Lilian Faithfull Care

Royal Court

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

This inspection took place on 7 and 8 August 2018 and was unannounced.

Following our last inspection on 29 and 30 August 2017 the service was rated 'Requires Improvement' and we found breaches of the legal requirements. The Care Quality Commission (CQC) had not been notified of all incidents which the provider must legally notify us of. Additionally, not all reasonably practical action had been taken to assess, manage and mitigate risks to people. Records relating to people's care, risk management and complaints had not been sufficiently or accurately maintained. The provider's quality monitoring systems had not identified these shortfalls to the legal requirements and had not led to action being taken to meet these.

Following our last inspection, we met with the provider to ask them to complete an action plan to show us what they would do to meet legal requirements and to let us know by when. We also asked them to show us how they would improve the key questions 'Is the service safe, effective, responsive and well-led' to at least good. During this inspection we found legal requirements had been met and improvements had been made to the key questions 'Is the service safe, effective, responsive and well-led'. The service was rated 'Good' across all five key questions.

Royal Court is a 'care home'. People in care homes receive accommodation and nursing or 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.

Royal Court can accommodate 48 people in one adapted building, at the time of this inspection 37 people lived there. The home could also provide care to people who live with dementia and who are at the end of their life. Additional communal areas included lounges, a dining room and conservatory and adapted bathrooms and toilets. All outside areas had wheelchair access.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's risks were identified and managed in order to keep people safe. People told us they felt safe. People were protected from poor practice, potential abuse and discrimination because staff knew how to recognise concerns and report these. There were enough suitable staff deployed to meet people's needs. Staff were recruited safely and were provided with training and support to be able to meet people's needs safely and lawfully. People were given appropriate support to take their medicines. People lived in a clean home where arrangements were in place to protect them from infection.

People were supported to maintain their physical and mental health needs. They had access to various

professionals who helped them to do this. The staff adhered to the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards. This provided protection to people who lacked the ability to make independent decisions about where they lived and about their care and treatment. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff were caring, patient and thoughtful. People told us they felt cared for and that their needs were met by staff who knew them well. Staff ensured people's dignity and privacy was maintained and they treated people in a respectful way. Relatives and people's visitors were made to feel welcome and, where appropriate, were very much involved in people's care and in maintaining their quality of life. People were supported to maintain relationships which mattered to them. People's diverse preferences and needs were known to staff who respected and met these.

People's care plans and other care records contained accurate and relevant information about their care needs so staff could be responsive to these. People were involved in planning and reviewing their care. They were provided with support and advocacy where needed. Activities and social events were organised to meet people's differing preferences and abilities. Complaints were taken seriously, investigated and addressed where at all possible. People's end of life care was delivered in such a way so as to achieve a dignified and comfortable death which respected their individual wishes.

The registered manager and other senior staff provided strong leadership which the staff respected. Staff had worked and continued to work as one team to improve the care and services provided to people. Robust and effective quality monitoring processes were in place to ensure the home remained compliant with all necessary regulations. These systems along with strong management had resulted in significant improvements to the service. The management team were proactive, looking for ways to continually improve services for people.

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.

Risks to people's health and safety were identified, assessed, monitored and managed in a way which kept people safe. People lived in a clean home where staff took action to reduce the risk of infection.

People were protected from potential abuse and discrimination because staff understood what this looked like and knew how to report their concerns.

There were enough suitable staff deployed to meet people's needs.

People's medicines were managed safely and people received help to take these in a way which suited them best.

Is the service effective?

Good

The service was effective.

People were supported to make independent decisions and they were provided with support in the least restrictive way possible. The principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were adhered to in order to protect those who lacked mental capacity to make independent decisions.

Staff received training and support to be able to meet people's needs safely and lawfully.

People could make choices about what they ate and drank. They received support to maintain their nutritional wellbeing and related risk were monitored and reduced.

The environment had been altered and designed to help people use it safely and more easily and to help people orientate themselves.

