

Crown Care V Limited

# Royal Hampton

## 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 Hampton provides accommodation for up to 73 people with residential and nursing care needs in a purpose-built building. At the time of the inspection, 63 people were using the service. Some of the people were living with dementia.

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

People and their visitors told us the service kept them safe. People were protected from the risks of abuse and staff had received training to support this. Risks were generally well managed, and the provider learned from accidents and incidents. Staff provided people with kind and compassionate care and respected their privacy and dignity.

Systems were in place for the safe storage, ordering, administration, disposal and recording of medicines.

The service was clean and tidy and staff maintained good infection control procedures.

Regular assessments and reviews took place to ensure people's needs were being met.

People received a good range of food and fluids to meet their dietary needs.

A range of activities were in place and a new activity coordinator had been recently employed to further enhance this, particularly for people living with dementia and those people nursed in bed.

Suitable recruitment procedures were in place and there were enough staff on duty to meet the needs of people. However, some staff were not always fulfilling their roles completely. The registered manager was aware of this and was addressing. A suitable induction and training programmes were in place to support staff in their roles. Staff received supervision and an annual appraisal, and the registered manager offered other opportunities to receive support and be involved in how the service was run.

People were supported with their healthcare needs and had access to healthcare professionals when required.

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.

Complaints procedures were available for people and their visitors and through conversations, it was confirmed everyone knew how to complain if they needed to. Feedback was encouraged via questionnaires and meetings.

The registered manager ensured a number of quality assurance checks were completed to monitor and help

retain a good quality of care for people.

Positive feedback about the management of the service was received. The registered manager had recently reviewed her daily walkabouts to provide further opportunities for feedback about the service.

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

Rating at last inspection (and update)

The last rating for this service was good (published 25 January 2018). This was a focussed inspection in which the good rating from the previous full comprehensive inspection in May 2017 was retained.

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 Hampton

## 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

The team consisted of, one inspector, an assistant inspector, a specialist advisor in nutrition 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 Hampton 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.

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.

#### 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. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with 16 people who used the service. We contacted relatives and friends either in person while visiting the service or via telephone or email and received 17 views of the experiences of the care provided. We spoke with the registered manager and four members of the senior management team. We also spoke with two unit managers, two nurses, two activities coordinators and one front of house staff member. We contacted all care staff either in person or via email to gain their views and received responses from three senior care staff and 12 care staff. We also spoke with four GP's, one community nurse, two social workers and a member of staff from the speech and Language therapy team. We attended a multi-disciplinary team meeting made up of a number of healthcare professionals involved with the service, including a consultant, GP, community nurses, pharmacist and nursing staff from the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is, a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included ten people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the registered manager 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 had received safeguarding training and understood how to keep people safe.
- People and visitors told us the service was safe. One relative said, "Yes very (safe). I feel having reviewed other homes and sought feedback from friends and professional colleagues in the care home sector, that my mum is in the best care home in the north east. I genuinely believe this."
- The registered manager understood safeguarding procedures and had reported any concerns appropriately.

Staffing and recruitment

- The provider had an effective recruitment procedure in place, including checks on the suitability of potential staff.
- A recruitment drive was in place to replace any vacant posts and agency were only used if permanent staff were not available.
- There were enough staff on duty to meet the needs of people. We received mixed views about staffing levels from relatives and staff. We also observed some potential issues with staff performance and deployment. We brought this to the attention of the registered manager, who was already addressing staff performance issues and told us they would revisit staff deployment and allocations.
- Sickness levels were high in the service. The registered manager was appropriately dealing with this in line with company procedures.

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

- The provider learned from accidents and incidents. These were appropriately recorded and analysed.
- Overall, risks were well managed. Staff understood potential risks and how to mitigate them. A small number of record omissions were addressed during the inspection.
- Routine checks on the safety of the building and equipment were carried out to ensure people lived in a safe environment.
- Fire safety procedures were in place. We noted that not all visitors to the building were signing in/out. We brought this to the attention of the registered manager who told us they were going to move the signing in book into the inner reception area and have staff monitor this when they let visitors into the building.

Using medicines safely

- Overall, medicines were managed well. We did find a small number of recording issues which were addressed straight away by the registered manager. Audits were carried out to ensure errors were found and

rectified.

