Kent House (Select) Limited

Royal Park

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

About the service:
Royal Park is a care home that provides both short and long-term placements for up to 18 people with needs related to neurological conditions, a brain or spinal injury as well as artificial ventilation and tracheostomies. At the time of the inspection 15 people were living at the home and two people were in hospital. On site therapists and care staff work together to help support people's recovery and maximise their independence.

People's experience of using this service:
People felt safe living at Royal Park. Although the registered manager was seen as approachable, very supportive and promoting effective oversight of quality and practice, staff provided mixed reviews about the registered manager's management style when engaging with them around the home. We raised this with both the regional manager and registered manager during the inspection. They both understood the potential impact this could have on staff and the atmosphere at the home. They provided assurances that they were actively working to address this issue.

Staff understood how to keep people safe from harm or abuse and understood their responsibility to raise concerns if they were to witness poor or abusive practice.

People were supported by care staff, nurses and on-site therapists who worked well as a team and demonstrated a good understanding of how to meet people's individual rehabilitation needs and preferences. People's desired outcomes were known, and the staff team worked alongside people, relevant community health and social care professionals and, where appropriate, their relatives to encourage them to achieve these.

People and relatives expressed confidence in the skills and competence of staff at the home. Staff received mandatory and specialist training to help them meet people's diverse and complex needs.

People, relatives and professionals described the staff as kind, caring and attentive to people's needs. 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 supported this practice.

People's and staff members views were sought and used to help improve the service that people received and the environment in which people lived and worked.

The home worked in partnership with other agencies to support people well during their time at the home and when transitioning to alternative accommodation and/or care.

Rating at last inspection:
There have not been any published ratings or inspections against this location as it was registered with the

CQC in June 2018.

Why we inspected:
This inspection was a scheduled inspection based on the date the service first registered with us.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 Park

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by one adult social care inspector.

Service and service type:
Royal Park is a 'care home.' 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.

The service had a manager registered with the Care Quality Commission. 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.

Inspection site visit activity started on 8 May 2019 and ended on 9 May 2019.

What we did:
Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications include changes, events or incidents that the provider is legally required to send to us without delay. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also sought feedback from the local authority and health and social care professionals. We used all this information to plan our inspection.

During the inspection we spoke with four people who used the service and one relative. We also spoke with the registered manager, regional manager, deputy manager, three therapists, one senior care team leader, a

registered nurse, domestic lead, cook, administrative assistant and maintenance worker. After the inspection we spoke by telephone with a commissioner for complex health and a social worker.

We reviewed a range of records including five people's care files, four staff files (including references, background checks and interview records), and other information about the management of the service. This included accidents and incidents information, five Medicine Administration Records (MAR), therapy and activity records, surveys, equipment checks and quality assurance audits.

We walked around the building and observed care practice and interactions between support staff and people.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

●People were supported by staff who knew how to keep people safe from harm or abuse. People who were able to speak with us told us they felt safe at the home. One person said, "I feel safe here. I feel looked after. Everybody has been fantastic to me."

●Staff told us they would feel confident whistleblowing if they observed poor practice. Staff said they felt confident they would be listened to and action taken in a timely way. One staff member told us they were "absolutely confident" that if they raised a concern with the registered manager they would listen and act.

●There were effective arrangements for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes. Incidents were used as an opportunity for reflection and learning. We found that there were no safeguarding alert/s open at the time of the inspection.

Assessing risk, safety monitoring and management; Staffing and recruitment; Learning lessons when things go wrong

●People had personalised risk assessments to help reduce risks associated with things such as falls and vulnerable skin. For example, one person had been provided with a low-level bed and matt to reduce the risk from them falling out of bed. Another person had been provided with specialist pressure relieving equipment to reduce the chance of their heels becoming damaged. People had risk assessments which identified and managed risks linked to them accessing the outside space at the home or the local community.