Is the service caring?

Good

The service was caring.

People were treated in a kind and caring way. They were shown respect and their privacy and dignity was maintained.

People's personal preferences and their life histories were explored to help ensure their care and support was provided in a personalised way.

People were supported to maintain relationships with those who were important to them and their visitors were made welcome.

People's independence was supported by the layout of the building and how staff supported them.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and reviewing it and their care plans gave staff detailed information in how they would like their care and treatment delivered.

People had opportunities to take part in activities which they enjoyed and which met their abilities and interests.

People could raise a complaint and have this investigated and resolved where possible.

People received support to have a dignified and comfortable end to their life.

Is the service well-led?

Good

The service was well led.

Improved management and quality monitoring processes had resulted in a calmer and more organised home, which was fully compliant with all of the legal requirements.

Staff felt supported and communicated with which had resulted in better team working and staff sharing collective goals and aspirations for the home.

Staffs' commitment and hard work was recognised and valued by managers in the home and by the provider.

People's views about the service were known to managers.

Royal Court

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 inspection took place on 7 and 8 August 2018 and was unannounced. It was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case they had cared for older people.

Prior to visiting the home, we reviewed the information we held about the service. This included notifications of events, which have an impact on people and which the provider must legally inform us about. The last Provider Information Return (PIR) was submitted, to us, by the provider in June 2017. This is information we require providers to send us at least once annually. We did not request another PIR prior to this inspection. We took this into consideration during the inspection.

During the inspection we spoke with twenty people about their experiences. We gathered the views of four relatives and of two visiting professionals.

We spoke with the registered manager, and deputy manager. We also spoke with the provider's director of care, quality assurance manager, training manager and estates and maintenance manager. We spoke with six members of the care team, two members of the housekeeping team, one kitchen assistant, an activities co-ordinator, a member of the administrative staff and an agency member of staff (care).

We reviewed two people's care files and other related care records for five other people. We reviewed documents relating to three people's authorised Deprivation of Liberty Safeguards (DoLS) and people's mental capacity assessments. We reviewed a selection of audits including the service's compliance improvement plan. We reviewed all records pertaining to 13 complaints received since the last inspection as well as many compliments received. We reviewed three staff recruitment files. We reviewed the home's maintenance records.

Good

Is the service safe?

Our findings

At the last inspection risks to people had not always been assessed or managed to ensure people remained safe. This was a breach of Regulation 12 of the health and social care act 2014. During this inspection we found risks to people were robustly assessed and managed to either reduce these or remove them altogether.

People told us they felt safe. Comments included, "I have a bell, it is near my bed and I use it", "I know that someone [staff] will always come along to see me, to see if I am alright" and "They check on people regularly." Two relatives told us they considered their relative to be safe. One relative said, "It is such a relief to know that she is safe compared with the worry when she lived alone."

Staff took actions to ensure people's risks were identified, assessed and managed in order to keep them safe and to prevent harm. People who were at risk of falls had been assessed and they received the support they needed to mobilise safely. Risks associated with developing pressure ulcers were assessed and managed with the support of visiting health care professionals. The staff used a 'skin bundle' risk assessment tool, which helped them identify and assess risk and put appropriate actions into place following best practice. For example, they repositioned people and used pressure reducing equipment, such as special mattresses and cushions. New initiatives had been introduced to improve the monitoring of people with diabetes, to reduce potential risks associated with hyper: and hypo: glycaemia. Actions had been taken to introduce more robust processes which reduced the risk of potential medicines errors.

Risks specifically arising from people's challenging behaviours were assessed and strategies put in place to keep the person exhibiting these behaviours safe, as well as others. We saw robust identification of what may cause people to exhibit these behaviours (triggers) and well planned strategies to prevent these. We reviewed the care planning around one person's challenging behaviours which was robust. Although specialist health care professionals and other agencies were aware of the potential risks, the staff in the service, had needed to make their own arrangements to manage any untoward situation. These arrangements were clearly documented in the risk strategy plan.

