

RochCare (UK) Ltd

Royley House Care Home

Inspection report

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Date of inspection visit:
01 August 2017
02 August 2017

Date of publication:
18 September 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 1 and 2 August 2017. Our visit on 1 August 2017 was unannounced.

Royley House is situated close to the centre of Royton, Oldham. It provides care and support for up to 41 people. At the time of our inspection there were 32 people living at the home. Accommodation is provided over two floors which are accessible by a passenger lift. Each floor has its own lounge and dining room and there is a large garden to the rear of the property. Some of the bedrooms have en-suite facilities.

We last inspected Royley House in October 2016. At that inspection we rated the service 'Requires Improvement' overall, with the 'Well-led' domain being rated 'Inadequate'. At that inspection we identified three regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. These were in relation to infection prevention and control, medicines management, staff training and poor governance. We issued warning notices in respect of the three regulatory breaches. Following the inspection the provider sent us an action plan detailing how the identified breaches would be addressed. This inspection was to check improvements had been made and to review the ratings.

At this inspection we found improvements had been made. However, we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to staff supervision. You can see what action we asked the provider to take at the back of the full version of this report.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood safeguarding procedures and what action they should take to protect vulnerable people in their care. Recruitment checks had been carried out on all staff to ensure they were suitable to work in a care setting with vulnerable people. At the time of our inspection there were sufficient staff to respond to the needs of people promptly.

Medicines were stored safely and were administered by staff who had received appropriate training and been assessed as competent to safely administer medicines.

The home was clean and free from any unpleasant odours. The dining rooms and some of the bedrooms had recently been redecorated to a high standard and there was an on-going programme of redecoration. Procedures were in place to prevent and control the spread of infection.

Environmental checks of the home, such as for the gas and electricity supply were up-to-date. However, tests of the fire alarm and water temperature had not been carried out as frequently as they should have been. The registered manager has taken steps to rectify this since our inspection.

Staff had undertaken a variety of training to ensure they had the skills and knowledge required for their roles. All new staff received a comprehensive induction.

Staff supervision was not carried out in line with the supervision policy. Some staff had not received any supervision during 2017.

Staff encouraged people to make choices where they were able to and sought consent before undertaking care. The service was working within the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. People we spoke with were happy with the quality of food provided.

Everyone we spoke with was complimentary about the staff and we observed staff to be kind and patient with people they supported. Care plans, which were reviewed regularly, were detailed and reflected the needs of each individual.

An activities coordinator encouraged people to participate in a wide range of activities.

There were a range of policies available for staff to refer to for guidance on best practice. There were quality assurance processes in place to monitor the quality of the service and ensure it was maintained and improved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

We found there were sufficient numbers of staff to meet the needs of the people who used the service. Arrangements were in place to safeguard people from abuse and harm.

Recruitment processes were robust and protected people who used the service from the risk of unsuitable staff.

The service had arrangements in place to manage medicines safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff had received training in a variety of subjects which enabled them to carry out their roles effectively. However, some staff had not received supervision.

Staff worked within the principles of the Mental Capacity Act (2005). Deprivation of Liberty Safeguards (DoLS) were, where appropriate, in place.

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met.

Is the service caring?

Good ●

The service was caring.

People were complimentary about the staff. We saw kind and caring interactions between staff and people who used the service.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans were detailed and were reviewed regularly to ensure they were kept up-to-date.

The service had a system in place for receiving, handling and responding to complaints.

A range of activities were available for people to participate in.

Is the service well-led?

The service was not consistently well-led.

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

There were a range of audits in place to monitor the quality of care and service provision at the home.

The service had made considerable improvements since our last inspection. However, at this inspection we found that staff did not receive regular supervision.

Requires Improvement 

Royley House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which took place on the 1 and 2 August 2017. The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using this type of service or caring for someone who uses this type of care service.

Prior to the inspection we reviewed information we held about the service, including the notifications the CQC had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send to us within a required timescale. We also sought feedback from the local authority and Oldham Healthwatch and asked them if they had any concerns about the service, which they did not.

During our visit we spoke with the registered manager, the area manager, one visiting healthcare professional, three members of the care team, the activities coordinator, nine people who used the service and one relative.

