

Appleton Shaw Limited

# Royal Court Care Home

## Inspection report

20 Princes Road  
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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

### About the service

Royal Court Care Home is a residential care home providing personal care for up to 20 older people, some of whom may be living with dementia. At the time of this inspection, 16 people lived at the service.

### People's experience of using this service and what we found

People were happy and well supported. The home provided a safe place for people to live and enjoy their lives. Staff were kind and caring and had developed positive relationships with people. Staff treated people with respect and maintained their privacy and dignity.

Staff had a good understanding of people's care and support needs. Staff were aware of risks to people and knew how to keep them safe. People received their medicines safely and had access to healthcare services. Most people were happy with the choice and quality of the food, and said they received plenty to eat and drink. The management team were continuing to improve the variety of meals provided.

There were mixed views about the temperature of some rooms in the home and the registered manager acted during the inspection to monitor this more closely to ensure people's choices and needs were met. There was an ongoing refurbishment plan which included improvements to make the environment more dementia friendly.

Support was provided by a consistent team of staff who were visible around the service. Staff were recruited safely, well trained and received suitable support. People's diverse needs were assessed and respected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager promoted the visions and values of the service by embedding an open and person-centred culture. Systems were in place to continuously monitor the service and we made some suggestions to update aspects of the audit programme. People and staff told us the management team were approachable. All feedback was used to make continuous improvements to the service.

For more details, please see the full report which is on the Care Quality Commission website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (last report published 11 July 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Royal Court Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors (one inspector was present for two hours) 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.

#### Service and service type

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

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also the nominated individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider).

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all this information to plan our inspection.

#### During the inspection

We spoke with seven people and six visiting relatives for their feedback about the service. We also spoke with a director and six members of staff including the registered and deputy managers, a senior care worker, two care workers and a kitchen assistant. We spent time in the communal rooms observing care and staff interactions.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at one staff recruitment file and a variety of records relating to the management of the service, including audits, supervision, policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager knew to liaise with the local authority if necessary.
- People told us they felt safe in the home and with staff. Comments included, "Yes, I feel safe. I've got three bells in my room" and "I've never seen anything to worry about."

Assessing risk, safety monitoring and management; Lessons learnt when things went wrong

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- The safety of the building had been maintained. Consideration had been given to people's needs and the support they would require in the event of an emergency.
- Accidents and incidents were closely monitored to identify any patterns or trends. Action had been taken to contact relevant professionals when concerns were found.

Staffing and recruitment

- Staff were recruited safely. Full checks were carried out before new staff started to work in the service.
- There was enough staff on duty to support people safely. The registered manager regularly reviewed people's dependency levels and monitored staff routines.
- Staff worked well together as a team communicating effectively to make sure people received the support they required.
- People told us staff were responsive, although some felt the staff had less time to sit and talk with them. Comments included, "All I've got to do is ring the bell and the staff are here", "The staff respond within a couple of minutes" and "They [staff] don't always have time to chat these days."

Using medicines safely

- Medicines arrangements were safe and managed appropriately; people received their medicines as prescribed.
- Protocols were in place for medicines prescribed for use 'as and when required.' The registered manager improved the recording format and updated the protocols during the inspection, to give staff clearer guidance on when these medicines were required.

Preventing and controlling infection

- The community nurse for infection prevention and control had completed an audit in 2019 and found

some concerns with standards of hygiene at the home. Following this, the registered manager had consulted with relevant agencies around moving the sluice area and this work was scheduled.

- The service was clean and tidy when we visited, although a malodour was present in one person's room. The registered manager confirmed they were reviewing the housekeeper's hours and looking to increase these to provide cover over the weekends.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people lacked capacity to make decisions, appropriate processes had been followed to ensure any decisions were made in the person's best interests. Some consent records for people with capacity to make decisions had been archived and these were accessed and updated during the inspection.
- Applications to deprive people of their liberty had been made and systems were in place to monitor these.

Adapting service, design, decoration to meet people's needs

- The service was adapted to meet people's needs. A long-term refurbishment programme was underway to improve the environment and make it more dementia friendly. People were actively involved in any refurbishment decisions.
- People said they liked their rooms which were comfortably furnished and personalised with their own belongings. There were mixed views about the temperature in some people's rooms, which we asked the registered manager to look into. Following the inspection, they confirmed they had provided thermometers in people's rooms to ensure an adequate temperature could be maintained for each person and they had also provided supplementary heating for one person.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to admission. This information was used to develop care plans and risk assessments so staff understood how people's care was to be delivered.
- People's needs were continually reviewed to ensure the care they received met their choices and preferences.

