RochCare (UK) Ltd

Royley House Care Home

Inspection report

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Date of inspection visit:
06 September 2018
07 September 2018

Date of publication:
08 October 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Royley House is a 'care home'. People in care homes receive accommodation and 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. 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 36 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.

At the time of our inspection 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 told us they felt supported by the registered manager and people who lived at the service and relatives spoke highly of her commitment to the service.

At our last inspection in August 2017 we rated the service Requires Improvement overall. We found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not received adequate supervision. At this inspection we found that staff had received regular supervision and the service was therefore not in breach of this regulation. However, we found concerns with the management of medicines and the safety of the fire extinguishers and water temperatures. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management of medicines was not always safe. Protocols for the administration of 'when required' medicines were not in place. The administration of topical medicines was not recorded safely. One person's eye drops had not been recorded as given for two weeks. We could not be sure they had received this medicine. Some steps were taken during our inspection to rectify these concerns.

The home was clean and well-maintained. Most areas were nicely decorated. However, the corridors were in need of redecoration and the corridor carpets were in a poor condition. There were effective infection control and prevention measures within the service. Checks and servicing of equipment, such as for the gas and electricity were up-to-date. However, we found that no action had been taken when concerns about the fire extinguishers and water temperatures had been found.

There were systems in place to help safeguard people from abuse. Staff understood what action they should take to protect vulnerable people in their care. Recruitment checks had been carried out on newly recruited staff to ensure they were suitable to work in a care setting. At the time of our inspection there were sufficient staff to respond to the needs of people.

Risk assessments had been completed to show how people should be supported with everyday risks.

Staff had undergone training to ensure they had the knowledge and skills to support people safely. All staff received regular supervision. This ensured the standard of their work was monitored and gave them the opportunity to raise any concerns.

Staff worked closely with health care professionals to ensure people were supported to maintain good health. People were supported to eat a well-balanced diet and were offered a choice of home-cooked meals.

The service was working within the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff sought people's consent before helping and supporting them.

People who used the service and relatives were complimentary about the home. We observed kind and caring interactions between staff and people who used the service. Staff respected people's privacy and dignity and promoted their independence.

People's care plans contained detailed information about their preferred routines, likes and dislikes and how they wished to be supported. A range of activities were available for people to take part in.

The service had a formal process for handling complaints and concerns. We saw that complaints had been dealt with appropriately.

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. However, they had not picked up the areas of concern we found during our inspection.

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.

The management of medicines was not always carried out safely.

Safe recruitment processes were followed and staff understood how to keep people safe from harm.

There were sufficient staff to respond to people's needs.

Is the service effective?

Good

The service was effective.

Staff had received training in a variety of subjects which enabled them to carry out their roles effectively. Staff were provided with regular supervision.

People were helped to access health care services when they needed them. People were supported to eat and drink well and maintain a balanced diet.

Consent to people's care and support had been sought and staff worked within the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring. People were helped and encouraged to be as independent as they could.

People's dignity and privacy was respected.

Is the service responsive?

Good

The service was responsive.

People were encouraged to take part in activities of their choice.

Electronic care records were detailed and person-centred.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were audits in place to monitor the quality of care and service provision at the home. However, they had not picked up a number of concerns we found.

People told us the registered manager was approachable and the staff team were welcoming and friendly. The staff team felt supported by the registered manager.

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 6 and 7 September 2018. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the service. This included the statutory notifications the CQC had received from the provider and the Provider Information Return (PIR). Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we contacted the local authority to ask if they had any concerns about the service, which they did not.

During our inspection we spoke with the registered manager, the regional manager, two senior care assistants, two care assistants, the activities coordinator, the cook, four people who lived at the home and six relatives. We looked around the home and checked on the condition of the communal areas, toilets and bathrooms, kitchen and laundry. We also looked in some of the bedrooms, after we had received permission to enter them. We spent time observing the lunchtime meal in the upstairs dining room and the administration of medicines.

As part of the inspection we reviewed the electronic care records of three people living at the home. The records included their care plans and risk assessments. We reviewed other information about the service, including training and supervision records, weight records, three staff personnel files, medicine administration records, audits, meeting minutes and maintenance and servicing records.

Requires Improvement

Is the service safe?