As part of the inspection we reviewed three people's care records, which included their care plans and risk assessments. We also reviewed other information about the service, including records of training and supervision, medicines records, three staff personnel files and audits.

Is the service safe?

Our findings

All the people we spoke to said either they felt safe or they felt their relatives were safe at Royley House. A relative said "(name) has been here before and wanted to come back here; the staff know her well". They also said 'I like it that the staff are still here; there's continuity'. One person who used the service said "I feel safe and looked after".

During our inspection in October 2016 we identified concerns around poor infection control practices and unsafe medicines management. These demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that these concerns had been rectified and the requirements of the regulation were being met.

At our last inspection in October 2016 we identified concerns around the prevention and control of infection. Posters detailing the correct handwashing procedure were tucked behind mirrors and were therefore not visible. Two pedal bins were broken and two rooms had swing bins rather than pedal bins, which meant staff risked contaminating their hands when disposing of soiled items. At this inspection we found the prevention and control of infection had improved.

Toilets and bathrooms had adequate supplies of liquid soap and paper towels and displayed handwashing posters. Pedal bins were found in all toilets and bathrooms. Staff used the appropriate personal protective equipment (PPE), including disposable gloves and aprons when carrying out personal care and handling food. For example, we saw a senior carer instil eye drops during the medicines round: they put on disposable gloves for the procedure. A notice on the kitchen door reminded staff not to enter the kitchen without wearing a protective apron. Since our last inspection all staff had been assessed to ensure they were using the correct method for hand washing. The registered manager planned to undertake this annually. Alcohol hand gel was available at the entrance door for visitors to de-contaminate their hands. In the downstairs shower room there were a number of toiletries and bottles of cream belonging to residents left on the window sills. All toiletries and creams should be stored in people's rooms to ensure they are not accessible. We asked for these to be removed immediately, which they were.

We looked at how the home managed medicines. During our inspection in October 2016 we identified a number of concerns around medicines management. At this inspection we found that these concerns had been rectified. We checked the medicines administration records (MARS). At our last inspection some MARS did not have allergies recorded, which increased the risk of medicines being given to someone with an allergy. At this inspection all MARS we checked had allergies recorded correctly. At our last inspection we found that the service was unaware of the guidance on the safe storage of fluid thickening powder and we saw thickeners left unattended in the dining room. Fluid thickening powder should be stored securely out of the reach of people who use the service to minimise the risk of it being accidentally swallowed and causing choking. At this inspection we found that all fluid thickeners were stored safely. At our last inspection we found the system for recording topical medicines, such as creams, was confusing and it was not always clear that people had received their creams as prescribed. At this inspection we saw that there was a clear system

in place. Temperatures of the medicines fridge and the treatment room which housed the medicines trolleys and medicines cupboards were recorded daily to ensure medicines were stored at the correct temperature to maintain their efficacy.

We observed a lunchtime medicines round. The senior carer who was administering the medicines wore a 'do not disturb' tabard to help minimise the risk of interruptions which might lead to a drug error. Where people required pain killers we saw that the senior carer checked the timing of the previous dose, to ensure that an appropriate length of time had passed and it was safe to give another dose. These procedures helped to ensure medicines administration was carried out safely.

We looked round all areas of the home to check on the maintenance and cleanliness of the building. We saw that environment was clean and free from unpleasant odours. One person told us "I have a very comfortable room it's always clean". Since our last inspection both dining rooms had been redecorated to a high standard and new furniture and fittings purchased. The upstairs dining room had been fitted with a small kitchen area to enhance the dining experience. However, both the upstairs and downstairs corridors were in need of re-decoration, as paintwork was chipped and in some areas wallpaper was peeling off. The corridor carpets were very worn and stained and in some areas were secured with masking tape. The registered manager told us there was an on-going redecoration programme for the home.

We inspected the kitchen which we found to be clean and tidy. All kitchen cleaning schedules were complete. Food was stored appropriately and the fridge and freezer temperatures were checked daily. These procedures helped to minimise the risk of food contamination. The kitchen had achieved the highest rating of five stars at the last environmental health inspection in March 2016, which meant food ordering, storage, preparation and serving were safe.

We looked at the on-site laundry which looked clean and well-organised. Hand-washing facilities and disposable gloves and aprons were in place to ensure staff were protected when handling soiled or contaminated items.