People's challenging behaviours were managed in the least restrictive way possible but in a way which kept people safe. For example, one to one support was in place for one person to ensure they and others remained safe. This was delivered in a way which ensured the person was observed at all times, but in a way which the person felt comfortable with and which did not limit their personal day to day choices. There was consistency in how staff approached this person and in staffs' awareness of the possible triggers for challenging behaviour to be exhibited.

People's risk of choking was assessed and staff took action to address this. One person had developed a risk of choking as their health had deteriorated and their care plan gave clear and specific guidance for staff on how to reduce this risk. Staffs' training in First Aid had also included what to do if someone choked. Care staff and the catering staff also adhered to instructions given by speech and language therapist (SLTs), when people had been assessed and found to need texture modified foods, such as soft mashable or pureed

foods or thickened fluids.

Staff understood what their responsibilities were in relation to keeping people safe from potential abuse and discrimination. Senior staff were responsible for liaising with appropriate external agencies who were also responsible for safeguarding people. For example, the police and the Care Quality Commission (CQC). The notifications we received from the service showed that staff regularly reported safeguarding concerns to the local county council whose statutory responsibilities were to co-ordinate and sometimes, investigate safeguarding concerns.

Both the registered manager and deputy manager had a zero tolerance of any form of discrimination. The provider's policies and procedures gave guidance on the law and best practice in relation to the Equality Act 2010. For example, people's personal preferences in relation to their age, gender, sexual preferences, religion and disability were respected and met. Staff received training during their induction with the company on Equality and Diversity and the training record showed that several staff had completed additional training in 'Fairness and Equality'.

Staffing numbers, skills, roles and how staff were deployed had been reviewed since the last inspection. The registered manager said, "I have the right staff with the right skills in the right positions now." There were enough staff available to meet people's needs and facilitate the smooth running of the home. People told us when they rang their call bell staff came to help them. One person said, "Sometimes there is quite a gap before they come around but that is usually because they [staff] are having to deal with other people in trouble." We observed call bells being answered without too much delay. One member of staff told us the review of staffing had resulted in the home being "calmer and more organised." Another member of staff said, "New staff have settled in well" and they also said, "Things are more organised and staff feel less pressured now." The registered manager told us that on-going staff sickness remained a challenge but this was managed appropriately and according to the provider's HR policies and procedures.

Staff recruitment records showed that robust recruitment processes were followed in order to protect people from those who may not be suitable to care for them.

People's medicines were managed safely, all medicines were stored securely and all records were well maintained. People told us they received support to take their medicines when required. One person told us about their medicines and said, "No problems for me, it is always done properly and efficiently". We reviewed the administration process for one person who received their medicines covertly (hidden in food). Although staff had already taken advice and guidance from a Pharmacist and the person's GP, some aspects of how this was administered needed to be reviewed to ensure it was in line with best practice guidance. This was done and we received feedback on what had been reviewed and subsequently put into place. During the inspection staff identified a deterioration in one person's condition and arrangements were made for this person's newly prescribed medicine to be administered by the Rapid Response Team (NHS healthcare professionals who can sometimes support and provide more complex treatment to people in their own home). The use of medicines prescribed to be given 'as required' came with additional guidance to ensure staff used these appropriately and in a consistent manner.

Environmental risks were assessed and action taken to reduce and mitigate these. For example, records showed that all safety systems, utilities and equipment were checked and serviced on a regular basis. Contracts were in place with specialist companies so that this was carried out by suitably trained engineers. Health and safety checks were carried out to ensure the building and the environment was safe for people to use. On a day to day basis a maintenance person attended to simple maintenance jobs. One person said, "The maintenance man is always popping in to mend or check on something." We observed staff asking this

member of staff to check on areas of necessary maintenance, which they had identified, as they worked around the building.

