Alex Davis (Gosport) Limited

The Royal

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This comprehensive inspection took place on 06 November 2018 and was unannounced.
The inspection team consisted of two inspectors.

The Royal is a residential care home which is registered to accommodate up to seven people and provides support for people with a Learning Disability, Mental Health needs, Autism Spectrum Disorder and additional needs. The Royal is a converted public house which offers seven bedrooms and is located on a high street with easy access to local facilities and good public transport links. At the time of inspection six people were accessing care and support at the service. The design and location of The Royal was complaint with the values underpinned in Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

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

There had been no change in the registered manager since the last inspection. 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.

People are supported to have maximum choice and control of their lives and staff do support them in the least restrictive way possible; however, the policies and systems in the service do not always evidence this practice. We saw peoples consent was sought in daily interactions, however where people were unable to give informed consent to their care and treatment the provider failed to follow practices in line with the Mental Capacity Act 2005 (MCA). We have recommended the provider seeks updated knowledge and information on current legislation and best practice.

Where people were identified as being unable to consent to their living arrangements the provider failed to follow legislation guidance in accordance with the MCA and Deprivation of Liberty Safeguards to seek the appropriate lawful authority to deprive people of their liberty.

Quality audits were carried out by the management team; however, these were not always effective and did not identify the concerns we found around the robustness of risk assessments, training and compliance with the MCA and DoLS legislation. The registered manager responded promptly when we identified areas for improvement.

People and relatives told us they felt safe at The Royal and there were systems and processes in place to safeguard people from potential abuse or neglect. The registered manager and staff had a good

understanding of their role and responsibilities to protect people they support.

There were systems in place to identify and reduce potential risks to people, however information on how to reduce potential risks were not always person specific in people's care plans. Following the inspection, we have been assured that action had been taken to address this.

People had access to suitable levels of staffing to meet their needs and staff demonstrated a good understanding of the people they support. Where people required additional support to engage in activities we saw there was flexibility in staffing levels. The provider had safe and effective recruitment practices in place for new staff.

People were supported with their medicines as required and there were clear processes in place to manage the storage, administration and disposal of people's prescriptions. Staff received appropriate training and oversight to ensure people received their medicines in line with best practice guidance.

The environment was observed to be clean and tidy and people were protected from the risks of infection. Where people were able to manage tasks, and remain independent this was supported by staff and there were clear and detailed schedules in place to monitor the home's overall cleanliness.

Staff were informed and aware of people's needs and worked in line with people's individual support plans. However, staff training was not always updated consistently in line with the providers policy. Following the inspection, we have been advised by the registered manager that training dates have been scheduled, where staff were new to the service or where the providers timescales had lapsed.

People were supported to maintain their diet and nutritional needs and meal times were flexible to accommodate individual preferences. We saw people were encouraged to participate in meal preparation and skill development; and had open access to the kitchen with support available as required.

People had support to access appropriate health and social care services. The service received positive feedback from visiting professionals regarding staff's understanding of people's needs and their approaches to meet those needs.

People, relatives and our observations of the service reflected staff supported people in a caring, kind and compassionate way. People were treated with dignity and respect and there was a homely atmosphere.

The registered manager and staff were committed to supporting people to be seen and treated as individuals and supported people to build on their independent living skills where this was appropriate.

There was a clear and accessible complaints procedure in place and where appropriate people knew who they could speak to if they were unhappy. Relatives said they felt able to raise any concerns and had good relationships with the registered manager and staff.

People had detailed and person-centred care plans which represented their likes, dislikes, and interests. Where people required additional behaviour management support we found clear strategies were in place that were proactive in meeting people's needs.

Effective links with professionals had been established by the service to help deliver support to people focusing on their specific needs.

People, those important to them and staff gave consistently good feedback about the management team and working at the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken 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?

Good

The service was safe.

Systems were in place to identify and reduce risks, however some people's risk assessments were not always detailed.

Staff understood their safeguarding responsibilities and knew how to identify, prevent and report abuse.

There were enough staff deployed to meet people's needs. Recruitment practices helped ensure only suitable staff were employed.

People were supported with their medicines safely.

There were appropriate systems in place to protect people by the prevention and control of infection.

Is the service effective?

Requires Improvement

The service was not always effective.