●General environmental risk assessments had been completed to help ensure the safety of the home and equipment. These assessments included: water temperature monitoring, cleanliness and safety of equipment. Monthly health and safety committee meetings were held to identify any shortfalls and resolve issues.

●Risks to people from fire had been minimised. Fire systems and equipment were regularly checked and serviced. Fire procedures were displayed around the home. People had Personal Emergency Evacuation Plans (PEEP) which guided staff on how to help people to safety in an emergency.

●There were enough staff to meet people's needs in a timely and flexible way. People told us that staff responded in good time when they requested help either verbally or using their call bell. The rota was

planned in a way that supported staff to have meaningful interactions with people. Our observations confirmed this.

●The home had safe recruitment practices. Checks had taken place to reduce the risk that staff were unsuitable to support people at the home. This included references from previous employers and criminal record checks.

●Staff recorded accidents and incidents appropriately. Body maps were completed and crossed referenced with incident and care plan records. The registered manager reviewed all incidents and accidents to investigate what had happened, determine the cause, identify potential trends and develop an action plan to help reduce the risk of a re-occurrence. Learning was shared with staff.

Using medicines safely

●Medicines were managed safely. People received their medicines on time and as prescribed from registered nurses and senior care staff with the relevant training and competency checks. Dosage information was sufficiently detailed which helped ensure staff knew how often and how much of a particular medicine was required. Medicine Administration Records (MAR) were completed and legible.

●Medicines, including those requiring additional security, were held securely.

●Where people were prescribed medicines that they only needed to take occasionally (typically referred to as PRN), guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Preventing and controlling infection

●The home was visibly clean and odour free. There was an infection control policy and cleaning schedule to ensure that risks to people, staff and visitors from infection were minimised. Staff had received infection control training and understood their responsibilities in this area.

●The home employed an infection lead with overall responsibility for encouraging and ensuring high levels of hygiene were achieved and maintained. This staff member carried out spot checks to help ensure cleaning of equipment was being completed.

●Staff had access to Personal Protective Equipment (PPE) such as gloves and aprons and used these appropriately.

Good

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

●People had pre-admission assessments that supported their move to the home. A community professional told us, "The pre-assessment they did was good, very detailed."

●On moving in, people were provided with a key worker and named nurse who worked with the person, other staff, their family and relevant professionals to develop a personalised care plan that identified achievable goals. A staff member said, "Everyone has goals. We review these monthly. For example, one person wants to go home. We have liaised with the community occupational therapist to get a stairlift fitted at [name's] property as [name] is experiencing problems with stairs. This will mean [name] can go to bed upstairs at home which is their wish."

Staff support: induction, training, skills and experience

●New staff received an induction which included shadow shifts with more experienced staff and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. The competency checks covered areas such as medicines and moving and repositioning. A staff member said, "The induction was helpful, and I got to know policies and procedures in more detail." A community professional told us, "From what I've seen, I have confidence in the competence of staff. Their knowledge and skills with areas such as tracheostomies (an artificial opening in a person's windpipe to help them breathe more easily) and ventilators (a machine to assist a person with their breathing) is very helpful."

●Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. One staff member said, "I have regular supervision. I can raise anything." Staff received mandatory training in areas such as health and safety, safeguarding and medicines. In addition, staff received role specific training in epilepsy, catherisation, PEG feeding (a tube placed in their stomach to support with nutritional intake) and dysphagia (swallowing difficulties).

●Nursing staff were aware of their responsibilities to re-validate with their professional body, the Nursing and Midwifery Council (NMC). Nurse re-validation is a requirement of qualified nurses. This process ensures they provide evidence of how they meet their professional responsibilities to practice safely and remain up to date. The registered manager supported clinical staff with this process.

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

●People were supported to maintain a well-balanced diet and remain as independent as possible with their meals. Where people required support from staff to eat and drink this was provided in a calm and sensitive way that helped maintain the person's dignity. This included checking if people wished to have an apron placed over their clothes for protection.

