

RochCare (UK) Ltd

Royley House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service

Royley House is a residential care home providing accommodation and personal care to 38 people aged 65 and over at the time of the inspection. The service can support up to 41 people. Royley House accommodates people in one adapted building over two floors; each floor has a lounge and dining room.

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

The provider had consistently failed to ensure safe and effective governance of the service. This inspection rating demonstrates a fourth consecutive overall rating of requires improvement.

Audit systems and processes had been established. However, the provider had not ensured they were robust enough to operate effectively to ensure compliance with the regulations.

Mandatory training was not up-to-date for all staff and we found gaps in staff training.

We found concerns regarding the safe management and administration of medicines.

Improvements were needed to the décor and we have made a recommendation to make the home more dementia friendly.

There were good, established working partnerships with other healthcare professionals. People received timely medical assistance where necessary.

Accidents and incidents were managed well, and action was taken to help lower future risks.

Feedback from people and their visitors told us they felt staff were caring and kind. Observations showed us people were treated with dignity and respect.

Care plans were very person-centred and reflected people's choice and preferences.

People and their families received good end of life care from compassionate and caring staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager was visible around the home. Our observations and feedback received, showed us the manager was approachable and keen to ensure people were happy living at Royley House.

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 requires improvement (8 October 2018) and we found one breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough not improvement had been made and the provider was still in breach of regulations. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

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

Enforcement

We have identified breaches in relation to the safe management of medicines, staff training and good governance of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Royley House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

The inspection was carried out by one inspector, one medicines specialist advisor and one Expert by Experience on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two was carried out by one inspector.

Service and service type

Royley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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 spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, senior care workers, care workers, the handy person, the laundry assistant and the cook.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three 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.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

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

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not always administered and managed safely.
- We conducted an audit of medicines and safe storage checks and found concerns around people not receiving their medicines as prescribed. We also found concerns with the safe storage and management of medicines.
- We observed one medicines round where people received their medicines. We found this was not always done within recommended guidelines.
- Staff who administered medicines had received training and had their competencies checked. The registered manager had also carried out audits of medicines management. However, they had not identified the concerns found during our inspection.

We found no evidence that people had been harmed; however, people had been placed at the risk of harm from the unsafe management of medicines. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during the inspection. They confirmed they had checked with people's GP and pharmacist to confirm people had not been harmed.

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

At our last inspection the provider had failed to ensure action had been taken when concerns around the water temperatures and the fire extinguishers had been found. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and we did not find concerns relating to the

health and safety of the building and equipment.

- Accidents and incidents were recorded, managed and fully analysed. We saw clear evidence of actions taken to minimise any further risks to people.
- The service had assessed the individual risks to people's health and wellbeing and each person had risk assessments in place. These risk assessments were specific to each person and included detailed information on how to safely manage these individual risks. These were reviewed and updated as people's needs changed.
- Arrangements were in place to deal with emergencies. People had personal evacuation plans in place (PEEPs) to inform staff about the support people would require in an emergency.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy and procedure in place. Most staff had received up-to-date training about how to protect people from harm and abuse.
- Staff we spoke with demonstrated a good understanding of the signs of abuse and had a good knowledge of who to inform and what action to take if they had any concerns.
- People and their relatives we spoke with told us they felt safe at the home. One person told us, "I feel very safe here and they're very quick when I use the buzzer." One relative told us, "Safety-wise no problems at all. I wouldn't leave [name] anywhere that I wasn't happy with."

Staffing and recruitment

- Safe recruitment practices had been followed to ensure that suitable staff had been employed to care for vulnerable people. Staff had the necessary safety checks in place before starting work and completed an induction.
- We reviewed staff rotas and found the assessed numbers of staff were on duty day and night. We received mixed feedback from people, their relatives and staff about whether there was enough staff around to support people. One person told us, "There's always staff available and they do work very hard. At the moment, they are understaffed but they're looking for new staff." One staff member told us, "There's not enough (staff)." Another staff member told us, "There are three staff on each floor. I think this is enough, we all work together to keep people safe."
- During the inspection we observed staff to be visible around the home supporting people. However, we noted that people's call bells sometimes took a while to be answered. This was particularly noticeable during lunchtime when staff were supporting people to eat their meals.

Preventing and controlling infection

- The home was mostly clean and tidy. We saw that staff wore appropriate personal protective equipment (PPE) to minimise the risk of infection.
- The service employed cleaners, and cleaning schedules and audits were in place. During the initial tour at the start of our inspection we found most areas clean and odour free. We checked a sample of people's bedrooms and found one person's room to be malodorous and their carpet was stained. We also found the ground-floor shower room required a deep clean. The registered manager took action to ensure the person's bedroom was cleaned and told us they would arrange a deep clean of the shower room.
- The laundry was clean and organised with hand-washing facilities and PPE available. The washing and drying machines were close together; however, the laundry assistant explained the process and how they managed this risk.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Not all staff had undergone training to ensure they had the skills to provide safe and effective care and support.
- The service had a training policy in place that identified what training staff were required to take and keep up to date. However, we found gaps in this mandatory staff training. For example, 45% of staff did not have up to date training in mental capacity and staff had not completed training in deprivation of liberty. We spoke with the registered manager and they agreed to book the outstanding training as soon as possible.
- Staff underwent an induction programme and six-month probation when they first came to work at the service.
- The registered manager told us they held regular supervisions with staff to support them in their role. Staff we spoke with confirmed they had supervision and felt they were supported by the management team.

