

RochCare (UK) Ltd

Royley House Care Home

Inspection report

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Tel: 01616334848

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Royley House care home is a residential care home providing personal care for up to 41 people. At the time of our inspection there were 15 people living at the home. The home is an adapted building set in its own grounds with accommodation over two floors. Only the ground floor was currently occupied.

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

We found further improvements were needed in the management of medicines and the governance of the service to ensure changes were embedded and sustained.

People told us they felt safe living at Royley House care home. Staff had received training in safeguarding and knew how to identify and report any concerns. Enough staff were deployed to meet people's needs and keep them safe. The home had recently been refurbished to a high standard. Equipment was regularly checked and serviced in line with guidance. Good infection control practices were followed.

Improvements had been made in staff training and supervision since our last inspection. Training was up to date and staff now received regular supervision. Assessments were completed prior to people's admission to the home. This ensured the home was suitable for their needs. 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. People were happy with the choice of food provided and mealtimes were pleasant and sociable. People's healthcare needs were being met, with referrals made to healthcare professionals when needed.

There had been greater provider oversight at the service since our last inspection, and the employment of a new manager. Some improvements had been made. However, we found continued concerns around the management of medicines and the governance of the service and continued breaches of regulations.

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 (report published 19 February 2021). We found breaches of three regulations. At this inspection enough improvement had not been made and the provider was still in breach of two of the regulations.

Why we inspected

We carried out a focussed inspection of this service on 8 December 2020. Three breaches of legal requirements were found.

We undertook this focussed inspection to follow up on enforcement action we took following our last inspection and to confirm they now met legal requirements. This report only covers our findings in relation

to the key questions of Safe, Effective and Well led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection. This service has been rated requires improvement for the last five consecutive inspections.

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.

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.

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 have identified breaches in relation to the management of medicines and governance of the service at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

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.

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, a medicines inspector and an Expert by Experience. 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

Royley House 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 who was in the process of registering with the Care Quality Commission to become the registered manager. The registered manager 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

We gave the service 48 hours' notice so we could be sure the service was free from COVID-19 infections. Inspection activity started on 30 June 2021 and ended on 9 July 2021. We visited the care home on 30 June 2021.

What we did before the inspection

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

During the inspection

During our visit we reviewed a range of records. These included four people's electronic care records and risk assessments. We looked in detail at the electronic medicines system and reviewed four electronic medicines records as part of that process. We looked at three staff personnel files to review the recruitment process and staff training and supervision. We looked at a variety of records relating to the management of the service, including audits and meeting minutes. We spoke with the manager, the provider, four care assistants, a senior care assistant and the chef.

The Expert by Experience spoke with four people who used the service and one relative, in person. They spoke with four relatives on the telephone.



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 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.

We saw clear improvement had been made in the use of an electronic medicines system since the last inspection. However, further improvements are needed to ensure all medicines are managed safely. The provider remains in breach of Regulation 12.

- The advice and directions of health care professionals was not always followed which meant that three people were not given their medicines safely.
- Written guidance was mostly in place when people were prescribed medicines to be given "when required." However, for one person the guidance was not detailed and did not provide clear directions about how to select the most appropriate medicine. Staff failed to monitor and record if doses of "when required" medicines were effective.
- Staff failed to make consistent records about the use of thickeners, which were prescribed to ensure people with swallowing difficulties were not at risk of choking.
- Records about the application of creams were inconsistent. Staff did not always have information about how and when the creams should be applied.
- Insulin was not stored safely in the fridge. The fridge temperatures were recorded outside the safe range for three weeks without any action being taken.

This demonstrates a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection we received confirmation that the service had taken steps to make the improvements needed. We will review this at our next inspection to check improvements have been sustained.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from the risk of abuse.
- Everyone told us they felt safe at Royley House care home. One person said, "The staff look after me really well and there are always plenty of staff about. The staff come quickly if I call them. They are all wearing

masks to keep us safe."

- All the people we spoke with said they would be happy to recommend the home to other people. One person said, "I would tell people to come and live here because I am happy with the staff who look after me."
- Staff had completed training in safeguarding adults and understood how to raise any concerns they had, with the management team.

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

- Risks to people's safety and wellbeing had been identified and assessed. Guidance around managing people's risks was documented in their care records for staff to follow.
- Where people had experienced falls, unplanned weight loss or were at risk of skin breakdown, referrals to the necessary professionals for guidance and/or assessment had been made.
- Equipment within the home had been regularly checked and serviced in line with national guidance.
- The service had an up to date business continuity plan which contained environmental risk assessments and described what actions should be taken in the event of an emergency, such as loss of electricity or water.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. One person told us, "I feel safe because there are loads of staff about to help me. I must have help to move into my wheelchair, there are always two staff to help me, and I always feel safe with them. If I call the girls always come quickly, they are always kind and patient." A relative said, "[Name] is safe because there are always staff popping into his room to check on him. The staff are excellent, cannot praise them enough."
- Staff were safely recruited, with all pre-employment checks completed prior to new staff starting work.