●People's dietary needs and preferences were known and met. People at risk of malnutrition and dehydration had their weight checked regularly and their intake monitored. Records showed input from dieticians and speech and language therapists (SALT) where required.

• People were asked on a weekly basis what they would like for their meals. The cook told us that alternative dishes were made available if people indicated they preferred something different on the day. The menu was displayed prominently in the dining area that was adjacent to the kitchen.

●Staff took covered meals to people who had chosen to eat in their rooms. This ensured people had food that was warm and enjoyable to eat. Relatives and friends were given the opportunity to stay for meals.

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

●People's current and emerging care needs were discussed in morning and evening handovers. This included any changes, concerns or where input from on-site therapists. One person told us, "I came here flat and now I'm walking. I'm impressed with the physio people. I only have to ask for help from staff and they provide it." A staff member said, "Different disciplines work well together here. When I say to care staff they need to do x, y and z with a resident they take it on board, for example supporting one of the residents here with passive stretches." Other staff members expressed, "This home is brill. We are really effective and enable good discharges. We get good results" and, "Care staff are open to therapy ideas." The home kept a photo journal documenting residents' 'journey of rehabilitation.' This illustrated staff working alongside people to improve their levels of independence and help maintain the gains they had made.

●The service understood the importance and benefits to people of timely referral to community health and social care professionals to help maintain people's health and well-being. People had been supported with visits to or from health and social care professionals including dentists, dieticians, speech and language therapists and social workers. One person had been referred to a community professional to assess for a specialist chair and sleep system. It was felt that this equipment would help improve the person's level of comfort and quality of life.

●People's information was shared in a respectful manner and readily available to relevant staff. Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

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

●People lived in an environment that had been purpose built to meet their needs. The home opened in June 2018. The home was split across two levels with a working passenger lift and stairs providing access to the first floor. The home had wheelchair accessible corridors and handrails throughout. Colourful art and creatively themed displays around the home helped create a positive, therapeutic environment for people on their rehabilitative journey.

●People had access to a fully equipped on-site gym where they were supported with their personalised therapy programme. People's individually tailored programmes helped them develop areas such as bodily strength, speech recovery, balance and coordination. The gym contained murals and positive quotes to help inspire people on their path to recovery. One person was observed using this independently during the inspection. The person told us, "If you don't work hard, you won't get results."

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

●People's mental capacity had been checked as part of the pre-admission assessment process. Staff had a good understanding of the principles of MCA 2005 and were able to tell us when and who they would involve if a person lacked capacity to make complex decisions. A staff member said, "We should always assume someone has capacity until proven otherwise and exhaust all steps to support their liberties."

●The home had applied to the local authority for each person that required DoLS and kept a record of when these were due to expire. At the time of the inspection no people at the home had conditions attached to their DoLS.

●Staff asked for people's consent before supporting them and provided them with information that helped them to make meaningful choices. This included where they wanted to eat, what clothes they preferred to wear and how they wanted to spend their day.

Good

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

●Staff spoke with people in a kind and respectful way. Their interactions demonstrated that they knew people well. Interactions were warm and included appropriate banter. One person told us, "They look after me here." Another person said, "I am very happy and feel well looked after." A relative said, "I'm very pleased with how they support [name]. They've done very well. I couldn't ask for better. [Name's] progress is unbelievable."

●The service kept a record of compliments and shared these with staff. Comments included: 'Thank you for looking after [name]. I would recommend your team to anyone' and, 'Our [family] are delighted with the love and care that has been provided for [name]. Every member of staff has done their utmost to help [name] recover from the traumatic experience [name] suffered earlier in [2018] and [name] is making slow but positive progress hopefully towards a full recovery. We are extremely grateful to them for all that they do so cheerfully and professionally.'

●People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy.

●People had sexuality and relationship care plans which detailed their needs and preferences in this area of their life. This included details of people who were important to them, the way they wished to dress and their personal grooming habits.