At this inspection we found the provider had not ensured staff were up to date with mandatory training. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- During an inspection of the service in 2016 we identified the provider had not paid attention to making the home dementia friendly and we made a recommendation. This was revisited during the inspections of 2017 and 2018 and we found some improvements had been made to the environment. However, during this inspection we found the service had not implemented all their actions in order to make the home dementia friendly. For example, walls, floors, doors and handrails in corridors on the ground floor were all painted the same colour. This does not allow all people to be able to differentiate the different parts of the corridor. There was no signs or photographs on people's bedroom doors. The registered manager told us they had plans to improve the environment; however, we found no improvements had been made to corridors since 2016.

We recommend the provider consider current guidance on ensuring the home's environment is dementia friendly.

- Some parts of the building had been refurbished. For example, the first-floor areas had been decorated and carpeted to a nice standard. However, we found the ground-floor to need refurbishment or had been partly refurbished; part of the corridor had new linoleum and part was bare floor. The carpet in the lounge was threadbare and stained.
- People and their relatives we spoke with expressed some dissatisfaction with the environment and the need for refurbishment.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager was aware of their responsibility to ensure people were only deprived of their liberty where they had the appropriate safeguards in place. They had a DoLS tracker in place to keep a check on when authorisations needed to be reviewed and reapplied.
- We saw in people's care plans where a best interests meeting had been held for people who did not have the capacity to make their own decisions. The registered manager had checked to see if relatives or carers had the legal safeguards in place to make decisions for people, such as power of attorney.
- Staff we spoke with told us they gained consent from people before providing support and care. However, staff we spoke with did not demonstrate a good understanding of DoLS and we found staff had not received training in this subject.

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

- People's individual needs were assessed before they moved into the home to ensure the service was able to meet their needs. Care plans were regularly reviewed and reassessed to ensure people's needs records were up to date.
- The service used an electronic care planning system that was accessible to all care staff. These records gave staff guidance on people's current care needs and how to support them.

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

- People's nutritional needs had been assessed and relevant care plans were in place.
- Where staff had identified potential concerns around people's eating and drinking; referrals had been made to the appropriate healthcare professionals. We saw input from dietician and the speech and language therapy services (SALT).
- Staff were aware of people's individual dietary needs. This included people who required their food or drink to be prepared in a specific way. This information was on display in the kitchen to ensure meals were prepared and served safely.

- We spoke with the cook, who told us they have a set menu with two choices per meal, but they would cook anything else that was requested. People we spoke with told us they enjoyed the food at the home. One person told us, "The food's brilliant; I look forward to my meals and I've not had one bad meal since I came." Another person told us, "I'm looking forward to lunch; the food is good."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received timely referrals to other agencies and healthcare professionals to ensure their health and well-being.
- The service had close links with local healthcare providers. People had access to GPs and district nurses. The local GP visited the home regularly and some people living at the home were visited daily by district nurses due to their health conditions. The service was quick to make referrals to services such as SALT if they had any concerns. The service also recognised when people's needs changed and re-referred to services for assessment where people's health had improved.
- People had access to other healthcare services; visitors to the home included podiatrist, optician and hairdresser.
- People we spoke with told us they received input from other agencies, such as the equipment service. One person told us, "I've made it home from home really; and there was a special bed and special cushion ready for me due to my lack of mobility." One visitor told us how their relative had improved with the help of the home. They told us, "[Name] was on end of life three weeks ago; now look at her. We're all amazed. They've been fabulous here."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw throughout the inspection people were treated with care and respect during support and care delivery.
- Staff we spoke with described how they always promote people's independence and choice when providing care. We observed people were spoken with in a dignified and respectful manner throughout the inspection.
- The registered manager demonstrated a good understanding of equality and diversity and told us they passed on these beliefs to staff.
- People we spoke with told us they felt cared for by respectful staff. One person told us, "The girls are lovely; they look after me very well. I can't find fault with anything if I'm honest." Another person told us, "The staff are brilliant with all of us." People's visitors were also positive about the care their relative received. One relative told us, "I'm very happy with the care, the staff are lovely."

Supporting people to express their views and be involved in making decisions about their care

- Staff knew people well and we saw established, caring relationships between people. Staff spoke fondly of people during shift handover and demonstrated a high level of knowledge of individual care needs. We observed staff chatting and joking with people whilst they carried out their duties.
- We saw people were given choices and asked their preferences. People and those important to them were fully involved making decisions about their care. People's bedrooms were personalised and contained items that were important to them, such as photographs and ornaments.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, care and kindness whilst having their independence promoted and respected.
- Staff we spoke with demonstrated a good understanding of how to ensure people's privacy and dignity when providing care. For example, keeping people covered during personal care, being discreet and knocking on people's doors. One staff member told us, "I treat people how I would want myself or family member to be treated." Another staff member told us how they promoted people's independence, they told us, "If a resident can do things for themselves, I don't try and take away their independence. I ask people what they would like and also how they would like it."

