

Pine View Care Homes Ltd

# Royal Manor Nursing Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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 are living with dementia. There were 30 people living at the service at the time of the inspection. The service had various communal areas and a garden space for people to relax in.

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

Robust and effective quality assurance monitoring systems were not always in place to maintain and improve the quality of care provided to people.

The service had systems in place to obtain people's view about the care they received. Care provided was centred around people's needs and preferences.

People and their relatives told us the home was safe. Staff received safeguarding training; however, their understating of safeguarding procedures was not comprehensive.

Risk in relation to people receiving support had been assessed and management plans were in place to minimise the risk. Sufficient staff were deployed, and appropriate recruitment checks were carried out to ensure they were suitable to support people who used the service. People's medicines were managed safely. Incidents and accidents were clearly recorded, and actions were taken to learn from these and reduce the likelihood of similar events from happening in the future.

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

### Rating at last inspection

The last rating for this service was good (published 19 February 2018).

### Why we inspected

The inspection was prompted in part due to concerns received about infection control and provider oversight of the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Well Led sections of this full report.

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.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

**Good** ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# 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 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 on site on 15 July 2021 and an Expert by Experience making phone calls to the relatives on the 16 July 2021, off site. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Royal Manor Nursing 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We 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

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 four people who used the service and four relatives of people who use the service. We spoke with the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke to seven members of staff including the registered nurse, compliance manager, senior care worker, care workers, cook and domestic staff.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 now improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from avoidable harm, neglect, abuse and discrimination. The provider notified us and the local authority about safeguarding incidents.
- Safeguarding incidents were investigated, and analysis of trends were in place to identify any themes which could prevent reoccurrence.□
- Staff received safeguarding training, however, the staff we spoke with did not fully understand safeguarding procedures, their responsibilities and actions they would take, despite being trained in this area. For example, one member of staff told us there has been no safeguarding incidents in the service despite several incidents being reported by the provider. Another member of staff was not sure how to report safeguarding incidents externally. This was shared with the registered manager on the day of inspection. The registered manager said they will address the gaps in knowledge by providing additional training and supervision.
- People and the relatives we spoke with felt the home was safe. One relative told us, "The home is safe, absolutely. We're very happy with the care".

Assessing risk, safety monitoring and management

- We found hazardous substances such as COSHH chemicals were stored in unlocked rooms. This imposed a risk to people who live with dementia. We raised this with the senior carer who immediately locked the rooms.
- We recommend the provider reviews the oversight they have in place for safe storage of hazardous substances to ensure that they are always stored safely and securely.
- People had individual risk assessments in place. The risks increased due to health conditions were assessed, planned for and mitigated.
  - People who were at risk of falls, expressed distressed behaviour or had a specific health conditions, had plans in place to guide staff how to support them.
  - For example, one person expressed distressed behaviour. We saw the person had a detailed care plan about how to de-escalate their behaviour and ABC chart were completed. ABC chart is an observational tool that allows staff to record information about a particular behaviour. The aim of using an ABC chart is to better understand what the behaviour is communicating.
  - Staff knew people well and were aware of risks associated with people.
  - Personal emergency evacuation plans identifying individual risk needs were in place to help staff evacuate people in an emergency.

### Staffing and recruitment

- We saw there was enough staff to meet people's needs on the day of inspection.
- People told us they did not have to wait for staff when they needed assistance. Staff were available to people in the communal areas of the home.
- The staff told us they had enough time to support people and to read people's care plans.
- The management team reviewed people's level of needs and adjusted staffing numbers to ensure people's needs were met.
- 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

- Medicines were managed and stored securely. Records were maintained to show when and who had administered them.
- The management team made regular checks of records and staff competency to ensure any errors were noted and actioned.
- Protocols for medicines that were taken "as needed" (PRN) contained enough information to support staff to administer them correctly.

### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found shortfalls in relation to hygiene and staff did not consistently apply good infection control practices.
- Moving and handling equipment on the day of inspection was dirty and people in the lounge sat on cushions with no covers on.
- 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 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

### Learning lessons when things go wrong

- Learning from accident and incidents was in place which supported people's care. One example was ensuring there was a member of staff present at all the time in the lounge where people were at high risk falls.

# 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.

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

- Governance in the service was not always effective in identifying Infection Prevention and Control (IPC) shortfalls.
- For example, it did not identify that COSHH products were not always stored correctly and people were using cushions with no covers on.
- The provider did not have effective systems in place to ensure all staff fully understood their responsibilities in relation to hygiene and staff did not consistently apply good infection control practices.
- We saw the clean linen and towels not being stored in line with the best practise guidance. Clean linen should be stored in a clean designated room/cupboard not used for other activities. We found the linen being stored in a general storage room with other dusty equipment, such as a broken bathtub.
- Moving and handling equipment was dirty.
- The provider did not always ensure all staff understood and learnt from the completed training. For example, not all staff had comprehensive understanding of safeguarding.

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

- People, their relatives and staff spoke highly about the registered manager. One relative said, "[Registered manager's name] is very quick at dealing with any issues."
- The staff told us the registered manager was approachable. One staff told us, "[Registered manager name] is very good he treats us with respect. We feel appreciated".
- The provider gathered and recorded feedback from people, relatives and staff and demonstrated what action have been taken in response.
- Staff described communication as good and the registered manager kept them up to date with changes to policies and procedures. A social media staff group had been set up during the COVID-19 pandemic to send messages and keep staff updated. Staff said this had been an added benefit, as they had access to regular updates.

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 registered manager understood their responsibilities. Duty of candour requires providers to be open



and honest with people when things go wrong with their care, giving people support and truthful information.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives, staff and health care professionals were asked for their opinions of the service. Meetings and one to one discussion were used to gather feedback. This was analysed and followed up by the registered manager.

Continuous learning and improving care

- Throughout the COVID-19 pandemic the provider continued to adapt the policies and procedures to reduce the risk of outbreak at the home. Whilst there has been no COVID-19 outbreak at the home we made recommendations regarding further improvements needed to enhance infection prevention and control.
- The provider adjusted the indoor and outdoor area to make it a suitable environment for visits during the pandemic.

Working in partnership with others

- The provider worked closely with other professionals to achieve the best outcomes for people .
- People who had difficulties with swallowing food had appropriate referrals to the Speech and Language Therapy Team for assessment and guidance of how to support them.