fitted to limit window openings in order to protect people who can be vulnerable from falling. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use.

We looked at how accidents and incidents were recorded. These were documented appropriately and in detail. Any accidents or incidents were recorded on the day of the incident. Staff also recorded information if further action was required such as attention from a health care professional.

During the inspection, we viewed five care records related to people who lived at Royal Court Care Home. We did this to look how risks were identified and managed. We found individualised risk assessments were carried out, appropriate to peoples' needs. Care documentation contained instruction for staff to ensure risks were minimised. For example, we saw one person had a history of falls. Staff we spoke with were able to tell us the strategies they had to minimise the risk. They also shared what input had taken place from specialist health care professionals. This demonstrated staff were knowledgeable of the risks identified and how to address these.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people who may be vulnerable. We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at two staff files and noted they contained relevant information. This included a Disclosure and Barring Service (DBS) check and appropriate references to minimise the risks to people of the unsafe recruitment of potential employees. All staff we spoke with told us they did not start work with Royal Court Care Home until they had received their DBS check.

Is the service effective?

Our findings

Relatives we spoke with felt staff were skilled to meet the needs of people and provide effective care. One relative told us, "I am so grateful to them. When [Relative] moved here they got her health back to normal."

During this inspection, we investigated how the provider ensured staff had the skills and knowledge to carry out their role. We spoke with staff about their experiences of induction and ongoing training. We looked at training records and certificates of staff working at the home. We did this to assess if they had the skills and knowledge to support people effectively. Staff we spoke with said, the training gave them the skill and confidence to support people. For example, one staff member told us, "I shadowed quite a lot. I was put with [experienced carer] they taught me everything." They further commented they found the moving and handling training, "Interesting." It made them see how people requiring support felt.

Regarding ongoing training, one staff member told us, "[Registered Manager] is strict on his training." They told us he gave staff test sheets to complete after refresher training and checked they understood the training. Other staff we spoke with confirmed this. This showed the provider had a framework that ensured staff developed and maintained the skills to meet people's needs effectively.

We asked staff if they felt supported by their management team. They told us they received supervision. We saw staff received regular supervision and appraisal to support them to carry out their duties effectively. Supervision was a one-to-one support meeting between individual staff and the registered manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs. One staff member told us, "We discuss if I have any problems and if I am happy. The meeting is confidential which is a good thing." This showed there was a framework to support staff to carry out their roles and responsibilities effectively.

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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005.

Throughout our inspection, we observed staff offering people choices and gaining consent to support them with their personal care. One staff member was able to talk with us about offering choices, assessing people's capacity and working in someone's best interest. A second staff member told us how to determine capacity and how to offer choices. For example, they talked about how the time of day and illness such as infections could affect a person's capacity. This showed the provider had ensured staff delivered care that

supported people to remain in control and as independent as possible.

We observed how people were supported to have sufficient amounts to eat and drink throughout the day. One person said, "The food is quite good, too much sometimes." A second person commented, "The food is very good, lovely portions, not skimpy portions." About their lunch, we overheard one person tell a member of staff, "That was very nice, thank you." A relative commented, "You get a good variety of food here." A second relative told us, "The food here is really good, [relative] has put weight on." We noted people's weights were monitored and recorded. Staff we spoke with were knowledgeable about people's nutritional needs and in particular people's need to have fortified drinks. This showed the provider had a system that protected people against the risk of malnutrition.

We spoke with the chef, who was able to tell us who had specialised diets. They had knowledge of which people required their meals to be blended and to what prescribed consistency. The separate parts of the meals were individually blended and presented separately on the plate. The chef told us, "We try to make the blended food look nice." This maintained their individual flavours and colours, which positively supported people's meal experience.

We visited the kitchen at Royal Court Care Home and found it clean and hygienic. Cleaning schedules ensured people were protected against the risks of poor food safety. The provider had achieved a food hygiene rating of five. Services are given their hygiene rating when a food safety officer inspects it. The top rating of five meant the home was found to have very good hygiene standards.

We looked at care records that showed people's healthcare needs were carefully monitored as part of the care planning process. One relative told us, "When [relative] got an infection, they were straight away to the GP. They are very good like that." Care records confirmed visits from GPs and other healthcare professionals had been recorded. On the day we visited, there was a scheduled visit from a local health professional. They spoke with us and told us they believed the home was organised and staff had knowledge of the people they supported. The documentation we looked at was informative with the reason for the visit and outcome.