Staff support: induction, training, skills and experience

- People were supported by experienced and competent staff. Staff received regular refresher training to support them in their role. Additional training was highlighted and completed to guide staff to support people with specific health conditions, in line with best practice.
- Staff spoke highly of the management team and the support they received. Comments included, "The managers are all approachable. Our team is better now than ever" and "I love my job and working here. I've had lots of support in my new role."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs and preferences were met. Relevant professionals had been contacted when concerns were found, and professional guidance was followed.
- People were provided with a variety of meals and refreshments throughout the day. Most people said they enjoyed the food, although some people felt the evening meals were repetitive. People had completed food surveys in December 2019 and as a result changes were being made to the menus.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Guidance and support from healthcare professionals was obtained and followed. Information was shared with agencies if people needed to access other services such as hospitals.
- People's healthcare needs were met in a timely way. One person said, "The staff will call the GP for me if needed and I see the dentist here."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness and respect.
- People's privacy and dignity were generally well respected. One person informed us of their concerns in relation to a recent incident and the attitude of a member of staff. We passed this concern to the registered manager to address.
- People were encouraged and supported to be independent. We saw staff encouraging people to walk, patiently supporting them to do so at the person's own pace.

Ensuring people are well treated and supported; respecting equality and diversity

- People's needs were met by caring, patient and considerate staff. Comments from people included; "Oh, the staff are lovely and wonderful" and "The staff are very good; the true meaning of the word caring."
- Staff were friendly and demonstrated a good understanding of people's diverse needs. The service treated people equally and ensured their rights were protected.
- Staff had a good knowledge of people's backgrounds, personalities and their friends and family. Interactions between staff and people were natural and showed positive relationships had been developed.
- Staff were attentive to people's needs. The atmosphere of the service was relaxed and calm. People were happy and comfortable with one another.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved and supported in making decisions about their care. A relative told us, "I know the staff try to ask [name of family member] what they want. They [staff] do involve me in decisions regarding [family member's] care."
- Staff understood people's communication needs and body language. For example, staff slowed their verbal communications, so people could understand and process information.
- People were supported to live according to their wishes and values and had access to advocacy support if this was needed.
- Staff listened to people's views and acted on them. For example, one person chose to have their main meal in the evening.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care from staff who knew them well and were responsive to their needs.
- Staff were knowledgeable about people's needs, personal routines, histories and preferences. People had choice and control of their care and were supported to spend their time as they wished.
- People's oral care needs were assessed, and staff supported people with their oral hygiene. People were registered with, and had access to, a dentist.
- Care plans contained person-centred information and guided staff in how to support people. Some records could be further enhanced, and some had not always been consistently updated when changes occurred. The registered manager addressed this during the inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. Staff understood how people communicated and supported people to use appropriate communication aids if needed.
- Alternative formats were available to people if needed, such as pictorial and large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with their family and friends. Some people had their own phones and tablet computers to keep in contact with people. One person told us, "I've got my own phone; it's a landline and I carry the handset with me in my bag. It works fine."
- Group and one to one activities were planned to encourage social interaction. People's hobbies and interests were considered when planning these. The management team had identified the activity programme was limited and people would benefit from more regular and varied sessions. They had recently recruited an activity coordinator who was due to start the following week.
- Some regular events took place, which people told us they enjoyed such as reminiscence and visiting singers. People had been consulted about their wishes and had enjoyed personalised activities such as visiting the sea front and watching their favourite music group on DVD.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns and were confident these would be addressed

appropriately. Comments included, "I know how to complain but we've never needed to" and "I'd go and see the manager."

#### End of life care and support

- People's wishes and preferences in relation to end of life care had been considered and recorded where people chose to share this information.
- Staff understood the importance of providing good end of life care. They liaised with healthcare professionals and ensured people were comforted and had company when they needed it.

## Is the service well-led?

### Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager used a range of regular audits to continually monitor the quality and safety of the service. Action plans were in place where issues had been identified. We made some suggestions around updating and developing the audit programme.
- Accidents and incidents were analysed within the service to look for patterns and trends. Learning was shared with staff at team meetings to help reduce the risk of them happening again.
- The registered manager informed relevant agencies, including the Care Quality Commission, when incidents occurred, which affected people's wellbeing.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture of the service was honest, open and caring.
- Staff were person-centred in their approach. They worked together to provide patient support for people to meet their needs and promote their quality of life. A person said, "They are very nice people, who all seem to care about us."
- People and their relatives spoke positively about the service. They liked the management team, that the home was small, and everyone knew each other.
- The registered manager was clear about their role and vision for the service. This was embedded by committed, loyal staff who had worked at the service for numerous years.
- Staff were happy in their work and felt supported by the management team.
- Regular meetings took place for people, relatives and staff to keep them up to date, share their views and enable them to contribute to decisions about changes within the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The management team were open and transparent when dealing with issues and concerns. They understood their responsibility to apologise and give feedback if things went wrong.

Working in partnership with others

- The registered manager recognised the importance of community involvement. The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its

care.

- Health professionals who had recently completed project work with staff from the service considered they [staff] were professional, engaged, efficient and had made a positive contribution.