Our findings

We looked at how the service managed medicines. Medicines were only administered by staff who had received the appropriate training. Records we checked showed this training was up to date. Medicines were stored in a locked trolley, inside a locked treatment room on each floor. The temperature of the treatment rooms and medicine fridges were checked daily to ensure that medicines were stored at the correct temperature and our observations of the temperature recording sheets confirmed this. We found that medicines that were no longer in use and were waiting to be returned to the pharmacy were stored in an open container in each treatment room. Guidance produced by the National Institute for Health and Care Excellence (NICE) on managing medicines in care homes states that all medicines for disposal should be 'stored securely in a tamper-proof container within a cupboard until they are collected or taken to the pharmacy'. Following a discussion with the registered manager they arranged for a tamper proof container to be provided.

We watched a staff member administer medicines safely. They stayed with each person to ensure their medicine was taken and signed the medicines administration records (MARs) to confirm they had taken them. MARs contained information necessary for the safe administration of medicines, such as photographs of people living at the home and information about allergies. Although most of the MARs we checked had been completed correctly, we found missing signatures on the MAR for one person who had been prescribed eye drops to relieve eye dryness and soreness. There were no signatures for the two weeks prior to our inspection. We could not therefore be sure that this person had been given the eye drops during this period. We raised this matter with the registered manager who told us they would investigate it.

The majority of MARs had been produced electronically by the prescribing pharmacist. However, we found that where additions to the charts had been hand-written, these were not always accurate, or signed by two trained staff, which is recommended in NICE medicines guidance. For example, one hand written entry stated, 'GTN spray 300mcg. Dissolve one tablet under the tongue when required'. This was confusing, as it referred to the medicine being both a spray and a tablet. This record had only been signed by one member of staff, rather than two. One person's entire MAR had been hand written. However, it had not been countersigned to confirm it was an accurate record.

We found that the appropriate documentation (protocols) were not in place for people who received medicines 'when required', such as pain relief, or medicines for anxiety. This information is needed so that staff know how to identify if people require the medicine. This is particularly important for people who may not be able to verbalise that they require a medicine because, for example, they are living with dementia. One person was prescribed the medicine 'Lorazepam' for anxiety. The MAR sheet indicated 'take half a tablet when required'. There was no information about what symptoms this person showed when they were anxious and required their medicine or what symptoms they showed if their medicine had been effective. We discussed this with the regional manager, who arranged for 'prn protocols' to be written.

Some people needed creams to be applied by staff to help maintain good skin condition. The service used a cream chart with a body map, which showed where the cream should be applied. We found these were not

always used consistently. Some people were prescribed creams, but they did not have a cream chart in place. Senior care assistants signed the charts to say creams had been applied. However, it was care assistants who applied them. Charts should be signed by the person who has applied the cream. We spoke to the regional manager about this matter. She told us she would implement a revised cream chart that was signed by the person applying the cream. This would ensure the application of creams was recorded correctly.

The issues we found in relation to medicines management were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities). Safe care and treatment.

People we spoke with told us that they felt safe living at Royley House. Policies for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to the signs and allegations of abuse. Staff we spoke with knew about different types of abuse and told us confidently that they would report any allegations of poor practice.

There were sufficient staff to keep people safe and meet their needs. As well as the registered manager, the service employed a deputy manager, administrator, senior care assistants, care assistants, a maintenance person, housekeepers, kitchen staff and an activities coordinator. There was an ongoing recruitment drive for care assistants. The service occasionally had to use agency care staff to fill gaps in the rotas caused by staff sickness and leave. Agency staff were given a brief induction to the service, including fire procedures before they started their shift. This ensured they were aware of safety procedures.

The recruitment process was carried out correctly. Full employment checks were made before staff started work at the service. We looked at three staff files. They contained the required documentation, including an application form with full employment history, photographic identification, interview questions and answers, two references and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.

We looked round the home to check on the maintenance and cleanliness of the environment. All areas of the home were clean and free from any odours. There was an on-going programme of redecoration of the bedrooms, and the downstairs shower room was in the process of being refurbished. Both dining rooms and the upstairs lounge were attractively decorated and maintained to a high standard. However, we found the upstairs and downstairs corridors and downstairs lounge needed re-decorating as paintwork was chipped and the carpets were very badly stained and worn. There was an area of exposed corroded pipes in the downstairs lounge. Although this did not appear unsafe, it was unsightly.

Records we checked showed that equipment, such as hoists and the passenger lift and utilities, such as gas and electricity, had been serviced and were in working order and safe to use. The monthly checks on the bathroom and shower room hot water temperature showed temperatures that were consistently above the recommended safe level, for the past six months. The registered manager had not been made aware of this, so no action had been taken. We have since been reassured that the temperatures are now within normal limits and that a thermostatic mixing valve that was faulty has been replaced.