People's care and treatment was not always delivered in line with current legislation, standards and evidence based guidance.

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Although training was not always delivered in-line with the provider's policy.

Staff felt supported by the registered manager and received regular supervision.

People had choice and control over meal times and staff supported people to ensure they maintained their nutritional needs.

When people were transferred to hospital, staff ensured key information accompanied them to help ensure their received ongoing healthcare support.

The environment had been adapted and personalised to meet

people's needs.

Is the service caring?

Good

The service was caring.

People were treated as individuals and received caring and compassionate support.

Staff interacted positively with people and promoted their independence. Staff protected people's privacy and respected their dignity.

People were supported to maintain and develop their independence.

Staff supported people to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive.

Care and support were centred on the individual needs of each person. Care plans were developed in conjunction with the person or their family members and staff responded promptly when people's needs changed.

The location was supportive of people accessing the local community and facilities.

People had access to a range of regular activities of their choice.

People and relatives knew how to raise a complaint and there was an appropriate accessible complaints procedure in place.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Effective quality assurance process had not identified areas for improvement found during this inspection. The registered manager responded promptly when we identified areas for improvement.

Staff were organised, motivated and worked well as a team. They felt supported and valued by the management team.

Relatives spoke highly of the registered manager and staff's

commitment to the people they support.

The Royal

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.
This comprehensive inspection took place on 06 November 2018 and was unannounced.

The inspection team consisted of two inspectors.

Before we visited the home, we reviewed information available to us about this service and the provider for example the location inspection history, safeguarding alerts, share your experience forms and notifications sent to us. A notification is information about important events which the provider is required to send to The Care Quality Commission (CQC) by law.

During the inspection we spoke with two people who use the service and three relatives'. We observed care and support being delivered in communal areas of the home. We also spoke with the registered manager, one deputy manager and six staff members. We also received feedback from one healthcare professional.

We reviewed four people's care records, three staff records including their recruitment process and records relating to the management of medicines, training and complaints. We also looked at how the provider and registered manager monitored the quality of the service such as reviewing survey responses, health and safety audits and staff and resident meeting minutes.

Good

Is the service safe?

Our findings

People and relatives told us they felt safe; one person said, "It's very nice living here, I feel safe" and a relative responded "Absolutely one hundred percent" when asked if they felt their loved one was safe at The Royal. Staff were able to discuss their understanding of their safeguarding responsibilities and organisations such as local authority commissioners and CQC roles.

We spoke with staff who were confident in recognising signs of potential abuse and how to report and respond to concerns. One staff member said, "We all protect people from harm and danger both in the home and community, if I wasn't happy I would go above myself", another said "I would report anything to [name of the registered manager] and by pass everyone if I had to". The service had a clear policy in place and flow charts were visible in accessible areas reflecting whistleblowing and local safeguarding procedures. Since the last inspection there had been no safeguarding concerns but the registered manager could explain the action they would take if needed to ensure the people's safety and help reduce the risk of any further concerns.

Although there were systems in place to ensure that risks to people were identified, the records did not always provide sufficient information to staff to allow them to support people safely. For example, we saw one person needed a hoist to help them mobilise. However, there was no information within their care records as to the type of sling they required to ensure staff were able to help them to mobilise safely. Other risks related to people's health and care needs, such as supporting a person living with epilepsy were detailed with appropriate actions to help staff to mitigate those risks. Following the inspection, the registered manager provided assurances that risk assessments requiring more detailed information had been updated, for example moving and handling plans had been amended to include photographs of the sling, size and positioning to help staff support safe use of equipment. The registered manager and staff had an in-depth knowledge of the people they support and encouraged positive risk taking when assessing potential risks to promote people's freedoms where appropriate. For example, we saw risk assessments which enabled a person to safely access the community independently, and another person to access swimming and staff told us "risk assessments don't want to stop people doing what they want to do, they have rights and choices".

Risk assessments were reviewed to ensure people remain safe in an emergency for example in the event of a fire people we observed people had a personal emergency evacuation plan (PEEP) which included links made with local hotel's if emergency accommodation was required.