Staff had received recent training in safeguarding adults and the home had an up-to-date safeguarding policy. Staff we spoke with were able to explain how they ensured people were safe and tell us how they would respond if they suspected a person who used the service was at risk of harm. We saw records which showed that the registered manager reported all safeguarding incidents to the local authority on a monthly basis and carried out their own internal investigations. The CQC had also been notified of safeguarding incidents where appropriate. Information about safeguarding procedures was displayed in the entrance hall.

To check on the recruitment process we reviewed three staff personnel files which were well organised. They contained application forms, interview questions and all the required pre-employment checks. These included two references checks and confirmation of identification. Staff had Disclosure and Barring (DBS) criminal record checks in place. These help the provider to make an informed decision about the person's suitability to work with vulnerable people, as they identify if a person has had any criminal convictions or cautions.

People we spoke with felt there were enough staff to support them. One person said "There are always plenty of staff around" and another told us "They are there for me quickly if I buzz them in the night". They went on to say "I choose to spend most of my time in room, but that's not a problem for the carers they pop into see me". In addition to the registered manager there were two senior care workers and four care workers on duty during the day and one senior carer and two carers during the night. During the inspection

we observed staff were able to respond to people's needs in a timely fashion. During lunch there were sufficient staff to help people who needed assistance with eating and people were served their food promptly. We observed staff using slings and specialist lifting equipment to move people. They never had to wait either for the equipment or staff to help them. During our inspection we found there to be sufficient staff to meet people's needs.

We looked at how the service managed risks to people's health. We found a number of risk assessments in place, such as risk of falls, poor nutrition and risk of pressure sores. Where a risk had been identified there was a corresponding care plan which showed ways in which staff could work to minimize the risk.

People who used the service had a personal evacuation escape plan (PEEP) which explained how they would be evacuated from the building in the event of an emergency and contained information about their mobility and any communication problems. PEEPs were stored in a cupboard by the entrance door, where they were easily accessible to staff and the emergency services.

There were systems in place to protect staff and people who used the service from the risk of fire. There was an up-to-date fire risk assessment which had been carried out in May 2017. During our inspection we saw that the fire exits were all clear and there had been a recent fire drill in July 2017. We found however, that the fire alarm system had been tested twice a month rather than weekly. We brought this to the attention of the registered manager, who ensured us this would be carried out weekly by herself in future.

All annual checks and servicing of equipment, such as for the gas, electricity and passenger lift were up-to-date. However, monthly checks on the water temperature had not been completed since April 2017. The registered manager told us this was because they were normally carried out by a maintenance person, who had recently retired. Attempts to recruit someone to this post had not been successful. We asked the registered manager to ensure the water temperatures were checked monthly. These checks ensure water used for showering and bathing is not too hot and therefore a potential risk to people. We found that the weighing scales used for weighing people who lived at the home were serviced to ensure they were giving an accurate reading. The registered manager told us they would arrange for this to be carried out annually.

Is the service effective?

Our findings

All new staff received a comprehensive induction. We viewed the induction booklet for a newly appointed carer and saw that it had been completed fully. Topics covered during the induction included communication, confidentiality, safeguarding, complaints, privacy and dignity, infection control, and health and safety. Having completed their initial induction, new staff commenced a six month probationary period. Training in the induction and probationary period ensured new staff had the skills to care for people safely.

The registered manager provided us with a training matrix which showed that the majority of staff had undergone recent training in a range of areas, including moving and handling, health and safety, infection control, first aid, fire safety, food hygiene and safeguarding. Training was predominantly provided through the use of workbooks, which staff completed to demonstrate their knowledge in a particular area. Where staff were unable to answer questions, help and support were provided by the registered manager and area manager. Practical training in moving and handling had also been undertaken. This ensured staff knew the correct procedure for moving people safely using moving equipment, such as a hoist and sling. During our inspection we observed a person being moved in a portable hoist and sling. This was done correctly and safely by two members of staff.

At our last inspection in October 2016 the registered manager was unable to provide us with detailed information about the training staff had undertaken, which made it impossible for us to ascertain if training was up-to-date. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the registered manager had oversight of staff training. This meant they were not in breach of this Regulation in relation to staff training. However, we found that they were in breach of this Regulation in relation to staff supervision.