There were systems were in place to prevent and control the spread of infection. Toilets and bathrooms had adequate supplies of liquid soap and paper towels and posters showing handwashing guidance were displayed. Personal protective equipment, such as disposable aprons and gloves was used by staff, for example, while carrying out personal care and serving food. Gloves and aprons were available throughout the home. The home had been given a five-star food hygiene rating in September 2017.

Fire safety procedures were in place to protect people from the risk of fire. These included weekly checks of the fire alarm, fire doors and emergency lighting. A fire drill was carried out every three months for both the day and night staff. Everyone living at the home had a personal evacuation escape plan (PEEP). PEEPs explain how each person would be evacuated from the building in the event of an emergency. We found that the weekly inspection of the fire extinguishers had identified a minor fault several weeks prior to our inspection. However, no action had been taken to ensure the fault did not prevent the extinguishers from working properly. We asked the registered manager to take immediate action to ensure the extinguishers were working correctly, which she did.

The concerns identified in relation to water temperatures and fire extinguishers are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities). Safe care and treatment.

Risk to people's health and safety had been assessed, such as risks from falling or choking and where necessary measures put in place to keep them safe. For example, we saw one person had been assessed as being at risk of falling out of bed. The action plan following their risk assessment showed that a special bed, that could be lowered to the floor, had been obtained and a crash mat put in place. This showed that the service acted to manage identified risk. This helped to keep people safe.

Accidents and incidents were documented. Details were recorded of the incident, the immediate actions taken, such as first aid, and the results of any investigation. This ensured the appropriate action was taken to prevent a reoccurrence.

Good

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Records showed DoLS applications had been submitted to the local authority, when needed. During our inspection we observed that staff always asked people for their consent before providing support. For example, during lunch we saw that staff asked people if they would like to wear clothes protectors, rather than putting them on without their permission.

When people were unable to provide consent, decisions were made in their best interest in line with the principles of the MCA. For example, we saw information about a best interest meeting that had been held to discuss a person's 'do not attempt cardiopulmonary resuscitation' decision.

The service maintained a training matrix which provided an overview of courses staff had completed. These included moving and handling, medication, infection control, fire safety and first aid. Staff spoken with during the inspection said enough training was available. At our inspection in August 2017 we found that staff had not received regular supervision. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the service had improved and staff had received supervision. The service was no longer in breach of this regulation. Supervision is important as it provides staff with an opportunity to discuss their progress and learning and development needs.

People were supported by staff and external healthcare professionals to maintain their health and wellbeing. Care records showed advice was sought from healthcare professionals such as GPs, district nurses and speech and language therapists. For example, one person told us they had accidently cut their arm recently. Staff had referred this person to the district nursing service for their wound to be dressed.

We looked at how people were supported to maintain good nutrition and hydration. Each person living at the home had a nutrition care plan which provided information about how they should be supported with food and drink. For example, one person's nutrition plan stated they needed to drink through a straw to help prevent choking. We saw that their drinks were provided in this way. People were weighed regularly and referred for specialist help if it was identified they had lost weight.

People were provided with a choice of food. The main meal of the day was at lunchtime, with a lighter meal, such as soup and sandwiches at tea time. People could have a cooked breakfast if they wished. Snacks and

drinks were provided between meals. We observed lunch in the upstairs dining room. Tables were laid with placemats, crockery and cutlery, a flower decoration and salt and pepper. Music played quietly in the background. The atmosphere during the meal was calm and well-organised, with sufficient staff to attend to people's needs. People were given a choice of main meal and dessert and were given plenty of time to finish their food. However, we noted that only hot drinks were offered to people with their meal. No water or juice was available.

We looked at the suitability of the premises. The corridors were wide and communal rooms spacious. This meant there was ample space available for the use of wheelchairs and hoists. The garden patio had recently been renovated. This provided an attractive setting, with shrubs, plants, colourful ornaments painted by a staff member and garden furniture. There was dementia signage on doors to the lounge, toilets, bathrooms and dining rooms. Large menu boards outside both dining rooms, provided people with sight problems and dementia, information about the day's menu in pictures and words.

Good

Is the service caring?

Our findings

People and relatives told us the staff were very caring. Comments included, "You can't fault the staff"; "The staff are kind"; "The staff are brilliant – very caring"; "They (staff) are all his friends" and "They are extremely caring."

Relatives commented that the atmosphere of the home was very friendly. One person told us they had looked around several homes before choosing Royley House for their relative. They told us they had turned up without any appointment and had "Felt at ease right away." During our inspection we saw many thoughtful interactions between staff, people who used the service and relatives. For example, during our observation of medicines administration we saw when people were asked if they needed pain relief, this was done quietly and in a way that protected their privacy. Staff spoke to people in a kind way and used humour appropriately. One person told us, "We have a bit of banter."