'Registering the Right Support' provides best practice guidance for providers supporting people with a learning disability and identifies the expectation that they demonstrate proactive responses to interventions to meet people's needs when managing challenging behaviour and/or distress. Where people's needs required positive behaviour support plans to manage potential risks plans were clear in identifying approaches staff could use to support the person to reduce their anxiety and distress. A relative said "I know my [relative] can be difficult sometimes but they deal with it beautifully". We also observed staff provide reassurances, good communication and distraction techniques when a person became anxious to support

them to manage their feelings.

There were sufficient staffing levels to meet people's needs during the inspection which was confirmed by reviewing the rota. One person said, "There's always two staff on in the day time and three when [person's name] comes on Fridays to look after us". The registered manager told us staffing levels were flexible to ensure people had access to appropriate support, for example increased levels at weekends to accommodate respite support. A staff member also told us they felt there were enough staff to ensure "People get the opportunities to do what they want to do". During the inspection we saw people were given time to complete tasks and activities and engage with staff at their own pace in a relaxed manner.

Safe and effective recruitment processes were in place. There was a clear recruitment pathway with the relevant pre-employment checks including disclosure and barring service (DBS) checks before commencing employment. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People were observed to be supported to receive their medicines safely and there were clear systems in place to store, administer and dispose of medicines appropriately. People were observed to be familiar with their routines and one person said, "They help me with my medicine every day at 8am". Another person who could not verbally communicate was observed to approach staff at 5pm and staff informed us this was his way of communicating it was his medicine time and he was encouraged to go to his room with support where the medicines cabinet were stored. Where people's medicines were prescribed on an 'as required' basis such as pain relief, people had clear plans in place which included person specific details on signs and symptoms to be observed where people were unable to verbally communicate. Random sampling of people's medicines against their medicine records confirmed people were receiving their medicines as prescribed by their GP.

The environment was observed as clean and tidy with a 'homely' feel and one relative said "[person's name] room is always spotless and everything is in order when we come, and they don't know when we are coming to visit". Staff had access to personal protective equipment such as single use gloves and aprons which we observed being used consistently. People were protected from risk of infection and staff provided individual levels of support people required to manage cleaning tasks with clear schedules in place. The registered manager maintained oversight of infection control policies in line with best practice guidance.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Although the registered manager and staff followed the principles of the MCA they did not always document their assessments and best interest decisions in line with the MCA codes of practice. The registered manager told us that some people living at The Royal were unable to give informed consent to their care and support planning as a result of a cognitive impairment. However, this information was not evident in people's care records and where people were unable to consent to care and treatment care records failed to demonstrate that people's capacity had been assessed in line with the Mental Capacity Act 2005. Additionally, where actions had been taken or considered to be in peoples 'best interest' care files failed to evidence that best interest decisions had been made effectively and did not demonstrate why, how, or when the decision had been made, who had been involved in making the decision and what else had been considered.

When we discussed this with the registered manager they were able to describe how decisions had been made in-line with best practice guidance. For example, the registered manager said that the decision to use a video monitor for one person "is an alternative to meet [person's name] need without someone in their room so he has privacy." which reflected the least restrictive practice. We also saw evidence in care plans that some people were supported to understand information being shared using pictures to obtain consent although outcomes of capacity assessments were unclear. Relatives we spoke with felt informed and consulted in people's care and support plans. For example, one relative said, "I am one hundred percent included in decisions and information about [person's name]." Another relative told us, "We're involved in decisions all the time, even when they took [person's name] on holiday abroad they asked if I was happy, my mum was happy, we have no concerns." Staff were able to demonstrate understanding of the MCA principles for example one staff member said, "There's not one person can't make a decision, you need to understand how they communicate" and we observed people being asked consent before carrying out activities such as personal care.

We recommend that the provider seek advice and guidance on adopting the latest best practice in respect of documenting capacity assessments and best interest decisions.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (2005). The procedures for this in care homes are called the Deprivation of Liberty Safeguards. As a result of their level of care and support needs some people at The Royal were unable to access the local community or leave the service without the constant supervision of staff. The registered manager was not able to provide any evidence that they had followed DoLS where people's freedoms were restricted. The registered manager was not aware that this action was required as people were not "attempting to leave"

and stated that people were able to access support to promote their freedoms. Where a person was able to access the community independently we saw this was appropriately encouraged and their privacy, rights and independence were respected which reflected staff comments of "It their home, they pretty much do what they like".

