

Pine View Care Homes Ltd

Royal Manor Nursing Home

Inspection report

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Derby
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Royal Manor Nursing provides accommodation, nursing and personal care for up to 31 older people, some of whom were living with dementia. There were 28 people living at the service at the time of the inspection..

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

Based on our review of the Safe and Well Led key questions the quality assurance monitoring systems in place were not effective in maintaining and improving the quality of care provided to people. Staff received safeguarding training; however, their understating of safeguarding procedures was not comprehensive.

Risk in relation to people receiving support had been assessed but risk management plans lacked detail. There was limited evidence that the nurses employed had received clinical training updates. We found the provider's oversight of clinical training for most nursing staff was not in place. Incidents and accidents were not always clearly recorded and audited. There was no analysis to enable the manager to look for patterns and trends.

People received their medicines as prescribed, but we identified that improvements were needed regarding the storage of some medicines. This had been addressed by day two of the inspection.

Sufficient staff were deployed, and appropriate recruitment checks were carried out to ensure they were suitable to support people who used the service. Overall, staff were caring in their approach and people told us they liked the staff. However, we observed the language used to describe people's needs was not always respectful or professional.

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

Rating at last inspection and update

The last rating for this service was good (published 20 August 2021).

Why we inspected

We received concerns in relation to infection control, people's nursing needs and provider oversight of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating. The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

At the start of the inspection the provider was in the process of selling the service. A new provider is now in place and has confirmed they will work with us and other stakeholders to make the required improvements needed.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Royal Manor on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service. We will work with the local authority and new provider to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Royal Manor Nursing 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 Health and Social Care Act 2008.

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

This inspection was carried out over two days. Three inspectors were present on each day.

Royal Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Royal Manor is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on day one and arrangements were made with the provider after day one, to return and review additional documents.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with seven people who used the service. We spoke with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke to six members of staff including nurses, senior care staff and care staff.

We reviewed a range of records. This included relevant parts of 15 people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervision. We checked the pin numbers of all nurses to check their registration was up to date and any conditions were being followed. A variety of records relating to the management of the service, including staff training records and audits were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to Requires Improvement. 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.

Systems and processes to safeguard people from the risk of abuse

- The provider notified us and the local authority about safeguarding incidents. Most incidents that occurred were between people using the service.
- Care records outlined clear ideas and interventions about people when they demonstrated anxious or aggressive behaviours. However, there was no guidance for staff on how to reduce or deescalate incidents by intervening prior to these occurring.
- One person did not like people to get too close. There was no guidance for staff on how to manage this, to protect other people using the service and visitors to try and prevent an incident from occurring. This demonstrated there was a reactive rather than proactive approach in keeping people safe.
- Some bedroom doors did not close fully into the doorframe recess. The registered manager told us this had been identified by Derbyshire Fire and Rescue Service when they completed an inspection on the 4 February 2022. The registered manager told us that the maintenance person would be completing the necessary repairs.

Assessing risk, safety monitoring and management;

- The local authority and Clinical Commissioning Group (CCG) had raised several concerns regarding people's safety and their health care needs not being met. One concern was regarding nurses understanding how to assemble and use suction equipment. This had resulted in a cut to the inside of a person's mouth.
- There was limited evidence of clinical training undertaken by nurses in recent years. Although the pandemic has impacted on face to face training, we were aware that training has been made available to staff working in Derby through mobile resources and online training.
- Some people's risk assessments lacked analysis to determine an accurate level of risk and did not provide sufficient detail. For example, a risk assessment for a person's catheter highlighted the risks associated with catheter care but did not provide any guidance to staff about how to reduce the impact of those risks. This resulted in a person becoming unwell and being admitted to hospital.
- Risks to people were not always managed safely. One person's risk assessment stated they should be in 'line of sight' to ensure their safety. This did not always happen, and records evidenced gaps in recording these checks. We saw this person reached the top of the stairs before a staff member saw them and escorted them back down. Therefore, the risk assessment was not effective in keeping this person safe.
- The registered manager told us that falls audits were in place. When we looked at these, they provided more of a checklist to ensure all the correct documentation had been completed and relevant people informed. There was no evidence that falls were analysed to look for any patterns or trends that could be used to mitigate further risk.

Preventing and controlling infection

- We were not assured that the provider was using PPE effectively and safely. We saw that Personal Protective Equipment (PPE) stations were not always stocked sufficiently. The PPE station next to the ground floor toilets did not have any sanitiser in the dispenser and no aprons were available. We also found pedal bins on both visits where the pedal mechanism did not work. Not all toilets had a pedal bin in place.
- We observed staff not wearing PPE effectively. For example, two staff entered the home with no masks on. We saw some staff lower their masks when they were talking to each other and walking around with no mask or mask under their chin. This did not promote safe practice.
- On day one of the inspection two out of three pressure cushions checked were stained and had a strong odour of urine. We also found a mattress cover that was soiled. On day two other areas were noted to be soiled. For example, a grey curtain used to screen off a toilet area was soiled. The registered manager told us she audited mattresses and pressures cushions but told us she did not record this.
- The registered manager told us that two housekeeping staff were on duty from 8am to 3pm seven days a week. This meant there was no one from 3pm each day until 8am the next morning. Staff we spoke with confirmed they did not undertake cleaning tasks. One said, "If I see something that's dirty, I will clean it, but the general running and cleaning of the home is the housekeepers."
- On day one of the inspection one person was in isolation in their bedroom as they had tested positive for COVID-19. However, there was no sign on their bedroom door to advise others of this. The registered manager told us this wasn't needed as everyone was aware. However, this is a good practice measure to ensure people are aware and to minimise the risk of cross infection.