The home was kept clean and measures were in place to avoid infection and the spread of infection. We observed staff adhering to safe practice when delivering people's personal care and serving their food. This included the wearing of protective gloves and aprons and washing hands between delivering care to different people. Safe practice was also adhered to in the laundry with the segregation of soiled laundry and when cleaning the home to avoid cross-contamination.

Good

Is the service effective?

Our findings

At the last inspection records relating to the assessment of people's mental capacity and best interests decisions were not always sufficiently maintained or completed. It had not been possible to confirm that appropriate processes, under the Mental Capacity Act 2005, had been fully completed. Staff were not always able to demonstrate that people's mental capacity had been fully assessed and when decisions were made on behalf of people, that the appropriate representatives and professionals had been involved in this. This was a breach of Regulation 17 of the Health and Social Care Act 2014. During this inspection we found improvements had been made and the provider was meeting all of the legal requirements.

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

We reviewed three people's mental capacity assessments and best interest decisions, both of which had been completed and fully recorded for when people had been unable to make specific decisions about their care and treatment. People's care plans also gave clear guidance to staff about whether a person could make independent decisions and what support they needed to make these. For example, one person's end of life care plan was specific about who had been involved in the 'Do Not Attempt Cardio-Pulmonary Resuscitation' (DNACPR) order which was in place; in this case the person as well as their family and GP.

People's care needs were assessed and their care planned in such a way which supported people in the least restrictive way. For example, where people were at risk of falling from their bed, but where bed rails may be restrictive or unsafe, beds which lowered to the floor and padded floor mats were used instead to reduce the risk of injury. Where people required supervision or monitoring, the level provided was monitored to ensure it remained at the least required to reduce risk. Where people were unable to make decisions about taking their medicines, and where best interests decisions had been made in relation to this, these were clearly recorded. We observed one person being supported to take their medicines in the least restrictive way possible. In this person's case a best interests decision had been made to, when necessary, administer medicines covertly (hidden in food). To ensure the least restrictive option was followed staff offered the person their medicines non-covertly first, which they were sometimes able to accept.

Where people had been unable to consent to live at Royal Court best interests decisions had been made by appropriate people for them to live at the home in order to receive the care and treatment they required. Where the home believed people to be deprived of their liberty staff had submitted application. We reviewed

relevant documents and records for DoLS which had been authorised by the relevant county council (the supervisory body). One of these authorisations had a condition added to it which had been met.

There were systems in place to monitor training to ensure staff completed the subjects the provider considered necessary to work safely and lawfully. Staff support meetings (called supervisions) were up to date. Staff spoken with confirmed they attended training and supervision sessions which they found helpful. Staff also told us support was given to attend additional training which supported their professional development, for example, nationally recognised qualifications in care. One staff member had requested further training in end of life care which was being organised for them. Another member of staff had completed training to prepare them for a senior care assistant role; they were waiting for their competencies in medicine administration to be signed off as successfully completed.

People were supported to make choices about what they ate and drank. Clearly written menus were seen on dining tables with pictures of the meal. People referred to the menus to remember what the options were for the day and what they had ordered. An 'Alternative Menu' gave options for people who did not like or want what was on the main menu. Comments from people about the food included, "The catering staff are very good and I enjoy the food", "It is very nice [the food] and I don't think it could be bettered" and "They feed you very well here."

We observed people joining others at a 'Breakfast Club' where there was a choice of hot and cold food. People made their choices and were served with porridge, cereals, bacon, egg and sausage, toast or sandwiches. One person said their breakfast had "Hit the spot" they said, "You can't moan about the food here." Another person who had chosen a sausage sandwich said, "I would never complain about the standard of the meals here". People could eat in an unrushed way and if they wished to remain and talk to others they could. Two people said, "Yes, you can move and mix around as you wish." At one lunch time a 'China Day' theme had continued in the dining room. Most people had chosen to eat the 'Chinese style' food which had been prepared for the day. This included prawn crackers, rice with vegetables, fish or meat. People's comments about this included "I enjoyed my lunch, it has actually all gone", "It is usually ordinary food" and "I enjoyed it, of course I enjoyed it."