- Staff were trained to undertake medicines administration and policies and procedures were in place to support this.
- People received their medicines on time. There had also been a concern about one person's medication not being administered. This had already been addressed. One person said, "Some people don't know how to manage Parkinson's medication well, but they do here. We had a meeting with staff to work out how we manage it. Now they have a timetable for specific medications and they manage it well."

Preventing and controlling infection

- The service was clean and tidy, including communal areas and people's individual bedrooms.
- Bedding was clean and regularly refreshed and bins were emptied when needed. Staff wore protective clothing to minimise the risk of cross infection when needed. One relative said, "Its spotless here."



# 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 good. At this inspection this key question has remained the same. This meant people's outcomes were good, and people's feedback confirmed this.

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

- Assessments of people's needs, and their preferences were carried out. This ensured people's individual needs continued to be met.

Staff support: induction, training, skills and experience

- The provider had an induction programme in place to ensure staff were competent to carry out their duties. New staff had the opportunity to receive additional support if required.
- Nursing and care staff were skilled and experienced and received training that was relevant to their role. Some staff had received challenging behaviour training, and this was planned for others.
- All training was monitored, and letters sent to staff to remind them of their responsibilities to complete.
- The registered manager supported staff using regular supervision and annual appraisals.

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

- Staff supported and encouraged people with their dietary and nutritional needs. People were offered a wide range of food, drinks and snacks throughout the day and at mealtimes. One person said, "If I go out for the day, they will put up a packed lunch for me."
- Care records described people's individual needs and preferences and how staff were to support them. We noted that some people who were receiving nutrition via a PEG, did not always have the full details recorded in care plans. A PEG is a tube passed into a person's stomach, most commonly, to provide a means of nutrition and hydration. We brought this to the attention of the registered manager who addressed this immediately.
- Some people were from different cultural backgrounds. One relative said they were not always sure that their relative received appropriate meals. We brought this to the attention of the registered manager who said they would review this with the involvement of the person concerned. The registered manager later confirmed menu choices had been revised since our inspection and a food forum with a positive outcome had taken place with people living at the service.

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

- People were supported with their healthcare needs and had access to a range of healthcare professionals. Some community based healthcare professionals said communication with the home could be improved. They said visits were not coordinated as well as they could be. The registered manager was already aware this needed to be addressed and told us that a meeting had been arranged to rectify this. Before this report had been finalised, we received positive feedback about the meeting that had taken place.

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

- The service was purpose built and designed to meet the needs of the people who lived there.
- The service was well decorated throughout with signage to help people orientate who were living with dementia.
- The service had a cinema, open plan bistro area for relatives to participate in dining, secure garden area and a unit designed to better support people living with dementia.

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.

- The service was working within the principles of the MCA.
- Appropriate DoLS applications had been made to the local authority. The registered manager had informed CQC when these applications had been granted and had a central log of dates when renewals were required.
- Consent was sought, for example, before staff delivered personal care. The registered manager and staff were aware of the need for decisions to be made in a person's best interests if they were unable to make those decisions for themselves.
- Staff were in the process of reviewing lasting power of attorney (LPA) paperwork to ensure they had copies to refer to. For example, where people's relatives were appointed attorney's to support with health and welfare based decision making. LPA is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future or no longer wish to make decisions for yourself.

# 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.

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

- Staff were kind, considerate and treated people with respect. People comments included, "Staff are very friendly and pleasant. A good atmosphere here, very respectful. I am treated as an individual" and "Very happy. Staff are very caring and patient and kind."
- People appeared relaxed and content in their home environment and the staff respected people's preferences regarding the way they wanted to be looked after.
- People were protected from discrimination. Staff received training in equality and diversity and people's cultural needs were identified at initial assessment. The provider showed an understanding of protecting people's rights to express themselves as individuals.
- Staff had respect for people with specific religious or spiritual needs. In the reception area of the home was a presentation table of different religions and faiths. People were able to attend religious services both in and away from the service.
- The registered manager had introduced several initiatives to promote health and well being. Staff had been appointed as the lead for a variety of areas, including sexual preferences, dignity and mental health first aid and this information was displayed in reception for all to see.