The failure to follow DoLS requirements was a breach of Regulation 13(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with said that they had access to appropriate training and support to be effective in their role, their comments included "Training is good, I enjoy it and I always come away having learnt something", "I was offered to do my level five training, the training is good and we always know in advance". New staff had an induction and were supported by experienced staff members to gain confidence and knowledge of people informally. The registered manager kept a matrix of staff training attended which included safeguarding, food hygiene, infection control and epilepsy protocols. However, training and timeframes were not always consistent with the providers own policy. For example, a newly recruited staff member had not completed moving and handling training and an existing staff member was identified on the training matrix as requiring updated training in infection control and food hygiene in 2017. The registered manager acknowledged training for staff can be difficult and costly to organise with staff turnover but felt in-house training and knowledge sharing was prioritised and ensured induction was flexible to meet staff learning needs to promote high quality care being delivered. Following the inspection, the registered manager provided assurances that training updates for staff had been booked and shared with the team to attend.

Staff we spoke with said that they felt supported by management in their role and had access to regular supervision, including night staff. One member of night staff said, "[Registered managers name] has always been accommodating and supportive to me to make sure I get enough supervision" which was also reflected in staff supervision and appraisal records we reviewed.

Meal times at The Royal were observed to be relaxed and flexible to meet people's preferences and people were able to choose when and where they would like their meals. One person who chose not to eat in the dining room said, "The foods very nice, they bring it up to me". People had open access to the kitchen and were encouraged to participate in menu planning and meal preparation with staff support. Where people had specific dietary requirements, or needs there were assessments in place to identify possible risks and people were observed to have access to appropriate support. To support choice and control of diet we saw separate foods and storage were in place where a person required a gluten free alternative to be available. We saw staff demonstrate sensitivity to meeting people's nutritional needs and overall experience; for example, where people required fork mashable foods in-line with Speech and Language Therapy (SaLT) guidance staff said menus were adapted to ensure people had the same "taste experiences" as others. There were clear and detailed individual records kept daily which included weight monitoring, food and fluid logs where appropriate which ensured people's nutrition was maintained.

During the inspection we observed a positive staff culture and information sharing through a planned staff handover. Key information about people was shared to promote continuity of care. We observed positive staff interactions and staff were clear of any tasks delegated, for example shift leads for activities and medicine. A communication book was also in place to enable staff on different shifts to share relevant information.

People were supported to access healthcare services in a timely manner, for example we saw a recent referral to the local community learning disability team after staff had noticed some concern around a person's eating to seek advice and guidance. Feedback from a healthcare professional with recent contact

with the home also supported our observations. They said, "I have noticed no specific areas of concern and feel that staff are more able to provide information about the people they support at appointments than in the past". Information was available in a plan called a 'hospital passport' for each person to support professionals on hospital admission to know key information about each person, their needs and how they like to be supported. Staff were aware where these records were kept and the importance of ensuring people moving between services had information available to support them. People were also encouraged to have annual health checks with their GP and clear records were kept of all health appointments.

People living at The Royal could access a communal living area which featured an open plan lounge, dining area and a space referred to as 'the library'. People had their own studio bedroom which offered a kitchenette and en-suit and were observed to choose where to spend their time. Where the kitchenette was not considered suitable for one person this had been closed off to maintain safety. People's bedrooms were observed to be personalised through decoration and furnishing and one person said, "I chose posters and colours". There was easy access to a secure garden area and people could move between areas of the home freely. People living at The Royal were encouraged to participate in the decoration of home and one staff referred to a person as "Our garden man" which he acknowledged positively when talking about their project to brighten up the area.

Good

Is the service caring?

Our findings

People and their relatives told us staff were caring and respectful, one person said, "Sleep and awake staff come and see me, they knock my door, they do lots of things for me" and relatives said, "They treat [person's name] with respect, there's no belittling" and "[person's name] is happiest since living at The Royal as he has been".

Staff we spoke with were highly motivated to ensure they provided high quality compassionate care. We observed interactions between staff and people demonstrated genuine positive relationships, for example we saw a person banging drums and was comfortable when staff joined in causing laughter and excitement. All staff echoed positivity about their role with comments such as "I love it here", "I really enjoy my job" and "Everyone supports the guys and wants the guys to be happy" which was evident in the care they provided. The registered manager was very clear in her vision that people supported were at the heart of the service and said, "I am really proud that staff want to be here and people are put first".