The registered manager told us staff had focused on improving the dining experience since the last inspection. We observed mealtimes to be more organised in the way people were supported and served their food and it was less chaotic compared to our last visit. Tables were attractively laid with table cloths, napkins, all the cutlery required and fresh flowers. One person wanted to point out their appreciation of these and they said, "Look we have real flowers on the table" We observed staff to be quietly attentive during mealtimes, for example, one person wanted to pour a drink and said, "The jug is too heavy for me to lift." We observed a member of staff react swiftly to this and they assisted them.

People's nutritional risks were monitored, their weight was reviewed regularly and staff observed for and reported any changes in appetite. People's GPs were kept aware of any significant weight loss or weight gain and decisions were made about how best to support people's nutritional wellbeing. One person was receiving support to reduce their weight, which included advice about healthy eating options, reduced portions and encouragement to take more exercise. Some people were provided with foods which contained additional calories (fortified foods) to help them gain and maintain weight. The kitchen staff were able to support other health related dietary needs and personal preferences, which related to culture or religious preference. Potential allergens in foods were identified and information was available on this. The provider's nutritionist was involved in devising the menus, along with the cooks, so that each main meal was nutritionally balanced.

People's care records showed they had received visits and assessments by various health care professionals. These had included physiotherapist, occupational therapists, speech and language therapists and mental health practitioners. Staff worked closely alongside GPs and other community health care teams to meet people's medical and nursing needs. Specialist services such as the Rapid Response Team were used to treat people in their own home and to avoid unnecessary and unwanted admissions to hospital. People were supported to maintain their oral health and to visit private or NHS Dentists. A Chiropodist visited regularly to attend to people's feet and an eye sight testing service visited to review people's sight and glasses.

Adaptations had been made to the environment, both inside and outside to meet people's diverse needs. Managers were aware that some further work was needed in some corridors to help people orientate themselves. To help people who lived with dementia and who lived at Royal Court some signage, both written and pictorial, was in place. We saw this on bathroom and toilet doors. People's flat doors were named and in a couple of cases this was with the person's Christian name which was in large letters. Some corridors did have distinctive points of reference for people to associate with, for example, a reading room, had wallpaper on the walls just outside which depicted books. Another corridor had verses and artwork which was distinctive to that corridor.

Improvements to the garden area had been made by the provider and we observed specific examples, of where this allowed safe and secure access for people. For one person who was dependent on a wheelchair, this meant they were able to self-propel themselves outside where we observed them enjoying being outside. For another person, who lived with dementia and who walked with purpose, it meant they could walk seamlessly between the inside and outside of the home as they wished.

Good

Is the service caring?

Our findings

People were clear in their comments about staff being caring and concerned for their wellbeing. Comments included "I'm alright, I am getting to the end of the line, there is no point in being miserable but they do look after me here", "…..they all look after me well", "I appreciate the caring that they are all doing", "Well I think they are paid to do their jobs, which they do, but clearly some feel more for us than the others", "I like living here and they try to make my life comfortable", "There are some really good staff here, very helpful and very thoughtful too". A few comments included for example, "One or two [staff] just do the basics, knock my door and ask if everything is alright but never stay to talk or listen to more than my answer" and "…. most of them [staff] are friendly." When talking about their staffs' approach to people the registered manager said, "I don't have a problem with my staff, they show compassion and empathy."

We observed a kind and caring approach from staff towards the people they looked after. Staff showed patience and concern for people's wellbeing. They also maintained people's dignity and spoke with people in a respectful way. Respect was also shown for people's private space as staff knocked on flat doors before entering.