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

- People's preferences and choices were documented in their care records. We heard people being asked to decide what music they wanted to listen to, making meal choices and being asked which chair they wanted to sit in.
- Pictures were used in some cases to support people with choices, but not always with meals options, particularly with those people living with dementia. We discussed this with the registered manager who said they would look into this as pictures were available and should be used.
- Staff we spoke with were able to confidently describe the needs of the people they supported from the information gathered from them and their families.
- People and relative meetings took place to give further opportunities to express views. These were not attended by everyone as some preferred to discuss matters privately with either staff or the registered manager.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. Staff knocked on doors before entering bedrooms or bathrooms. Staff were attentive and noticed when people's clothing needed to be changed and acted promptly. One person said, "Staff are very respectful. I never hear staff complaining about people. They

always close the door for any personal care."

- Staff supported people to remain as independent as possible. Care records described what people could do for themselves and what they required support with. One person said, "Staff are good with me. They don't do a lot for me, as they try to keep me as independent as possible which I like."
- People said they were pleased with the home environment as it was accessible and supported their independence.

# 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 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

- Personalised care records were in place and reviewed as people's needs changed. Senior staff were working through these to make sure they were kept up to date. We noted a small number of plans where an update was yet to be implemented. We discussed this with the registered manager who addressed this immediately.
- Overall, people and their relatives were very happy with the care provided to them, although a small number of relatives we spoke with were not. We investigated any matters raised and reported any issues to the registered manager to investigate and address, which they did.

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

- Staff protected people from social isolation. There were varied social activities advertised for all residents to be involved with, including a Sunday matinee in the cinema room. Whilst inspecting people were involved in creating Christmas decorations and participated in Yoga.
- One person was being supported to write about their life history with staff typing while the person dictates.
- Consideration was given to people who were unable to take part in group activities or go outside. For example, people who were nursed in bed received one to one time with staff. The registered manager had recently employed a new activity coordinator who was being inducted into the service to further enhance activities in the home and to ensure everyone was as involved as they could or wanted to be.
- A range of volunteers supported the home with events and activities, this included young people from a local high school. Trips were arranged out, including to go shopping or in the warmer weather to various popular attractions.

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 were given information in a way they could understand. Records clearly described people's communication needs and their personal preferences.
- The registered manager understood the accessible information standard requirement and had displayed accessible information around the home.
- People who had visual impairments used technology such as an internet-based electronic device which

responded to verbal instructions and questions.

#### End of life care and support

- People were well supported with their end of life care needs. End of life care plans documented people's wishes and included evidence that family members had been involved. Some records about end of life care decisions could have been more detailed. The registered manager told us they would address this.

#### Improving care quality in response to complaints or concerns

- Complaints and concerns were acknowledged, investigated and responded to. There was a complaints policy and procedure in place to support this.
- The registered manager confirmed that complaints were analysed, and learning taken was shared across other services within the organisation.
- People and visitors knew how to complain should they have needed to.
- Many compliments were also recorded as having been received from a range of relatives and healthcare professionals.

# 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.

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 registered manager was professional, open and approachable throughout the inspection. People, relatives and staff confirmed this. One relative said, "Very professional in the office, treats everyone well." The registered manager had recently reviewed their daily walkabouts in the service to increase visibility and provide further opportunities for feedback.
- Most staff told us they felt supported in their role. There were a number of support mechanisms available to them if needed. Team building exercises had taken place, open door sessions with senior management had been held and there had been other opportunities for staff to engage. One staff member told us, "We can see the manager if we need to, some staff are in clichés and repeat what others have said for the sake of it. They don't always do things the right way. Staff need to speak up if something is bothering them to the right person." Just after the inspection visit we received positive feedback from the managing director who had held a staff forum at the service.
- People and visitors were encouraged to feedback on the quality of the service via regular surveys and meetings. We confirmed action had been taken when necessary from issues raised.

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

- The registered manager acted in an open and transparent way and took on board feedback given during the inspection and acted on it quickly.
- Accidents and incident which were legally required to be notified to the Commission, had been.
- The manager and staff understood their roles and responsibilities.
- The provider monitored the quality of the service to make sure they delivered a high standard of care.
- Certificates of registration and the ratings from the last inspection were on display in the entrance areas to the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager ensured continuous learning and ways of improving care was embedded in the service.
- The registered manager strived to work in partnership with others, including other healthcare professionals.

- The service had good links with the local community. Schools, churches and other local groups visited the home to maintain links. People also were supported to maintain local interests.