London Borough of Greenwich

# 101 Royal Hill

## Inspection report

Greenwich
London
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13 February 2018

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

101 Royal Hill is a residential care home that provides accommodation and care for up to seven people with learning disabilities. At the time of the inspection the home was providing care and support to seven people. 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.

At our last inspection of this service on 22 February 2016 the service was rated Good. At this inspection we found the service remained Good. The home demonstrated they continued to meet the regulations and fundamental standards.

At the time of our inspection the home did not have a registered manager in post. However there was a manager in post and they were in the process of applying to the CQC to become the registered manager for the home. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014.

There were safeguarding and whistle blowing procedures in place and staff had a clear understanding of these procedures. We observed and staff told us there was enough staff on duty to meet people's needs. Appropriate recruitment checks were carried out before staff started working at the home. Action was taken to assess any risks to people. People were receiving their medicines as prescribed by health care professionals.

Staff had the knowledge and skills required to meet people needs. The manager had a good understanding of the Mental Capacity Act 2005 and staff acted according to this legislation. People were encouraged to eat healthy meals and to cook for themselves. Staff monitored people's health and welfare and where there were concerns people were referred to appropriate health professionals.

People's needs were assessed and care plans included detailed information and guidance for staff about how their needs should be met. People's care records included individual communication profiles that recorded their methods of communicating with staff. People were supported to practice their religion and attend places of worship. The home had a complaints procedure in place and this was available in a format that met their needs.

The provider recognised the importance of regularly monitoring the quality of the service they provided to people. Regular health and safety, medicines, fire safety and incidents and accidents audits were being carried out at the home. The home took into account people's views of the service through residents meetings. Staff said they enjoyed working at the home and they received good support from the registered manager.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

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|---|---|
| **Is the service safe?**<br>The service remains Good. | **Good** |
| **Is the service effective?**<br>The service remains Good. | **Good** |
| **Is the service caring?**<br>The service remains Good. | **Good** |
| **Is the service responsive?**<br>The service remains Good. | **Good** |
| **Is the service well-led?**<br>The service remains Good. | **Good** |

# 101 Royal Hill

**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 checked 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 inspection was carried out by one inspector on the 13 February 2018 and was unannounced. We looked at records, including two people's care records, staff recruitment and training records and records relating to the management of the service. People using the service had complex communication needs and were not able to verbally communicate their views to us, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with three members of staff, the home manager, the service manager and a member of the provider's human resources team. We also spoke to three people's relatives and asked them for their views about the service.

Before the inspection we looked at the information we held about the service including notifications they had sent us. A notification is information about important events which the service is required to send us by law. The provider also completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service. We used this information to help inform our inspection planning.

Good

# Is the service safe?

## Our findings

The provider had systems and procedures in place to protect people from abuse. Relatives told us they felt their loved ones were safe at the home. Staff we spoke with demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for and what they would do if they thought someone was at risk of abuse. They said they would report any safeguarding concerns they had to the manager. They also said they would report concerns to the local authority safeguarding team or the CQC if they felt they needed to. The provider had a whistle-blowing procedure and staff told us they would use it to report poor practice if they needed to. We saw training records that confirmed that all staff had received training on safeguarding adults from abuse.

There were enough staff on duty to meet people's needs. We observed a good staff presence at the home. The manager told us staffing levels were arranged according to people's needs. If extra support was needed for people to attend social activities additional staff cover was arranged. The provider had a team of bank staff which they employed to cover staff annual leave or sickness. The manager said bank staff were familiar with people's needs and they received the same training and supervision as full time staff. This was confirmed by a bank member of staff and training records we saw. Regular agency staff also provided one to one support to people. Staff told us there was always enough staff on duty to meet people's needs. We checked the staffing roster; this corresponded with the identities and the number of staff on duty.

Appropriate recruitment checks were carried out before staff started work. Staff recruitment records were held at the provider's head office. We saw staff information sheets held at the home that included a recent photograph and recorded that all other required pre-employment checks had been obtained by the provider. A member of the provider's human resources team confirmed that all staff had completed application forms that detailed their full employment history with explanations for any breaks in employment and they had obtained criminal record checks, two employment references, health declarations and proof of identification. We saw records confirming that checks were carried out by the provider on agency staff, including checking recruitment and training records, to make sure they were suitable to work at the home.

Action was taken to assess any risks to people. Care files included risk assessments for example on using public transport, eating and drinking and specific medical conditions. Risk assessments included information for staff about action to be taken to minimise the chance of accidents occurring. People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely. Staff told us they knew what to do in the event of a fire and training records confirmed they had received training in fire safety.