At breakfast one member of staff delicately and in a patient way, assisted a slow and frail person to sit at a breakfast table. Another person wandered into the breakfast room, dressed in their night clothes and looking for their lost walking stick. They were not distressed and within two minutes two members of staff encouraged the person to accompany them back to their nearby room. The person reappeared forty-five minutes later, washed and dressed and with their walking stick. They then enjoyed a late breakfast. One person displayed some repetitive and loud vocal behaviours when they appeared for breakfast. They were accompanied by a member of staff who sat with them at the breakfast table for ten minutes. The person ate their breakfast and was noticeably more settled with this support and they remained content after their meal.

At lunch time we observed a relaxed approach from staff with spontaneous interactions, for example, "Have you had enough?" and "Did you enjoy that?" We observed the activities co-ordinator providing banter and sharing light hearted jokes with people which were received well and responded to. This demonstrated a well-established relationship between them and the people. This member of staff touched people on their shoulders and arms as they spoke with them, demonstrating friendship and an appropriate level of closeness. Care staff were mindful of those who had impaired hearing. They made sure they positioned themselves in front of the person and by speaking slowly and clearly, interacted well with them.

Relatives were made to feel welcome and their contribution encouraged and valued. Two visitors remarked to us about the welcome they were given when visiting and the good atmosphere at the Home. One member of staff wanted us to know that they had found the staff at Royal Court to be very friendly and welcoming. They said, "Staff here are really welcoming, to visitors and new staff." We observed one member of staff taking time to speak with relatives and answer their many questions about their relative's progress. The member of staff clearly knew the person well and was able to tell the relatives how the person presented when they (the relatives) were not visiting. This offered reassurance to the relatives. Care records

recorded the fact that relatives and representatives were kept up to date with changes in people's health and wellbeing.

Relatives and friends were free to visit as and when people wanted them to. People were supported to maintain relationships with family and friends by having telephones in their flats or by using other interactive devises such as mobile phones and computer based technology. Where people were able to go out safely and on an independent basis, they could do this at any time. The registered manager however, explained that they liked people to give them an idea of when they were returning, simply because they cared for people's wellbeing and would be concerned if they were late or did not show up.

People's independence was supported. The flats helped to promote this. One person told us they really appreciated being able to use their own kettle in their own kitchen in their flat. They liked to be able to make a cup of tea when they wanted to as they would have done previously in their own home. Another person told us they were able to be quite independent but also said, "If I want anything at all they will always get it for me."

The registered manager told us about things staff had done, simply because they cared and which were over and above what would be expected of them. One of these things involved staff planning and organising a funeral for one person who had no family or representative to do this. The registered manager referred to the person as having been "one of the family – Royal Court's family." Staff had incorporated into the funeral things which only they knew were important to this person. As a team they had decided the hurse should leave from the person's home, Royal Court. They chose the hymns and readings, all wrote messages to go on the flowers and ten staff attended the funeral. Another example, was of one of the staff giving a home to one person's pet when they could no longer look after this safely in Royal Court. Another member of staff sometimes came in on their day off and took a person out for a walk.

Staff knew people well and provided care which met people's particular needs and preferences. To help achieve this, information had been gathered about people's life history, their particular achievements, what had been important to them, significant dates and relationships in their life as well as an understanding of their diverse preferences. This included information about people's religious beliefs and cultural preferences which were supported and respected.

The registered manager was keen for people to have the right representation and advocacy where this was needed. During the inspection one person was visited by an advocate who was supporting them to make decisions about where they lived after Royal Court. Although family members were also involved, this was to ensure the person's views and thoughts on this were heard and had the same level of consideration as those of their family.

Information relating to people was kept confidential and stored and used in line with the Data Protection Act and General Data Protection Regulation (GDPR). We observed all care records to be kept secure and conversations about people's care and treatment conducted in private.

Good

Is the service responsive?