●Staff had received training in equality and diversity and had used this to inform their interactions with people at Royal Park.

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

●People had personalised their rooms with furniture and other items of sentimental value such as photos and ornaments. This made them feel settled and at home.

●People told us they could express their views about the care and support they received. One person said, "If something is troubling me they talk me through it and respect my decisions."

●People were encouraged and supported to maintain contact with those important to them including family, friends and other people living at the home. For example, staff had supported a person to use their

mobile phone to call a relative. Relatives told us they were made to feel welcome and involved. One relative said, "The staff here have been fantastic."

Respecting and promoting people's privacy, dignity and independence

●Staff treated people with respect and promoted their privacy. We observed staff knocking on people's doors before entering their rooms. All staff waited for the person to respond and invite them into their room, before greeting them with their preferred name. A staff member said, "I always put a towel over people during personal care, draw the curtains and talk the person through what I am doing."

●Staff acknowledged, understood and promoted people's need to be as independent as possible during their rehabilitation. One person said, "They allow me to do what I can do myself." Staff used their knowledge of the person alongside gentle encouragement to help people work towards and achieve their goals.

Good

Is the service responsive?

Our findings

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

Good:People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; Improving care quality in response to complaints or concerns

●People received personalised care. Their needs, abilities, life history, and preferences were documented, known and supported by staff. People's care needs were regularly reviewed. We saw evidence that, where appropriate, people's relatives had been involved in these reviews.

●The service identified people's individual information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others, including professionals. For example, one person had cards with symbols to help them convey their needs following a stroke. Staff respected when this person chose not to use these cards.

●People had the opportunity to take part in therapeutic activities including baking sessions in the rehab kitchen, sensory room sessions, a church group, community walks, music therapy and arts and crafts. People also had individual therapy programmes which helped them regain and/or maintain their physical and mental health. At the time of the inspection, the home was waiting for recruitment checks to be completed for the activities coordinator post.

●Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone. A person who enjoyed watching TV, but was unable to independently choose their preferred channel, had been supported to access a piece of specialist equipment that enabled them to do this. The person told us, "It has made a world of difference to me."

●People had choice and control over how they spent their time. For example, people were given the option to participate in group activities or to spend time doing something else. One person told us they chose to spend their time in their room even though they were aware of activities on offer as staff told them what was happening each day.

●The home had an up to date complaints policy which was available in reception and publicised in other areas of the home. Complaints were logged, tracked and resolved in line with this policy. People told us that if they were unhappy with anything and had to make a complaint they would speak to the registered manager or deputy manager.

End of life care and support

●Staff had received training in end of life care although at the time of our inspection there were no people at the home requiring this type of care.

●People who wished to discuss their end of life wishes were supported to do so. Where people had expressed that they did not want to engage in this process this was respected.

Good

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

Good: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

●We received mixed feedback from staff about the registered manager's management style. Although staff commented positively about the registered manager's attention to detail, support, approachability and visibility they also told us they experienced or observed the registered manager raising their voice and using an inappropriate tone when speaking with staff in communal areas. They said this happened often. People and their relatives did not comment about this to us. Staff reassured us that the registered manager did not do this when speaking with people living at the home. We raised this issue with the regional manager and registered manager during the inspection. The regional manager told us they had used supervision to encourage and coach the registered manager to amend their approach and would continue to monitor their conduct via unannounced visits and by seeking feedback from staff. The registered manager and regional manager demonstrated an understanding of the impact such conduct could have and a commitment to ensuring it does not continue.

●The provider, regional manager and registered manager demonstrated a commitment to ensuring the service was safe and of high quality. The registered manager told us, "As a manager I believe it is important to see all aspects of the business in order for me to help improve and maintain an excellent service."

●The management and staff were clear about their roles and responsibilities. Personnel files contained staff job descriptions which detailed their role specific duties.