The provider failed to ensure they provided safe care and treatment that was risk assessed and promoted the health and safety of the service provided to people. This was a breach of Regulation 12 Safe care and treatment of the Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a lack of evidence to show all staff received safeguarding training. The training matrix given to us, did not include all care staff employed or any nursing staff or management. Some care staff we spoke with were unable to demonstrate that they fully understood safeguarding procedures, their responsibilities and actions they would take.

Visiting in care homes

At the time of the inspection on day one, the home was in a COVID-19 outbreak and had closed to non-essential visitors which met the government guidelines at that time. The registered manager advised us that no relatives had chosen to be an essential visitor. The rules regarding visiting care homes during outbreaks changed during the period that we were inspecting, and the registered manager was made aware of this. However, no visitors came into the home during the inspection.

Staffing and recruitment

- The majority of time during our inspection staff were available to people in the communal areas of the home.
- Staff told us that for most of the time there was enough staff to meet people's needs but said this was dependent on the support some people needed to manage their anxiety and behaviours. One member of staff told us, "Sometimes only one person can be challenging but when it's three people it can be hard to deal with." They told us that on a difficult day it may take longer to assist people.
- Recruitment processes were safe. Pre-employment checks were performed on staff to ensure they were suitable to work at the home. This reduced the risk of people being cared for by inappropriate staff.

Using medicines safely; Learning lessons when things go wrong

- We looked at several people's medicine records against the medicines in stock and these corresponded which showed people had received their medicines as prescribed.
- There was insufficient storage space in the clinical room for some medicines to be stored safely. This was because people had their own lockable medicine cupboards in their rooms which were not big enough to store all medicines prescribed. For example, on day one of our inspection, we found medicines used to manage epilepsy were stored on top of a filing cabinet in the clinical room. These medicines had been moved and were stored in a locked cabinet on day two of the inspection.
- We also found empty storage boxes and a box of lotions in a bedroom that was in use. We were advised by one of the nurses on shift that these were being returned to the pharmacy and had been stored in this person's room until they were collected. The person was unable to consent to this arrangement.
- The provider advised us, after the first day of inspection that these bottles were in fact not returns, but new prescribed lotions that were to be distributed to people's rooms. This does not demonstrate safe practice or respect for the person whose room was being used as a storeroom. On day two of the inspection these boxes and lotions had been removed from this person's room.
- Protocols for medicines that were taken "as required" (PRN) contained enough information to support staff to administer them correctly.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff did not always refer to people in a respectful way. For example, during the discussion about meals and areas of the home that people used, staff referred to people as "feeds" and one of the lounges was referred to as the "fallers lounge". During the handover from the early to late shift, two people living with dementia were referred to as having "child-like behaviour".
- Most staff seemed reluctant to speak with us. Staff used phrases such as 'no comment' and told us they were anxious to speak with us. Most staff told us they liked working at the home and that the teamwork was good and that the registered manager was approachable.

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

- We were not confident that the provider who was in place at the start of this inspection, understood their responsibility to investigate and provide professional feedback when concerns were raised. The provider had shared with us an email they had sent to a person who had raised concerns regarding their relative who had lived at the home. The response from the provider did not reflect they understood the need to remain impartial and investigate the concerns raised in a professional way.

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

- Since the last inspection we found governance in the service had remained ineffective in identifying shortfalls. As stated within this report improvements were needed to assess and manage risk, infection control practices, to the language staff used to describe people's support needs, to the effectiveness of audits, some of which had no written evidence to demonstrate they took place. The lack of oversight from the provider and registered manager failed to identify these issues.
- There was a lack of oversight regarding staff training, particularly nursing staff who were employed to provide nursing care to people. This involved clinical care, such as using equipment like suction machines and catheter care and catheterisation. We were aware of concerns raised by healthcare professionals regarding people's care in these areas and there had been incidents which had resulted in poor outcomes for people.

The provider failed to ensure that they had effective systems and processes in place to assess, monitor and improve the quality and safety of the service provided to people living at the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Systems were in place to gather and recorded feedback from people, relatives and staff.
- Staff told us that the registered manager was approachable. A social media staff group had been set up during the COVID-19 pandemic to send messages and keep staff updated.
- The registered manager and nurses confirmed they worked closely with other professionals to achieve the best outcomes for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12(1) RA Regulations 2014 safe care and treatment</p> <p>Risks were not always managed safely. There was a lack of oversight to ensure nurses were up to date with training and competent to provide safe care to people.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes did not always ensure quality improvement and good governance of the home.</p>