Our findings

At the last inspection people's care plans lacked detail about their care and treatment needs. They did not always hold accurate information about these and were not always well maintained in order to provide staff with sufficient guidance about how these should be met. This was a breach of Regulation 17 of the Health and Social Care Act 2014. During this inspection we found this breach of regulation had been met.

We spoke with the registered manager, deputy manager and the care plan co-ordinator about the actions they had taken to meet this regulation. They confirmed that all care plans had been reviewed since the last inspection. Relevant information had been added to some care plans, other care plans had been newly devised and others removed if no longer relevant. The care files and care plans we reviewed demonstrated significant improvements in the content of people's care plans and how they cross referenced with other care records, such as risk assessments and care monitoring records.

In order to raise staffs' awareness of the contents of people's care plans, a new initiative had started. Two people's care files were chosen and were to be read by staff within a set period of time, then two more would be chosen. Staff discussed the content of these during handover meetings and in their rest breaks. One member of staff confirmed this had been a good idea and it was giving staff the opportunity to become more familiar with the contents of people's care files and care plans. Another initiative had been introduced in order to keep the care plans and other records fully up to date. If care staff came across any information which was now not correct or relevant they completed a form recording what this was and the care plan co-ordinator or deputy manager amended the records. We saw these records in use and an example had been of a change in GP for the person since their care record had been written.

At the last inspection we had also found poorly maintained complaints records. During this inspection we reviewed all records recorded for complaints received by the home since the last inspection. These were fully documented along with the action taken in response to these. People told us they felt able to raise a complaint or express dissatisfaction if they needed to. One person said, "If something was not right I would say something to a carer [member of the care staff], but you tend to cope with most things."

People had opportunities to take part in social activities and we observed these taking place during the inspection. There were two part-time activity co-ordinators in place and a new co-ordinator joining the home in September 2018. We observed people engaged in the activity they were taking part in and having fun. The activities were pitched at varying levels of ability. We observed a quiz which asked questions on geography and proverbs and a spelling activity where people were given positive encouragement to remember words and their spelling. One co-ordinator was open about the fact that their native language was not English and they used this to encouraged and support participation. This helped to empower people when the co-ordinator said for example, "Please correct my English."

People were also supported on a one to one basis to take part in an activity which they enjoyed. One member of staff told us how they had picked flowers in the garden with one person on one day of the inspection. The person enjoyed the garden and this had led to meaningful interactions with this person who

lived with dementia. This member of staff had also formed a close relationship with another person who they felt would benefit from regular trips out into the community, on a one to one basis, so they were going to suggest this.

The staff provided support and care to people on a regular basis who were at the end of their life. Many staff were experienced in providing this care and in supporting relatives through this time. The training record showed that some staff had completed training in this area of care although the registered manager had plans for more training to be delivered. The registered manager said, "No-one will die alone here."

At the time of the inspection one person was nearing the end of their life. We observed staff monitoring and visiting them on a regular basis. We spoke with this person who told us they were comfortable. Previous arrangements had been made with the person's GP to have in place, end of life medicines, in case these were needed to help keep the person comfortable. Community nurses had recently visited and administered some of these medicines to the person. The person's main care plans had been stopped and an end of life care plan had taken precedent. This covered all aspects of the person's physical needs however, we also observed staff providing emotional support. People's end of life wishes were explored with them during their stay at Royal Court so these could be supported at the appropriate time.

Good

Is the service well-led?

Our findings

At the last inspection the provider's quality monitoring systems had not fully ensured the homes compliance with necessary regulations. It had not been effective in identifying necessary improvement and ensuring this was achieved. This was a breach of Regulation 17 of the Health and Social Care Act 2014. During this inspection we found this breach of regulation had been met.

We spoke with the registered manager, deputy manager, quality assurance manager and the provider's director of care about the improvements they had made to the quality monitoring processes. Significant improvement had been made to how the provider quality monitored the service. The employment of the quality assurance manager in December 2017 had supported this. Both home managers told us that the support this manager had provided them with had been invaluable. Management staff in the home were responsible for completing the provider's yearly programme of audits. We reviewed several of these audits which had been completed. Actions for addressing any shortfalls or for making planned improvements, were recorded and a structured process was in place to make sure these were completed.