●The registered manager had ensured that all required notifications had been sent to external agencies such as the local authority safeguarding team and the CQC. This is a legal requirement.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

●The management of the home completed regular checks which helped ensure that people were safe and that the service met their needs. Comprehensive monthly audits included areas such as: medicines management, training, pressure ulcer care, management of PEGs and fluid intake. Any required actions were identified, followed up and signed off by the registered manager. Staff were supported to complete role specific competencies that helped ensure they supported people in line with best practice.

●Staff told us they got along as a team and supported each other. Staff comments included: "Everybody here is good at team work", "We learn from each other's experiences and we've got respect", "Staff are usually upbeat. I'm definitely happy working here", "It's a job where I fitted in straight away and got on with everybody. [Name of registered manager] has been really supportive", "I enjoy working here. I definitely feel supported by [name of registered manager]. We gel as a team", "I feel I can go to [name of registered manager] with any concerns. [Name of registered manager] is a good listener, is lovely. A good manager" and, "It's quite nice here. It's a nice environment. We get along as a team. I can't praise [name of registered manager] more highly as a manager." A community professional said, "The registered manager is very helpful and knowledgeable. [Name of registered manager] supports people and their families and explains complex things to them."

●The registered manager understood the requirements of Duty of Candour. They told us it is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.

●The registered manager said they kept their registered nursing skills up to date by reviewing clinical updates from The National Institute for Health and Care Excellence (NICE), reviewing journals and participating in the provider's clinical advisory group using the latest evidence-based research to update the home's clinical policies and procedures. The registered manager also told us they were currently working towards obtaining a level five diploma in health and social care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

●Peoples, relatives, staff and professionals' views about the service were actively encouraged via the home's annual survey. Feedback was analysed to determine what the service was doing well and where they could possibly improve. One person had fedback, 'I would recommend that other people in my situation try Royal Park. The therapy is out of this world. They are good at keeping you going when you feel like giving up.' Another had commented, "I find the service at Royal Park excellent. I am getting plenty of therapy." A person's friend had expressed, 'As a visitor I have always been made welcome and been treated with respect. The staff are always helpful. A lovely place for my friend to be staying.' Relatives had commented, 'Very impressed with the overall care my [family member] is receiving' and, 'We have seen a massive difference in my [family member] in the last four weeks. Fantastic care and support.' Community professionals' feedback included, 'All staff very helpful and welcoming during our visit' and, 'All staff very welcoming and happy to discuss residents' needs.'

●The home had a 'You Said, We Did' display to let people know what actions had been taken following their feedback. This showed people that they were being listened to and could influence what happened at the home and in their day to day lives. For example, some residents had fedback a need for therapy at weekends for consistency. As a result, more staff were recruited and weekend therapy started in November 2018.

●Regular staff meetings were scheduled and chaired by the registered manager or deputy manager. Staff told us that they were encouraged to contribute to the agenda and could "speak up at team meetings." Agendas included areas including: team work, confidentiality and care documentation. Staff comments included: "We have open team agendas. You can add therapy type things to get the information across to the whole team, "Team meetings are good" and, "People can speak up at team meetings." Meetings were attended by care staff, therapists and ancillary staff such as domestic, maintenance and administrative support. This meant the whole team remained up to date about people's progress towards their goals and could share and discuss essential information.

●Residents meetings were held, and minutes taken. People had an opportunity to discuss issues such as the building, care and nursing, activities and therapies provided. At the most recent meeting people had expressed satisfaction with the levels of therapy they were receiving. One person had commented that the care and nursing they received was 'excellent.'

Working in partnership with others

●The home worked in partnership with other agencies to provide good care and treatment to people both when living at the home and to support their transition to alternative care and accommodation when required or desired.

●The management and staff worked closely with community neuro-rehabilitation, social workers, a local care agency and continuing health care teams to meet people's diverse and complex needs. Two professionals told us by phone, "They are very quick and responsive if I have any queries. I feel very much so the home is well-led" and, "They worked with [name's] original staff to support [name's] transition. I'd score the home highly and definitely place there again."