The provider's policy on staff supervision states that staff should receive supervision every 12 weeks. The registered manager told us that staff supervision was undertaken by herself and the deputy manager. Supervision is important as it provides an opportunity for staff to review their performance and identify any support they need. We checked the supervision plan and found that 9 out of 38 staff had not yet received any supervision during 2017. The majority of the remaining staff had only received one supervision during 2017. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager carried out a yearly staff appraisal. An appraisal gives the registered manager an opportunity to discuss progress over the preceding months and consider areas of strength, areas of improvement and opportunities for development. We looked at the staff appraisal records and saw that they included discussions about attendance, communication, skills, personal strengths and qualities, teamwork and objectives for the year ahead. Twelve staff had received their annual appraisal at the time of our inspection.

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 the mental capacity to take particular decision, any made on their behalf must be in their own interests and as least restrictive as possible. During our inspection we saw that staff sought peoples' consent before undertaking any care or support task and always explained to residents what they were about to do.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection there were four people living at the home with an authorised DoLS in place. A further seven applications were awaiting authorisation from the Local Authority. The registered manager kept a record of the expiry dates for all authorised DoLS to ensure new applications were submitted in time.

Following our last inspection in October 2016 we made a recommendation that the provider looked at ways in which it could develop a 'dementia friendly' environment in the home. At this inspection we found that the provider was taking steps to implement our recommendation. For example, both dining rooms had been redecorated using bright colours. Department of Health guidance found in the report 'Dementia-friendly health and social care environments' describes the importance of using bold, bright colours to enable people with dementia, and sight problems, to identify different rooms and key features. The registered manager and area manager had recently completed an 'environmental assessment tool – Is your care home dementia friendly?' which is provided by The King's Fund. The tool helps organisations identify areas of their environment which need improving in order to be more appropriate for people living with dementia. Following the audit they had produced an action plan and were in the process of implementing some of the identified actions. The plan to make the home more 'dementia friendly' was an ongoing process.

People we spoke with were happy with the quality of food. One person said "I have plenty to eat" and another said "The food always looks and tastes nice." One relative told us " (name) feels they are eating too much, but that's good as they didn't eat at home". We observed lunch in both dining rooms. Residents were moved into the rooms in an unhurried manner and made comfortable. There was a pleasant, relaxed atmosphere with sufficient staff to support those people who needed assistance with eating. Staff were attentive to residents' needs, offering to cut food up where this was needed. One person used an adapted plate to help them eat independently. A few people required one to one help which was provided. We heard staff say "Do you want me to cut up your food?" and "Can you manage?"

The dining tables were laid out with mats, condiments and sauces. In the downstairs dining room there were attractive table decorations which had been made by a senior carer. These helped to make the place look welcoming. There was a good choice of meals and the food looked hot and plentiful. Staff asked people if they would like a second helping and encouraged those with a small appetite to eat.

A discussion with the chef showed they were knowledgeable about any special diets that people required and were aware of how to fortify foods by the addition of butter and whole milk or cream in order to improve a person's calorific intake.

People were weighed every week and had their MUST score recorded monthly. The Malnutrition Universal Screening Tool, or MUST is a screening tool to identify adults who are malnourished, at risk of malnutrition (undernutrition), or obese. Where people had been identified as being at risk due to unexplained weight loss, a referral had been made to a dietician or the person's GP.

People had good access to healthcare professionals, such as GPs and district nurses. We spoke with a

visiting district nurse who told us that people in need of district nursing care were referred promptly to the service. They told us that there had been an issue several months ago when a specific task they requested to be done regularly was occasionally forgotten. In response, they had introduced a 'communication book' which enabled them to record all communications between themselves and the care team. We were told this had improved the situation.

The home had a large garden containing lawned areas, shrubs, a gazebo and garden furniture, which was accessible through patio doors. However, at the time of our inspection we found the garden to be in need of improvement, as there were several areas where old and broken furniture and other items had been discarded. This made the environment unsightly for people who wished to spend time outside.

Is the service caring?

Our findings

Throughout the course of our inspection we observed staff being kind, patient and respectful to people who used the service. People made complimentary comments such as: "The staff are nice and caring", "They are very caring and would do anything for me" and "They are kind".