Preventing and controlling infection

- 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 promoting safety through the layout and hygiene practices of the premises.
- 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.

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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure all staff were up to date with required training, and supervision meetings had not been held consistently. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made. The provider was no longer in breach of this regulation.

- Staff had completed a variety of on-line and face to face training. This included diabetes awareness, record keeping and pressure ulcer awareness. These were topics we found some staff had not been trained in at our last inspection.
- Staff supervision had improved. All staff had received regular supervision and a detailed record of what had been discussed and any actions needed had been completed.

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

- People were very happy with the quality of food. They told us there was plenty of choice, and drinks and snacks were available throughout the day. One person said, "The food is very good, and we get lots of choices. I like my coffee and get plenty of drinks in the day."
- The lunchtime meal we observed was a pleasant, social occasion. Tables were nicely laid, music played in the background and people were offered appetising food on china crockery. Staff were attentive and encouraged and helped people when needed.
- The chef knew what food people liked and planned menus to suit people's different tastes. The chef was aware of people's weight gain or loss and fortified meals accordingly.
- Fluid intake was monitored, with a suggested daily total recorded in people's care plans, so staff knew how much each person should drink. However, we saw the amount of fluid offered to people each day fluctuated greatly and rarely approached the recommended daily amount. We discussed this with the manager.

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

- Large parts of the home, including the reception area, had recently been redecorated to a high standard. Equipment was well-maintained.
- A large garden provided a pleasant outside space for people to enjoy.

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

- People received support to stay well and had input from medical professionals as required.
- People had access to a variety of medical and health related services and professionals, such as general practitioners, district nurses, speech and language therapists and dieticians. Information following appointments or assessments had been documented in care records.
- One relative told us, "[Name] gets a podiatrist, district nurse and GP coming to see her regularly. She's well looked after at Royley House."

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

- The care and support people needed was captured as part of the assessment process. People had detailed care plans which described the help they needed from staff.
- All relatives felt staff knew their loved ones well.

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 provider was adhering to MCA and DoLS guidance. Staff had a good understanding of the legislation and how it applied to their daily work. One member of staff told us, "We've had training in this. It's to do with whether someone has capacity to make their own decisions, assume they do unless proven otherwise."
- Care plans contained information about people's capacity to make decisions, with reference to the MCA. Where necessary best interest meetings and decision making had taken place.
- A log was used to document DoLS applications and their outcome. We identified some people for whom DoLS applications had not been made. However, the manager told us, "The local authority introduced a traffic light system, as a result we don't submit applications for everyone who lacks capacity anymore, just those deemed at most risk."

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 requires improvement. At this inspection this key question has remained the same. 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; Continuous learning and improving care

At our last inspection the provider had failed to ensure there was effective oversight of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made. However, further progress is needed to ensure improvements are maintained and embedded in practice and there is management stability at the service. The provider remains in breach of Regulation 17.

- The service had worked hard to improve medicines management and staff had a better understanding of the electronic medicines system. However, further progress is needed to ensure medicines are managed safely and good practice is embedded and sustained.
- Closer oversight was needed of the way care charts were completed by staff, as we found inconsistencies and gaps in some records. For example, where people required thickener adding to their drinks, records did not consistently confirm this had been done. Similarly, where people required a modified diet, food charts did not consistently confirm meals had been provided in line with dietary guidance. Charts to document that a person had been repositioned were not always accurate.

This demonstrates a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since our last inspection there had been a further change to the management team, with the employment of a new manager. We received positive comments from people and relatives about the management of the home, with people stating they hoped there would be management stability in future. Comments included, "[manager] is a nice person and she always has time to chat. I feel confident in her abilities." and "She seems really good. We just hope she stays for some consistency."
- The provider had increased their oversight of the service since our last inspection, through regular visits to the home and closer involvement with the management team. However, despite greater oversight, the service remains in breach of regulations.
- A range of audits to monitor the safety and effectiveness of the service were completed regularly. Following our inspection feedback, the area manager revised several of the audits to ensure they captured

information we found was missing.

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

- People were complimentary about the home and its staff. One person told us, "I have never had to complain about anything as the staff are so good. If anyone asked me about living here, I would say come here because the staff are excellent."
- Care plans described people's likes and dislikes and how they wished to be cared for. Staff knew people well and provided support in a caring and relaxed manner. People were encouraged to maintain their independence, such as their mobility.
- The service had a detailed, 'service user guide', which provided information about all aspects of the care and support provided at the home. It described the 'philosophy of care', which promoted the rights of people living at Royley House care home. From our observations we saw that people's rights were respected, for example the right to dignity.

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 provider understood their responsibility around the duty of candour and was committed to being open and transparent when something went wrong.
- Accidents, incidents and concerns were reported to the CQC and local authority appropriately.
- The service had a whistleblowing policy and staff were encouraged to be open and honest.

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

- There was good communication between the management team and staff through daily handovers and 'flash' meetings. These ensured staff had up to date information about what was happening throughout the home.
- The service worked closely with other health and social care professionals and with the local authority.