Where people were unable to communicate verbally we saw kind and caring interactions and staff engaged using warm and friendly body language. People were given opportunities to be part of monthly house meetings regardless of their communication abilities and the minutes evidenced people were encouraged to participate in topics around their daily activities, food and house events. Where appropriate people had access to picture symbols to enable them to communicate and participate in interactions with staff and their peers for example using picture cards to make choices which demonstrated that their contributions were valid and valued.

Staff treated people with dignity, respect and promoted their independence. Where people could not verbally communicate their needs care plans ensured staff approaches continued to support people to have choice over their daily routines and gave an holistic overview of individual needs, likes and dislikes. For example, one person's plan read "I will wake up when I choose to, the only time staff are to wake me is if my medication is needed or I have an appointment". Throughout the inspection we saw staff promote people choices about where they wanted to be and how they wanted to spend their time. People's care plans were observed to be strengths based and started with descriptions on "What I can still do for myself", "Things I find difficult" and then highlighted "how you can help me" which demonstrated how people's dignity and independence were valued through the services care and support planning process.

We observed people being encouraged to build on their independent living skills, for example a person was supported to manage their own laundry with the use of a visual prompt sheet and a white board which had been put in the laundry room to enable him to write up his personal belongings. A staff member commented this approach was put in place as it supported the person to be independent and reduced dependency on staff but also supported his anxieties around his property being returned.

We saw staff promote people's right to privacy by knocking on doors before entering rooms and carrying out personal care tasks in people's own bedrooms. When supporting people to have their medicines, lockable cabinets were situated in each person's bedroom to offer privacy and dignity in receiving their care and

support.

The provider's mission statement clearly outlines the expectation that people accessing support at The Royal have "The right to have their individual spiritual, cultural, social and emotions needs taken into consideration as an integral part of the preparation and implementation of the ongoing care plan". We observed people being treated as individuals in their engagements with staff and one person who said, "I go to catholic church" and is supported weekly by staff to arrange a taxi to attend. We also saw staff meeting minutes reflected a decision to change transport options as the person felt the transport company had been "rude" to ensure they maintained positive experiences.

Good

Is the service responsive?

Our findings

People had access to a range of activities of their choice, a person we spoke with said, "I like to go out with my friends, they [staff] take me out". During the inspection we saw people access support to go swimming and people had opportunities to participate in personalised activities including attending a local social club, meals out and holidays. Where one person could go out independently they were supported to arrange transport to promote access to the wider community.

The Royal's location was complaint with principles of 'Registering the right support' and is situated close to local amenities and facilities such as GP surgery, shops and cafes and easy access to a bus stop located at the front of the service. People were encouraged to access local facilities with support for example visiting the local barbers, GP and dentist but this could be amended to support home visits depending on the person's needs. The registered manager spoke of people having regular access to the local community and said, "Their out all the time, we've been here a while now and people know us". One person who's care plan identified they benefited from frequent walks could go out regularly throughout the day as the service location was central in the community.

We reviewed care plans which supported personalised approaches to meet people's need such as the use of 'intensive interaction' as a communication method. This approach encouraged staff to repeat vocal sounds, use instruments and positive eye contact to promote meaningful engagement in activities which we observed staff using frequently throughout the day. We observed that staff supported the registered managers view of people being treated "as individuals" in the delivery of their care. Where people required reassurance and behaviour management approaches during the inspection staff were observed to be responsive and readily available to offer emotional support. A relative told us, "The way they deal with people deserves total admiration".

People had a keyworker in place to promote continuity in care. The role of the keyworker was to enable people to have a contact member of staff who knew them well and supported the development and review of their care plans and goal setting. We looked at records of monthly keyworker meetings between staff and the person. A staff member said regular meetings helped them to make sure people were happy and involved. The staff member also commented "People change and I change with them" demonstrating a culture where people were at the heart of the service. Where the registered manager had identified that having a named keyworker would impact on a person's anxiety, a named keyworker was not used, which demonstrated people's outcomes were considered in the delivery of their care.