We observed people to be dressed appropriately and well presented. One person said "They help me in the shower, but are very respectful of my privacy." We saw that staff treated people with dignity and respect. For example, we observed staff using the specialist equipment to move people. This can be an undignified manoeuvre. During the procedure they were kind and gentle, always talking through what they were doing, at the same time adjusting people's clothing to make sure their dignity was maintained. One carer told us "I treat everyone as I treat my own".

One person we spoke with commented "I don't like it when they give me medicines during meal times. They also sometimes put eye drops in whilst I'm eating which I don't like. It should be done more privately and disturbs my meal". We brought this to the attention of the registered manager who told us they would look into providing the eye drops at a later time.

We saw that staff displayed a genuine wish to care for the people who lived at Royley House. One carer told us "I love to make a difference, to know I'm helping people." And another said "I love the job. I never want to leave". We observed staff making caring gestures towards people, such as offering warm blankets and helping people to put their feet up on footstools to make them more comfortable. Another carer said "I love my job". They went on to tell us how during a recent period off work due to an accident they had come into the home to talk to people who lived there, even though they were unable to carry out any physical tasks.

We saw many caring interactions between staff and people living at the home. For example we saw a carer comforting a person who was upset. The person appreciated the staff member being with her. Another carer spent time walking around the home with a person who was restless, due to their medical condition. We saw staff spending time talking to people and holding their hands if they were unresponsive. The staff knew the residents well. One said "You like milky coffee don't you, is that OK?"

We saw that staff encouraged people to be independent if they were able. For example we observed a carer helping a lady to move with her frame. She encouraged her and let her do it herself slowly, but was at her side in case she needed help. She encouraged independence but also made sure she was safe.

During our inspection in October 2016 we saw that people's confidentiality was not always respected as some confidential documents were kept in the entrance hall. The documents included information about people's medical conditions and doctors' letters and were accessible to people who used the service and visitors, as they were not locked away. At this inspection we found that all confidential information was securely stored.

Staff had an understanding of the needs of people approaching the end of life. The majority of staff had

received recent training in this area and the home had completed the 'Six steps to success – Northwest end of life care programme for care homes' during 2014. Several staff regularly attended meetings which were part of the follow-up support offered following completion of the Six Steps programme. People's end of life wishes were documented in their care plan and reviewed regularly.

Is the service responsive?

Our findings

A health care professional told us "I would recommend this home because of its good atmosphere" and a person living at the home said "Its smashing. I wouldn't go anywhere else". Prior to moving to Royley House a pre-admission assessment was carried out by the registered manager. One person told us "the manageress came to see me in hospital and liased with me and my family about my move here. It was manged very well."

The service used the electronic care documentation system 'Caredocs' to record and store information about people living at the home. This is a computer-based care planning and home management system for residential and nursing homes. Each person who used the service had their own electronic file which contained their assessment, care plans, risk assessments, weight charts, food records and a range of other information about their health and well-being.

We looked at three electronic care records and found the information to be detailed and comprehensive. Information gathered during the assessment had been used to develop the care plans, which we found to be 'person-centred'. They contained personal information such as details about the person's social and work history, family life and likes and dislikes. For example, we saw one care plan which said "Prefers to wear trousers, t-shirts and cardigan. Does not feel comfortable in dresses and skirts". Gender preference for carers was recorded in the assessment document. Care files we looked at had been reviewed every month to ensure the information was up-to-date. Daily care records were written by the carers, who had access to the electronic system through two computer terminals, which were password protected.

During our inspection we saw that staff responded to people's needs. For example, we overheard a carer saying to a person "Do you want a fleece on (name)?" and another carer said "You get to know their ways".

The service employed an activities coordinator who worked four days a week. She told us she did some organised activities such as bingo, but found that most people liked to do individual things, such as 'colouring in' or in a small group, such as dominoes. Through talking to people and their relatives she found out what people liked to do. She told us she liked to be flexible to meet their individual needs. During our inspection we observed her going round speaking to the residents and singing with some. It was obvious from her interaction with people that she knew them well. One person told us "I like the activities lady she cheers me up". Planned activities included singalongs, quizzes and a summer fair. The activities coordinator regularly walked someone to a pub so they could meet up with friends and one person told us "I have been to the park for a lovely afternoon out with the manageress". During our inspection we saw that all the residents had an ice lolly whilst watching a film in the afternoon.