The quality assurance manager was responsible for producing and managing the home's continuous improvement plan (CIP). All actions were entered on to the CIP and followed up by the quality assurance manager. They were responsible for confirming completion of the actions and 'signing these off' as completed once they had checked these. They produced a report on the CIPs progress to the director of care who reported to the board of trustees. On-going improvements we reviewed had included those to the staff handover information sheet, to care plans and care records. Once completed actions were removed from the CIP.

Actions on the CIP could include those from the provider, local commissioners, the Care Quality Commission (CQC) and those which the home managers wanted to complete. The CIP also contained progress on actions which were still being worked on, for example, improvements in how people's end of life wishes were explored and provider based expectations relating to the care plans.

The registered manager confirmed that a lot of reflective meetings and conversations had taken place since the last inspection and positive learning and improvement had resulted from these. The registered manager told us they had not been happy about a lot of things that had previously needed improvement. They also told us they had started a manager's course which they were enjoying and which had helped them to feel "I can do this, we can rise to the occasion." They said, "I have good staff around me" and they spoke about the improved management structure in the home. We spoke with staff who held senior positions and all were clear about their responsibilities and were collectively aware of the challenges the home faced and what they collectively wanted to achieve.

The registered manager met with heads of departments on a regular basis to ensure all understood each other's challenges and needs. Regular meetings had been held with staff who confirmed there had been improvements in how the home was managed. Words such as "much calmer" and a "happier place to work" were common place. Both the registered manager and deputy manager commented, "There is tight team

working now" and "We have a very good team at Royal Court." One member of staff said, "Changes have happened because [name of registered manager] has listened."

Both managers worked alongside their staff and were therefore aware of the staff culture and of staffs' levels of wellbeing. The registered manager said, "I do support my staff and they know they can come to me at any time." Comments from staff about the registered manager included "She's very approachable" and "She is the boss when she needs to be, can be scary, but can also be a friend."

Senior managers valued the staff who worked at Royal Court and there were several ways in which staff commitment and other attributes were celebrated. For one member of staff a meal out for them had been organised. Staff had covered the staff member's shift, organised clothes for them to change into along with transport. The member of staff had been unaware of this until they turned up for what they thought was work.

The registered manager and deputy manager kept themselves updated with best practice by reading relevant professional journals, by attending professional meetings, forums and conferences and by working closely with many different visiting professionals. The provider also provided their management staff with regular management meetings, updates and close networking opportunities within the Lilian Faithfull Group.

Both managers explained that ideas and suggestions were always being sought from people who used the service and, because they worked alongside people and staff, they were aware of their views about the service. There were plans to gather more formal views from people and their relatives soon by way of satisfaction questionnaires.

We looked at some comments left by relatives and people who used the home on a website designed for this purpose. One comment said, "I have been very well looked after and I am grateful to everyone for their kindness throughout. A personal thanks to one member of staff who has been so helpful especially with the mobile phone. Also, the cleaner has kept my room spotless." A relative had commented "As a visitor, I am always made to feel welcome by all categories of staff, and over the past 3 years, I have consistently seen them demonstrate a caring attitude in sometimes challenging situations. Residents are clearly treated and respected as individuals." Another relative had commented, "Royal Court ticks all the boxes where my brother is concerned. His health has improved due to nourishment and personal care and he has peace of mind someone is on hand if he falls ill. Mentally he is much happier, motivated with the activities on hand and always greets us with a big smile, as do all the staff, which is wonderful for us. I feel he's got an extended family."

We were also shown a 'Tweet' put out by one relative which said, "Couldn't wish for better care for my father with # dementia. Thank you to all the staff at Royal Court care home, part of the Lilian Faithful charity, who acre and support him every single day."