At the time of inspection there were no complaints recorded since the last inspection. People and relatives, we spoke with were clear how to raise any complaints. One person told us they would "speak to my staff" if they were unhappy and pointed to a picture on the wall of their keyworker. Another person said, "There's nothing I would change, not really I'd say so, I would speak to [registered managers name]". The Royal had a clear system in place to inform people how to make a complaint, and we saw compliance with the Accessible Information Standard where easy read copies with pictures of the complaints process was made available in peoples care plans and on the homes display board in a communal area.

The registered manager told us that end of life care planning was being developed and some people had funeral plans in place. Informal agreements had been discussed with families that they would maintain people living at The Royal as long as possible as this was their "home". The registered manager was also able to discuss the types of services available locally such as district nursing or hospice outreach that they could consult with in order to ensure people continued to receive high quality and personalised care when needed and they would accommodate any individual additional training that would support people when required.

Requires Improvement

Is the service well-led?

Our findings

There had been no change in the registered manager since the last inspection. 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.'

Quality assurance systems in place were not always effective. These had not identified the areas of concern we found during this inspection regarding processes and recording of decisions in line with MCA and DoLS legislation meaning people were unlawfully deprived of their liberty. Following the inspection, we have been advised by the registered manager that the required MCA assessments have been completed. Where people were considered to lack capacity, applications have been made to the relevant authority to seek authority to deprive people of their liberty. Processes also failed to identify where risk assessments required more robust information to support staff to meet people's needs.

Where the registered manager had completed audits of the service around areas such as health and safety, support plans and medicine we saw that these audits were effective in identifying where action needed to be taken and that action plans were put in place. For example, we saw records that demonstrated where the registered manager had sought guidance from the local fire safety officer to place fire extinguishers out of easy reach due to their accessibility presenting possible risks to people at the home.

We were told by the registered manager that the internal management structure had recently been updated following appointment of two deputy managers which enabled staff to have access to a lead person on each shift and promoted a whole team approach to the delivery of care. The registered manager was passionate when discussing the vision and culture of the home which endeavoured to put people at the "heart of everything they do" and seeing "everyone as individuals" which was reflected in our observations of peoples care and support during the inspection.

Relatives we spoke with spoke highly of their engagement with the registered manager, their comments included, "I speak with [registered managers name], they will always ring and sort anything out quickly" and "[registered managers name] is superb, I can't think of anything to fault them on". Relatives were also confident that the registered manager knew people and their care and support needs well and commented; "We have a good rapport with [registered managers name] and talk all the time, they know [person's name] and how to look after him".

There was positive acknowledgment from the registered manager and staff of engagement with the provider and we saw records where they had attended meetings. The registered manager said, "I have an excellent relationship with [providers name] and receive regular supervisions on the phone".

We saw systems in place to support people, relatives, professionals and staff to provide feedback and share their views through quality assurance surveys which the service completes annually. Action plans were

summarised where improvements or comments are highlighted. At the time of the inspection, the latest surveys for May 2018 had been informally reviewed by the registered manager. Information gathered did not note any concerns with people generally providing positive feedback. For example, a professional responded "I find staff to be polite, courteous and understanding". Following the inspection, we received a formulated action plan from the surveys which identified that the registered manager would encourage relative participation as no responses were received by contacting them directly.

The registered manager encouraged opportunities for people living at the service, relatives, and members of the public to engage together. We saw photographs around the home of events people had participated in such as recent Halloween fancy dress. Staff and relatives spoke positively about opportunities organised by the management team to come together through planned parties, open days and summer events with one relative stating, "We always get invitations" to support people's engagement.

The registered manager discussed the benefit of being subscribed to a number of organisational e-mail updates to maintain her knowledge and share updated information across the staff team. For example, the Health and Safety Executive updates and Hampshire's Care Association. The registered manager said they also share ideas and best practice examples and sought support with the providers other service to ensure the service continually advanced and improved.

Duty of candour requirements were being followed; these required staff to act in an open and transparent way when accidents occurred. The registered manager understood their responsibilities and was aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. The rating from the previous inspection report was displayed prominently in the home.

The registered manager and staff told us they have close working relationships with a range of professionals and have regular contact with local authority commissioners and health professionals and teams who support people that live at The Royal. Where one person received support from another provider when in a different setting the registered manager had established good relationships to support information to be shared across services in the interest of promoting positive outcomes for the individual.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider failed to ensure DoLS applications were completed when required.