

RochCare (UK) Ltd

Royley House Care Home

Inspection report

Lea View
Royton
Oldham
Lancashire
OL2 5ED

Tel: 01616334848

Date of inspection visit:

08 December 2020

09 December 2020

17 December 2020

30 December 2020

Date of publication:

19 February 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Royley House is a residential care home providing personal care for up to 41 people. At the time of our inspection there were 22 people living at the home. The home is an adapted building set in its own grounds with accommodation over two floors.

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

Managerial oversight of the home had been inconsistent during 2020. This meant improvements needed following our last inspection in 2019 had not been fully implemented or sustained. We found continued breaches of the regulations of the Health and Social Care Act 2008. However, a new manager had recently been appointed and staff and relatives spoke positively about them and the changes they had started to make at the service.

We again found improvements were needed in the management of medicines, in particular with the operation of a newly introduced electronic medicines system.

Staff supervision meetings had not been held regularly throughout the year and some staff had not completed the training necessary for their role.

Recruitment procedures were robust and there were enough staff to care for people safely.

Relatives told us they were happy with the care and support provided by staff. Staff told us they would report any safeguarding concerns and safeguarding training had been completed.

Large areas of the home had recently been refurbished to a high standard. Correct infection control procedures were followed, and the service had taken additional infection control measures to minimise the risk posed by COVID-19.

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

Rating at last inspection

The last rating for this service was requires improvement (report published November 2019). There were breaches of Regulation 12 (Safe care and treatment), Regulation 17 (Good governance) and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed an action plan to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering

what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

At this inspection we identified breaches in relation to the management of medicines, staff training and supervision and governance of the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Royley House 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.

This was a focussed inspection to check whether the provider had met the requirements of the requirement notices in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We reviewed the key questions of safe, effective and well-led.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector, a member of the medicines team 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

Royley House 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 new manager who had submitted an application to register with the Care Quality Commission. The registered manager 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

Due to the COVID-19 pandemic we announced the inspection the day before our visit. This ensured we had prior information to promote safety. Inspection activity started on 8 December 2020 and finished on 30 December 2020, at which point we had analysed all the additional information we had requested from the manager and spoken with staff. We visited Royley House on the 8 and 9 December 2020. The Expert by Experience spoke with relatives on the telephone on 11 December 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, which had been collected by our ongoing monitoring of care services. We sought feedback from the local authority and from Healthwatch Oldham. 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. We used all of this information to plan our inspection.

During the inspection

During our visit to the home we spoke with the manager and reviewed a range of records relating to the safe, effective and well-led key questions. This included people's electronic care records and risk assessments, staff recruitment files, health and safety checks and the electronic medicines administration system.

After the inspection

We spoke with seven relatives on the telephone and asked them about their experience of the care provided. We also spoke with three care staff. We requested additional information and documents from the manager.

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made. The provider was therefore still in breach of this regulation.

- The new electronic system for managing medicines was not managed properly. The system did not demonstrate all medicines were accounted for or they had been administered as prescribed.
- People missed some doses of their prescribed medicines because there was no stock available in the home for them.
- People were not always given their medicines at the correct times. Manufacturers' guidelines for the safe administration of medicines were not always followed.
- Records were not available to demonstrate that creams were applied properly.
- Written guidance was not always in place when people were prescribed medicines to be given 'as required'. This meant staff did not always have the information readily available to tell them when someone may need that medicine.
- Allergy status was not always recorded on the eMAR (electronic medicines administration records) so people were at risk of being given medicine they were allergic to.
- People who were insulin dependent diabetics did not have information recorded to guide staff to recognise and treat an episode of hypoglycaemia (low blood sugar levels).
- Staff failed to make accurate records about the use of thickeners, which were prescribed to ensure people with swallowing difficulties were not at risk of choking.
- Stock of controlled drugs were not regularly checked to ensure they were accounted for.

This demonstrated an ongoing breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the manager took prompt action to address the issues we had identified. We will review how this action has been implemented and sustained at our next inspection.

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

- Risks to people's health and well-being had been assessed and plans to help staff minimise identified risks were in place.
- Safety certificates were in place and up to date for fire equipment, the gas and electricity supply, hoists and the lift. Equipment safety checks had been completed regularly.
- Information about accidents, incidents and complaints was documented, analysed and responded to appropriately.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Staffing and recruitment

- Staff were recruited safely. Pre employment checks were carried out to protect people from the risk of unsuitable staff working for the service.
- Staffing levels were appropriate for the number of people using the service.
- The service had experienced some difficulties with staffing levels over some months during the pandemic and had relied heavily on agency staff. However, this situation had now resolved and there was a more stable and consistent work force. One care assistant said, "We are a good team now." A relative commented to us, "There has been a high turnover of staff this year, but it has now started to settle down and things are levelling out with less agency staff being used."