- We observed people being spoken to in a dignified manner and addressed in their preferred way. We saw staff knocked on doors and waited. One person told us, "They always knock on the door before they come in."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences: Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care records were very person centred, detailed and specific to the individual and their needs. They had been written and reviewed with full involvement of people and those important to them. Sections in care plans included information around what is important to individuals; personal history, recreation, religion and last wishes.
- Care plans were comprehensive and gave clear direction on how people would like to receive their care and support. People's changing needs were monitored, reviewed and recorded. Staff attended handover meetings each time shifts changed. This ensured staff knew people's current care needs, choices and preferences.
- The service had recently employed a new activities co-ordinator and had an activity programme in place that was displayed on the notice board on each floor. The co-ordinator provided in-house entertainment on a daily basis whilst also organising special events and trips out. For example, the co-ordinator recently brought in lots of things associated with Blackpool and held a special Blackpool day. Several people had also recently been out on a trip to a restaurant and local pub.
- People we spoke with were positive about the impact the new co-ordinator had in the home. One person told us they like to stay in their room and not participate in group activities. They told us the co-ordinator would go and "have a good chat" with them and facilitated a visiting reiki practitioner. They told us, "They even put a do not disturb notice on my door."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the AIS and each person had individual communication care plan.
- The registered manager told us they were able to provide information in alternative formats. However, there was no-one currently living at the home who required this and therefore, was not able to give us an example.

Improving care quality in response to complaints or concerns

- The home had a complaints policy in place. People had a booklet in their bedroom which showed people how to make a complaint and information was displayed in reception.
- We reviewed complaints information for the previous 12 months saw that complaints were recorded, responded to and action taken where appropriate.

End of life care and support

- People were given the opportunity to plan for their end of life care if they wanted to. Care plans included records of people's end of life wishes. This was available to be completed by people and their families.
- Two staff had undergone the '6 steps' training in end of life care. The '6 steps' is a programme of learning to develop awareness and knowledge of end of life care. These staff had then cascaded their knowledge to other staff members.
- Some people had do not attempt cardio pulmonary resuscitation (DNACPR) in place. This is where people, their families and a health professional have identified where resuscitation would likely be unsuccessful, therefore, the person is not for resuscitation. Staff were aware of who required resuscitation or not and this was recorded in peoples care files.
- The registered manager told us they felt they provided good end of life care. Staff were responsive to people's changing needs and confident to support families during a person's end of life. Staff we spoke with talked passionately about ensuring people and their families received support and good care at the end of a person's life. During the inspection one staff member came into the home on their day off to see a person before they passed away.

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.

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

- The provider had not demonstrated continuous improvement and had consistently failed to ensure safe and effective governance of the service. The service has been rated requires improvement for the past four inspections.
- Audit systems and processes had been established; however, they were not always robust enough to operate effectively to ensure compliance with the regulations.
- Unsafe management and administration of medicines had not been identified, actioned and any risks to people had not been mitigated.
- Systems in place had not ensured that all staff had received the necessary training needed to carry out their roles effectively.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 was keen to ensure they acted on their duty of candour. They kept oversight of any accidents and incidents at the home and took appropriate action where required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The registered manager told us they had an open-door policy and people living at the service, visitors and staff were encouraged to go and speak to them at any time.
- Staff provided person-centred care. People and their relatives had been fully involved in decisions about their care on a day-to-day basis. People's differing and individual needs and preferences had been considered.

- The registered manager told us they had tried to gain service user feedback by holding several different meetings, such as a resident's meeting or 'tea and a chat'. They told us they did not think these meetings had been successful; however, they were keen to engage with people and their relatives. They told us, "I want residents to feel confident to tell me what they think and know that I would do something about it."
- We received positive feedback about the registered manager from people and staff. One staff member told us, "I think [name] is a good manager. I have nothing but praise for them." Some relatives told us they felt the home needed improving. We received several concerns around the home's environment. One relative told us, "[Name] is very nice but they could be better and more on the ball with things. It seems to be that things only improve or change when we say something."

Working in partnership with others

- The management team had good links with healthcare teams and the local authority and worked in partnership with them to ensure people's safety and health needs were met.
- The registered manager was keen to ensure staff were good at recognising where someone needs input from other healthcare professionals. They told us, "Here, we are good at seeing the person and dealing with their problems and getting the right people involved."
- The registered manager was involved in the local groups, such as the care home manager's group to share information and best practice.

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 12 HSCA RA Regulations 2014 Safe care and treatment The management and administration of medicines was not safe.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service had been rated requires improvement on four consecutive inspections. The provider had consistently failed to ensure safe and effective governance of the service.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not have up-to-date mandatory training in place.