During our inspection, we noted dementia friendly signage throughout the home. We were shown a dementia friendly Improvement plan for the home. This included new carpets, better lighting and blackout blinds in bedrooms to support daylight sleeping. We saw some new carpets had been fitted and blackout blinds were in bedrooms. This showed by reviewing the environment the provider was seeking to effectively transform the home into a friendlier, less challenging place for people living with dementia.

Is the service caring?

Our findings

People told us they were treated with kindness and respect. One person said, "The staff are friendly, I get on with all of them." A relative told us, "I like the way staff treat people. It is so friendly and relaxed." A second relative commented, "They are all very caring. They look after us as well as [relative]." A staff member stated, "We are all fond of the people who live here."

The atmosphere in the home was calm, relaxed and friendly. One visitor told us, "You get that feeling when you come in, it's lovely." They further commented, "Everyone is like a family with each other. It gives you trust in people." It was apparent positive, caring relationships had been developed with people.

During our inspection visit, we heard staff use language that did not always promote people's personal dignity. Staff talked about "feeding" people. We read daily notes that recorded, '[Person] has been fed her lunch.' The words we use can influence how people treat or view people living with dementia. We shared this information with the deputy manager at the end of our inspection visit. They told us they would use supervision and staff meetings and promote a more appropriate and caring approach to language used.

Care records we checked were personalised around the individual's requirements, and held details of valuable personal information. For example, one person enjoyed reading, colouring and socialising. Records looked at provided staff with information about people's favourite foods and places they had visited, fondest memories and significant events such as the date they married. We noted the provider had arranged a visit from an organisation that specialises in activities for older people and the topic would be getting married. A staff member told us this allowed people to reminisce and share information about themselves.

People and staff had knowledge of each other's lives. Throughout the inspection, we overheard several conversations where staff showed an interest in people and shared their own personal information. We noted people who lived at the home question staff on ongoing occurrences in their lives. This showed the registered manager had nurtured an environment where positive relationships could develop.

People's privacy was respected. We observed staff respected people's private space and as such, they routinely knocked on people's bedroom doors and sought permission before entering. One person confirmed this saying, "The staff always knock on the door before they come in." People's bedrooms had been personalised to reflect their own interests and hobbies. Most bedrooms had family photographs and personal items on display. This showed the provider had respected people's individuality.

Family and friends we spoke with said they were made to feel welcome. We observed staff had a rapport with visitors and the visitors enjoyed this. We noted family and friends continuously visited throughout our inspection. We were told there were no restrictions on when people visit. One family member told us, "The girls are lovely; they always offer you a cup of tea." This showed the provider had developed strong caring relationships with relatives and friends of people they supported.

We spoke with the management team about access to advocacy services should people require their

guidance and support. There was no one currently living at the home that had an advocate. The deputy manager told us how they would contact an advocacy service should it be required.

We saw evidence conversations had taken place with people who lived at the home and family members about their end of life wishes. Each person's care plan had a section, 'Thinking ahead and recording your wishes'. We noted personal wishes documented. For example, 'I have made a will. [Relative] will arrange my funeral'. There were do not attempt cardiopulmonary resuscitation (DNACPR) forms in people's care plans which ensured end of life wishes were valid and current. The deputy manager told us, "End of life care is about making people's last days comfortable and looking after them and their family." This highlighted the provider had recognised end of life decisions should be part of a person's care plan and had respected their decisions.

Is the service responsive?

Our findings

People were supported by staff that were experienced, trained and responded to the changing needs of people in their care. Staff had a good understanding of people's individual needs. Staff we spoke with were able to share people's likes and dislikes which showed their ability to be responsive and deliver care that was person centred.

The provider assessed each person's needs before they came to live at Royal Court Care Home. The registered manager visited the person prior to admission. The deputy manager told us they had delayed someone moving into the home until they had got the right moving and handling equipment that was identified within their assessment. This ensured the rest home would meet their needs and minimise disruption from a failed or inappropriate placement.

The management team and staff encouraged people and their families to be fully involved in their care. This was confirmed by talking with people and relatives. One relative told us they had recently had a formal meeting to review their relative's care needs. They also told us the registered manager spoke with them regularly to gather their views on the care delivered. They further commented there was another meeting scheduled. This was with their relative's keyworker to look at practical day-to-day issues. A second relative commented, "They [management] keep us involved, they tell you everything. It is like a running bulletin." They stated they do not have to ask anything as information about their relative is volunteered by staff. This showed a responsive approach to care management by the provider.