Systems and processes to safeguard people from the risk of abuse

- Relatives were happy with the way staff cared for their loved ones. Comments included, "My [relative] has lived here for seven and a half years and I feel that she is safe. Over the time they've lived here, I've never seen any unsafe practice. It's a comfortable and safe environment"; "I phone my [relative] every day and know that he's very happy living there. He has also mentioned that he's so pleased about how he is treated with respect there too" and "My [relative] is treated well. I know two girls who work there, and I could see through the window on my visits the carers treated her well and with respect."
- Staff had received training in safeguarding and were aware of the process for raising any safeguarding concerns.

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure all staff were up to date with mandatory training. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made. The provider was therefore still in breach of this regulation.

- We reviewed the staff training spreadsheet and found some staff had not yet completed some training. Whilst training in record keeping was not mandatory, only 30% of staff had completed this training. Due to an outbreak of Covid-19, this delayed further staff undertaking this training.
- Staff had not received any training on diabetes awareness, despite there being people who used the service who were insulin-dependent diabetics.
- Some staff had not completed training in pressure sore care awareness.
- Training in the new electronic medicines system had not been adequate.
- Staff supervision meetings had not been held consistently throughout the year.

This demonstrated an ongoing breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager explained training and supervision had been adversely affected by the COVID-19 pandemic. Following our inspection, we have received evidence that staff have completed their training.
- The provider has reviewed their supervision policy so that supervision meetings will be held bi-monthly during 2021. We will review this at our next inspection.

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

- The home had recently completed an extensive refurbishment.
- Improvements had been made to the corridors and communal areas and these now provided attractive and comfortable spaces for people to relax in.
- There was on-going work to landscape the garden and build a 'visiting pod' to enable relatives to visit safely during the coronavirus pandemic.

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

- Relatives were happy with the quality of food. They told us during the pandemic when they had been unable to visit, they had seen pictures of the meals on social media. One person said, "My dad is very happy with the meals and the food quality looks lovely now. There is a new chef and the food looks almost of gourmet restaurant quality at times."
- We observed lunch and saw people were served nicely-presented, appetising meals. Tables were attractively laid. Extra drinks were available in the lounge for people to help themselves to if they wished.
- People's nutritional support needs had been assessed and were routinely monitored. If people had lost weight, they had been appropriately referred to a dietician for advice.
- Pictorial menus displayed the food on offer for the day.

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

- The care people needed from staff was captured as part of the assessment process. People had electronic care plans which described the support they required. Staff accessed these through mobile devices.

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 by external healthcare professionals to maintain their health and wellbeing. Care records showed advice was sought from professionals such as district nurses, GP, dieticians and speech and language therapists.

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.

- People were encouraged to make decisions about their care and support,
- Staff gained people's consent before providing care and support.
- DoLS applications had been submitted to the local authority as required where people were assessed as lacking capacity regarding their care and support.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

At our last inspection the provider had failed to ensure there was effective oversight of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made. The provider was therefore still in breach of this regulation.

- We identified continued problems with the management of the home throughout 2020, as several managers had been employed and then left the service. However, the area manager had provided oversight of the service and kept the CQC regularly informed of changes at the home and the problems the home had faced during the COVID-19 pandemic.
- At our last inspection we found shortfalls with the management of medicines, staff training and governance of the service. At this inspection we have again found concerns in these areas. Actions needed to make the necessary improvements had not been fully implemented or maintained.
- The home has been inspected by the CQC on four occasions prior to this inspection and has been repeatedly rated as requires improvement. There have been repeated breaches of regulations.

This demonstrated an ongoing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the time of our inspection the service had a new manager who had only recently been employed at the home. They had submitted an application to the CQC to become the registered manager. We found they had started to implement changes at the service, and this was beginning to have a positive impact on the home.
- Relatives and staff spoke positively about the new manager. Comments from relatives included, "I feel that the new manager is turning things around and the standard of care is much better now"; "I feel the manager is leading well and staff teams seem to be working more effectively now" and "(The manager) has raised my confidence in the home. I believe that staff are pulling together now."
- Comments from staff included, "Everyone has a lot of respect for (the manager). She's approachable, she

understands" and "I like the new manager. She has really supported me."

- The manager was receptive to feedback during the inspection and promptly actioned some improvements that were needed.
- Following our inspection we were informed the manager had left the service and oversight of the home was being carried out by the area manager.

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; Working in partnership with others

- Relatives spoke positively about the support and care given to their loved ones.
- Relatives were generally happy with the way the service communicated with them. They told us communication had been maintained through phone calls, email, WhatsApp and social media, during the pandemic. Comments included, "We're always able to get information when we need it"; "The home rang me straightaway when they noticed a decline in her health" and "They will ring me if the nurse, or GP, has called. Otherwise, I call in every day and have a good rapport with all the staff."
- Staff meetings were held regularly, with minutes and actions needed recorded.

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 provider and manager understood the requirements and their responsibilities under the duty of candour.