Regular checks were carried out on safety at the home. For example we saw that the fire alarm system was checked by staff on a weekly basis. The fire alarm system, the gas safety system and portable appliances had been checked by external engineers. The home had infection control procedures in place and the health and safety audit included infection control checks. Training records confirmed that all staff had completed training on infection control and food hygiene. Staff told us that personal protective equipment

was always available to them when they needed it.

People received their medicines as prescribed by health care professionals. Medicines were stored securely in a locked room. People had medication administration records (MAR) that included their photographs, details of their GP and any allergies. MAR records were completed in full and there were no gaps in administration. Training records confirmed that staff received medicines training and they had been assessed as competent to administer medicines by the manager. We saw a report from the prescribing pharmacist who visited the home on July 2017 to check on the medicines storage, administration and recording. There were no areas for improvement recorded in the report. We also saw daily medicines counts being carried out by staff and reports from regular monthly medication audits carried out by the manager.

Good

# Is the service effective?

## Our findings

Staff had the knowledge and skills required to meet people's needs. Staff told us they completed an induction when they started work, they completed mandatory training and they received regular supervision. The manager told us that staff new to care were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Training records confirmed staff received training the provider considered mandatory. This training included first aid, fire safety, food hygiene, the administration of medicines, health and safety, epilepsy, infection control, safeguarding adults and the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had also received training relevant to people's needs for example equality and diversity, Autism and Makaton sign language.

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. 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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager demonstrated a good understanding of the MCA and DoLS. We found that where the local authority had authorised applications to deprive people of their liberty for their protection that the authorisation paperwork was in place and kept under review and the conditions of the authorisations were being followed.

People's care plans included assessments of their dietary needs and preferences. These assessments indicated their dietary requirements and preferences and their support needs. We saw that where a person had swallowing difficulties speech and language therapists provided staff with guidelines for supporting them with eating and drinking. We observed staff following these guidelines when they supported one person with their lunch time meal. Staff supported people to choose and prepare their meals at lunch time and with making drinks and snacks throughout the day. We also saw people that went shopping with staff to purchase food. The manager told us that people used picture cards to choose what they wanted to eat through the week and to plan a shopping list.

People had access to a range of health care professionals such as a GP, dentists, opticians and chiropodists. A relative told us their loved one had regular appointments health care professionals. Each person had a health profile which contained important information about their healthcare needs and conditions. Some people had hospital passports which outlined their health and communication needs for professionals for when they attended hospital. We saw that any advice received from healthcare professionals at appointments was recorded and passed onto all staff.

Good

# Is the service caring?

## Our findings

A relative told us the staff were caring and their loved one was treated with dignity and they had their privacy respected. They said their loved one could spend time in their room whenever they felt like it. Another relative said, "The staff are very good. They are caring and kind and very helpful."

People's care records included communication profiles that recorded their specific methods of communicating with staff. It was evident that staff knew people very well and communicated with them effectively. They provided support in a sensitive way and responded to people politely, allowing them time to respond and also giving them choices. One member of staff told us, "People really appreciate the longevity of some of the staff working here. I and some of the other staff have worked with some of the people for many years, some staff worked with people even before they came to live here." People had key workers to co-ordinate their care. We saw that monthly reports from keyworker meetings were kept in the care records we looked at.

People's privacy and dignity was respected. Care records showed that, as preferred, people received personal care from the same gender staff. A member of staff told they knocked on people's doors and asked for their permission before entering their rooms. They maintained people's independence as much as possible by supporting them to manage as many aspects of their own care that they could. They said, "People have their own bathrooms. When I support them with washing and dressing I always close the door and draw the curtains. I tell them what I am doing and ask them if it's okay with them. I make sure that the clothes they choose are suitable for the weather conditions and I make sure information about them is kept confidential." Another member of staff told us, "I offer people a choice of clothes, for one person in particular I leave out three different sets as they like to try things on to get it right."

People and their relatives were provided with appropriate information about the service in the form of a 'Tennant's guide'. This included the provider's complaints procedure and the services they provide and ensured people were aware of the standard of care they should expect. The manager told us this was given to people and their relatives when they started using the service.

Good

# Is the service responsive?

## Our findings

A relative told us they had been involved in planning for their loved ones care and support needs. They said they didn't get to as many review meetings as they used to but they had been kept informed about their loved one. Another relative commented they always attended meetings at the home or with social workers and that their views were always taken into account when their loved ones care plan was being reviewed. A third relative said, "I attend all the review meetings and the staff always keep me informed about my loved one."