We looked at how the service managed complaints. All complaints received were logged. This included recording the name of the complainant, the nature of the complaint and what action had been taken. We reviewed the information around a recent complaint about staff serving food without wearing disposable gloves and saw that the registered manager had taken appropriate action, including reminding staff to wear the required PPE during mealtimes. During our inspection we saw that all staff wore gloves while handling

food. One relative told us "I know the manager and feel I can ask her about any concerns, but I've never had any reason to complain."

Is the service well-led?

Our findings

The service had a registered manager who had registered with the Care Quality Commission (CQC) in October 2010. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was assisted in the running of the home by a deputy manager. Since our last inspection the registered manager had worked closely with the area manager for Rochcare.

Throughout our inspection the registered manager was visible within the home, interacting with people and their relatives and providing support to staff when needed. People who used the service who we spoke with told us they knew who the registered manager was and saw her often. One visiting health care professional said "It seems a well-managed home. I see the manageress about when I'm here. I know who she is and can always talk to her." One carer said "We've got a good manager here." The registered manager was helpful and cooperative during the inspection and responded positively to comments we made during our two days at the home. During our inspection we observed staff working and communicating well together. One senior carer told us "There's a lot of team work here. Staff help out between floors if we are busy".

At our last inspection in October 2016 we rated this section of the report as 'Inadequate'. This was because the registered manager did not have over sight of the day-to-day running of the home and lacked leadership. At that inspection we found that governance systems were limited and along with the other concerns we identified around infection control, poor training records and medicines management we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

At this inspection we found improvements had been made and the service was no longer in breach of this regulation. We did however find there to be a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to staff supervision. We have discussed this in the 'effective' section of this report.

At our last inspection in October 2016 we found that the registered manager was not carrying out regular checks in a number of areas. For example, we found that the cleaning schedules had not been completed fully and this had not been identified by the registered manager. At this inspection we found that this had been rectified and all the cleaning schedules were up-to-date. At our last inspection we found that quality assurance checks to ensure the home's glucometer was functioning correctly and producing accurate readings had lapsed. A glucometer is a medical device for measuring the concentration of glucose in the blood and is used in the care of people with diabetes. At this inspection we found that this check was now being carried out monthly to ensure the machine was functioning correctly.

Since our last inspection the registered manager and area manager had improved the processes in place to monitor the quality of the service and there were now a number of monthly audits on all aspects of the running of the home. These included, medication, care plans, complaints and health and safety. In addition,

the area manager carried out their own monthly 'observational compliance' audit, which included looking at the environment and maintenance of the building. Where it was identified that remedial action was required, plans had been put into place to rectify the issue. For example, during a recent audit it had been identified that a glass-topped cabinet in the reception area did not have a risk assessment and there was concern that the glass was not safety glass. We saw that there was an action to replace the furniture and a realistic timetable for completion.

As mentioned in the 'effective' section of this report the provider had recently carried out a dementia environmental assessment in order to look at ways at making the home more 'dementia-friendly'. This showed they were pro-active in encouraging change and innovation in order to improve the conditions and experience for people living at Royley House.

We asked the registered manager if all staff were competent at using the electronic documentation system. She told us that the majority of staff did not have any difficulties using it. She had recently asked staff to complete a questionnaire regarding their ability to use the system and as a consequence had arranged further training to ensure everyone was fully competent.

All accidents and incidents were recorded and investigated. The registered manager carried out a monthly analysis of all accidents and incidents in order to establish if there were any particular trends. We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed of had been notified to us by the registered manager. This meant we were able to check that the appropriate action had been taken by management to ensure people were kept safe.

Staff meetings were held every few months. We looked at the minutes of the two most recent meetings and saw that a range of topics were discussed. These included privacy and dignity, training and infection control. The registered manager told us they were trying to find ways to make residents/families meetings more informal to increase attendance and was in the process of advertising a 'coffee and a chat' session.

From 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. During this inspection we saw that the rating from our last inspection was displayed in the entrance hall.

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	Regulation 18 HSCA RA Regulations 2014 Staffing Staff supervision was not carried out in line with the supervision policy. Some staff had not received any supervision during 2017.