

Curo Blackpool Limited

Royal Care Home

Inspection report

16-18 York Road
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Lancashire
FY8 1HP

Tel: 01253726196

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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

The Royal Care Home is a residential care home providing personal care to 21 people aged 65 and over at the time of the inspection. The service can support up to 27 people who may be living with dementia.

The care home is a two storey building with a stair lift to the first floor. There are two lounges and a dining room for people to enjoy.

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

People's care records were not always accurate and contain the most recent information about them. Audit systems had not identified areas of improvement required. People were not consistently supported by staff who received adequate leadership.

Areas of the home required cleaning and additional equipment to minimise the risk and spread of infection. We have made a recommendation about the management of infection prevention and control.

People were supported by staff who had been recruited safely to help ensure they were able to support people who may be vulnerable. People were helped by sufficient numbers of staff who knew them well.

Risk assessments were carried out in order to identify risks to people and staff knew the action to take to minimise risk.

Staff knew how to report concerns and told us they would act to protect people if they were at risk of harm. People received their medicines safely.

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 good (published 23 July 2019).

Why we inspected

We received concerns in relation to the management of medicines, moving and handling, leadership and staffing. As a result, we carried out a focussed inspection to review the key questions of safe and well-led only. We have found evidence that the provider needs to make improvements.

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 coronavirus and other infection outbreaks effectively.

The registered manager and provider responded swiftly to our concerns and took action to minimise risk

and improve the service.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

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

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. We will continue to monitor the service. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to record keeping and good governance at this inspection. We found no evidence during this inspection that people were at risk of harm from this concern.

Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Royal Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this focussed 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.

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 two inspectors.

Service and service type

The Royal Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives. We also spoke with a director of the service, the registered manager and staff who delivered direct care. In addition, we spoke with the cook and the housekeeper.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with staff, looked at records and had a meeting by telephone with the registered manager. We also spoke with two relatives by phone.



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 now deteriorated 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.

Assessing risk, safety monitoring and management

- Staff assessed risks to people and actions to minimise risk were sometimes documented. However, care records did not always reflect accurate information relating to people. For example, in one care record another Christian name was used. This was not the name of the person the record related to. In addition, an event which had occurred at the home had not been recorded in a further person's care records.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the provider had not kept accurate and up to date records in respect of each service user and the care provided.

Following the inspection, the registered manager told us they had started to review all care documentation at the home to ensure records were complete and accurate.

Using medicines safely

- Medicines were managed safely. Person centred information was available to staff to enable people to receive their medicines in a safe way, when they needed them.
- Staff were trained in the management of medicines and their competency was checked.

Preventing and controlling infection

- The provider minimised the risk and spread of infection by providing training and personal protective equipment to staff. There were processes in place to minimise the risk and spread of infection. However, we noted the lounges and dining room required cleaning and areas of the home required redecoration to help ensure cleaning was effective. Foot operated bins were not available within the home to dispose of waste in a way that minimised the risk and spread of infection. We have referred our findings to the local infection prevention and control team.

Following the inspection, the registered manager told us they had reviewed the cleaning arrangements and additional staff were being provided to ensure the home was kept clean. Some decoration had taken place and more was being arranged. Additional equipment had been sourced and was being installed in the home to help minimise the risk and spread of infection.

We recommend the provider seeks and implements best practice guidance from a reputable source in infection prevention and control.

Staffing and recruitment

- The registered manager followed safe recruitment procedures to ensure suitable staff were employed to work with people who may be vulnerable.
- The registered manager deployed staff effectively. During the inspection, we saw people were helped quickly and people told us they did not have to wait for help from staff. Staff told us there were times when staff did not attend the home due to unplanned sickness, but the registered manager tried to cover staff shortages whenever possible.

Systems and processes to safeguard people from the risk of abuse

- Staff protected people from the risk of abuse. The provider had policies to guide staff on how to report concerns of neglect or abuse. Staff had received training in safeguarding awareness.
- People felt safe. People told us they liked staff and staff were kind to them.

Learning lessons when things go wrong

- Staff completed accident records which were reviewed by the registered manager to identify trends. The registered manager shared any lessons learned with staff to improve the safety of the service.

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

- The registered provider had not ensured an effective governance system was in place to identify shortfalls and drive improvements. For example, audits had not identified and resolved the shortfalls we had identified on inspection in relation to care records and infection prevention and control concerns.
- The registered provider had not ensured there was a positive culture at the service. The last staff survey showed positive comments from staff and an assessment by Investors in People in November 2020 recorded a positive morale and governance system. However, during the inspection staff told us they would welcome more leadership and direct working from the registered manager as there were times when team working could be improved. The majority of staff told us morale was low.
- During the inspection we learnt an event relating to a person who lived at the service had not been recorded in the person's care records. This was the second time agreed processes had not been followed in relation to the care of people who lived at the service. A previous occurrence had been investigated at the home as agreed processes had not been followed in relation to nutritional support.

The governance system was ineffective. Areas of concern on inspection had not been noted and fully addressed. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they sought to improve the culture at the service. They were aware of the challenges and were seeking to resolve them.
- A director of the service told us they were currently developing audits and checks to identify where improvements could be made and had started to introduce these at the home. These had not yet been consistently embedded into the governance system.
- The registered manager told us if concerns or accidents or incidents were brought to their attention, investigations were carried out and apologies were made if this was appropriate.

- The registered provider had not ensured notifications were made to CQC when required. We had received no information from the service regarding an event which had occurred. This was received before the inspection concluded.

We have written to the provider separately to inform them of their responsibilities to report notifiable incidents to the CQC in accordance with regulatory requirements.

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

- The registered manager sought feedback to improve the service. People and relatives completed satisfaction surveys and the registered manager responded to any comments. Staff said they had staff meetings as well as informal opportunities to seek clarity and share their views.
- Analysis of incidents and accidents showed lessons learned were considered and cascaded to staff to improve the safety and quality of the service.
- The registered manager sought to engage with external professional agencies and maintain positive relationships with them. This included working with commissioners and external health and social care professionals to help ensure people could achieve their best outcomes.

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 17 HSCA RA Regulations 2014 Good governance Care records were not always an accurate. Governance systems did not consistently identify when improvements needed to be made.