Assessments of people's care and support needs were carried out before they moved into the home. The manager told us that the assessments along with referral information from social workers were used to draw up people's care plans and risk assessments. We saw that care plans described people's health care and support needs and included guidelines for staff on how to best support them. For example we saw information for staff for supporting one person with eating and drinking and others for supporting people with specific medical conditions. People's care plans also referred to their religious and cultural needs. We saw that people were supported to practice their religion, attend their places of worship and enjoy aspects their cultural background. Care plans and risk assessments had been reviewed on a regular basis to reflect changes in people's needs. We also saw annual reports from social workers confirming that people's placements at the home were kept under review.

People were supported to partake in activities that met their needs. We saw that people had individual activities plans. People were supported with one to one activities within the home and out in the community. These activities included attending day centres, bowling, cinema, swimming, going for walks, shopping, domestic tasks, cooking, attending places of worship and visiting friends and relatives. The manager told that that all of the people went on holiday to the coast last year. People were planning holidays for this year with their key workers. One person liked to have lots of short breaks rather than a long holiday. Another person was planning to visit their relatives that lived abroad. A relative told us, "They take my loved one out as much as they can which they really enjoy but I think they could do a few more activities with people in the home." The manager told us they were currently working with an occupational therapist with a view to providing people with  more activities within the home.

Some people could communicate some of their needs verbally and some people used Makaton sign language or pictures to communicate with staff. The complaints procedure was available in an easy read format that some people could understand and was displayed in communal areas at the home. The manager told us that some people could not understand information in any picture format provided to them. They told us that staff know people well. If they identified any changes in people's behaviour for example showing signs of distress they would raise their concerns with the manager or the on call manager. Three relatives told us they were aware of the provider's complaints procedure but they had never needed to make any complaints. The manager told us they had not received any complaints. However, if they did, they would write to any person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

The manager told us that none of the people currently living at the home required support with end of life care. We saw that people's care records included a section relating their funeral wishes. A relative told us they were in the process of providing feedback to the home in relation to this. The manager said they would follow the provider's procedures and liaise with the community learning disability team in order to provide people with end of life care and support if and when it was required.

Good

# Is the service well-led?

## Our findings

Relatives spoke positively about the staff and the management at the home. One relative said the home was well managed 'at the moment'. Another relative told us, "I think the home is very well run. The manager and the deputy manager are absolutely wonderful. Overall I think it's an excellent home."

The home did not have a registered manager in post. The current manager was in the process of applying to the CQC to become the registered manager for the home. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Our records showed that notifications were submitted to the CQC as required and they demonstrated good knowledge of people's needs and the needs of the staffing team. The manager told us their line manager visited the home regularly to provide them with support and supervision. They told us they attended a manager's forum where they learned of good practice and initiatives carried on at other care homes. They said they planned to use what they had learned to make improvements at the home. For example they had arranged for a manager from another of the providers care homes to carry out a mock inspection of the home the week following our inspection.

Staff told us they were well supported by the manager and the deputy manager and there was an on call system in operation that ensured management support was available when they needed it. One member of staff said, "The manager we have now is brilliant. We get all the support we need from the manager and deputy manager. It's the best the home has been managed for years." Another member of staff told us, "The manager has supported me to settle into the job. I can go to them with anything I need and I know they will listen me." A bank member of staff told us about team meetings, "I attend all of the meetings. We talk about people's individual needs, wellbeing and activities and the progress they are making. We also talk about health and safety and if there are any recent accidents or incidents and what we can do to stop them happening again."

The provider recognised the importance of regularly monitoring the quality of the service. We saw records confirming that regular health and safety, medicines, fire safety, incidents and accidents, complaints and care file checks were being carried out at the home. We saw monthly reports prepared by the manager for the provider to monitor the homes performance. These reports covered incidents and accidents, medicines errors, health and safety issues, complaints, staff vacancies, supervisions and appraisals. We saw a record from an unannounced spot check carried out by the manager to the home in January 2018. The report covered activities and the care being provided to people. The manager said no issues were identified during the visit. They told us these visits were carried out to make sure people were receiving safe and good quality care at all times. We also saw a report from a quality monitoring visit carried out by the provider in November 2016. The report made a number of actions for improvements to be made at the home. We saw an action plan confirming that all of the actions had been fully addressed. For example cupboards and working surfaces in the kitchen had been replaced or repaired, Deprivation of Liberty Safeguards records were kept up to date and out of date records were removed from the fire folder. The service manager told us that a quality monitoring visit would be carried out at the home shortly.

The provider sought people's views about the home at residents meetings. We saw the minutes from the last two meetings. The meetings were well attended and people's views were recorded. Issues discussed at the January 2018 meeting included activities, maintaining relationships with family members and friends, healthy eating and drinking, fire drills and safeguarding. The manager told us they used feedback from the residents meetings to plan activities and make improvements at the home. They told us the provider had not carried out a resident's survey in 2017 however they were developing a new survey format for use in 2018.