Care plans we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. When appropriate the plan included who had been involved in decision making around personalised care. For example, one person due to deteriorating health had to remain in bed. It was documented who was involved in their care planning, health professionals, family and staff.

Care plans included a history of any falls, critical care and support needs and the best way to communicate with the person effectively. For example, we saw one care plan stated, 'when talking with me, be prepared to repeat things as I forget very easily'. A second care plan stated, the person did not like crowds and fuss. Staff were reminded not to support the person to watch the singer when they visited. This showed us the management team listened to people and delivered personalised care.

We asked people about activities at Royal Court Care Home. There was a timetable of activities advertised which included, move it mobility, music bingo, cake decorating, pet therapy and gardening club. During our inspection one person requested to chat to tell us about the flowers they had planted. Several people told us how much they enjoyed the singers that visited. One relative explained their family member did not always participate in activities but they had been pleased to see they went out for a cup of tea and a cake regularly.

Staff had to complete daily documentation on what activities had taken place and who had participated.

The registered manager then reviewed this documentation. This showed the provider recognised activities were essential and provided a varied timetable to stimulate and maintain people's social health.

The service had policies and procedures for receiving and dealing with complaints and concerns received. The registered manager also had a book to document 'niggles and concerns.' We noted complaints (and niggles) were logged with the outcome documented. People and their relatives we spoke with told us they had no complaints but if they did, they would speak with the registered manager. One staff member told us, "I have complained, [registered manager] sorts it and gives you feedback, they also ask if there is anything else." This showed the provider had a procedure to manage complaints. They encouraged feedback, listened to people's concerns and were responsive.

We saw a number of comment cards, which were from family members thanking staff for the care and support they had shown to their relative. These included, 'Thank you from the bottom of my heart for all the care you gave to [relative]. We will miss you all, especially the giggles.' In addition, we noted, 'Thank you for taking care of mum's needs.'

Is the service well-led?

Our findings

The provider promoted a positive culture within the home with people, their relatives and the staff team. People, relatives and staff told us the management team were visible within the home. The management team were knowledgeable about the care and support needs of all the people living at the home.

There was a clear line of management responsibility throughout royal Court Care Home. One staff member we spoke with told us, "Registered manager is only a phone call away, you can ring anytime. He's good like that." A second staff member commented on a member of the management team, "They are lovely, very understanding."

The registered manager arranged surveys with people who lived at the home and a separate family members survey to seek feedback on the care provided. Feedback was positive and included, 'staff need medals, good crew' and 'Mum really enjoys the gardening and keep fit activities'. We noted future surveys on topics such as food, housekeeping and laundry had been planned. We noted the registered manager had forecast future meetings for staff and residents. We saw minutes of meetings were in the hallway available for anyone to read.

The provider completed a comprehensive range of audits as part of their quality assurance for monitoring the home. We noted they had a quality assurance calendar to structure their regular audits and health and safety checks. Audits included care plans, supervision records, medicines, safeguarding, accidents, incidents, and complaints.

Health and safety checks included fire alarm checks, wheelchair and bed rail checks. Environmental checks that included infection control audits, emergency lighting and inspecting the fans. This showed the registered manager had a systematic process to ensure the service delivered high quality care.

About staff meetings, one staff member told us, "It's a good chance to get your point across. One person will say something and another one will join in saying 'I was thinking that'." We noted all staff meetings followed the same structured format. Minutes of meetings showed the introduction of new paperwork, discussion on communal areas and thank you to staff for their hard work.

We noted Royal Court Care Home had achieved a silver award after a Quality Framework Inspection. To achieve the award the service was inspected and audited over three visits. The deputy manager told us the staff team were very proud of this accomplishment. The registered manager recognised the hard work and achievement of the staff by organising a meal for all the staff. This showed the registered manager was promoting a positive culture through effective

We found the provider knew and understood the requirements for notifying CQC of all incidents of concern and safeguarding alerts as is required within the law. We noted the provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan to demonstrate how the provider planned to operate in emergency situations. The intention of this document was to ensure

people continued to be supported safely under urgent circumstances, such as the outbreak of a fire.