Staff were patient with people during care tasks, such as assisting with mobility. Although we did not see anyone being moved with the assistance of a hoist, we saw a person being moved using a wheelchair. This was done carefully and correctly. The care worker ensured the person rested their feet on the wheelchair footplates and tucked their elbows in close to their body so that they did not damage their limbs during transfer.

People were encouraged and helped to be independent, but staff provided support when it was needed. For example, we saw that one person used a plate guard to help keep food on their plate during their meal. This meant they could feed themselves rather than relying on staff to support them.

People living at the home told us they felt treated with dignity and respect by staff. There was a display of a 'dignity tree' in one of the corridors. This showed comments people had made when asked by staff how they would expect to be treated. People's privacy was respected. For example, one person we spoke with liked to spend most of their time in their own room. Staff respected their wishes. During the inspection we observed staff knocking on people's doors before entering and staff we spoke with could give examples of how they promoted dignity and privacy when caring for people's personal care needs. However, we saw one example where someone was not treated with dignity. This person had problems with their swallowing and needed their food to be pureed to make it easier to eat. We saw that all the food from their meal was pureed together. This meant that it did not look appetising and was not dignified for the person. We discussed this with the regional manager who told us she would ask the cook to find ways to make pureed food more presentable and appealing.

Staff we spoke with knew people well and were aware of their likes and dislikes and what mattered to them. For example, a relative talked to us about when their loved one first came to live at the home. As soon as they had arrived they were approached by a member of staff and asked if they would like to help with a dancing session, which immediately put them at ease. This showed that the staff member had taken time to find out what was important and meaningful to this person.

Good

Is the service responsive?

Our findings

Before a person was accepted to live at Royley House a full assessment was carried out by the registered or deputy manager. This ensured the service could provide the right care and support. The service used an electronic care documentation system. We reviewed the electronic care records of three people who lived at the home and found they were comprehensive, detailed and person-centred. People had up-to-date risk assessments and care plans, which showed how they should be supported. These were reviewed monthly and amended when their needs changed.

We looked at the arrangements in place regarding end of life care. The care documentation system contained a section where people's end of life wishes could be recorded. For example, one person's record said that they would like to see a Roman Catholic priest at the appropriate time. The majority of staff had completed some training in end of life care, and the home had completed the 'Six steps to success – Northwest end of life care programme for care homes'' during 2014. Where people were receiving 'end of life' care, staff were supported by the district nursing service. We read one recent compliment about the care staff had given someone at the end of their life. It said staff had, "Gone over and above what the family expected."

People told us they were kept informed if there were any changes to their relative's health and that communication between staff and families was good. One relative told us, "If anything is different from the norm they inform me."

People we spoke with knew how to make a complaint. The service had a complaints policy and kept a record of each complaint received, any investigation, its outcome and the response to the complainant. Where it was required, disciplinary action was taken. We looked at three complaints made during 2018 and found the appropriate action had been taken.

The service was proactive in responding to people's ideas for improvement. One person we spoke with told us that they had suggested the service provide sturdier hand rails from the dining room into the garden, to make it easier for people with poor mobility to access the garden. We saw that this work had been completed during the summer. This had enabled people to enjoy the garden during the warm weather.

The service offered a range of activities which were planned by the activities coordinator. Through our conversation with her, we found that she was knowledgeable about people's interests. She told us that she got know people when they first arrived so that she could arrange events and activities that they would be interested in and enjoy. Where people were unable to tell her about their occupation and hobbies she talked to their family, so that she could find out what interested them.

A range of activities was offered, including armchair exercises, quizzes, dominoes and a choir. One person we spoke with told us about a recent gardening project. They had asked for some planters and had been helped to plant cabbages, potatoes and tomatoes, which had been served at a lunchtime meal. Some people had recently asked if they could go out to the local pub and there was now a monthly trip out for

lunch and bingo at a nearby pub. Where people were unable to take part in group activities, for example because of their dementia, staff and the activities coordinator provided one-to-one support. For example, we were told of one person who liked to wind and unwind wool. Another person liked to count money. There was a 'messy box' with miscellaneous items that people could sort through and feel. Staff supported people with these activities. The activities coordinator produced a monthly newsletter which kept people informed of upcoming events and people's birthdays.

Two people received communion from a local priest who visited the home once a month. There was no one living at the home with a non-Christian faith at the time of our inspection.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager at the service. 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. People, visitors and staff described the manager as approachable. One relative told us, "The manager is visible." The registered manager was supported by a deputy manager and a regional manager.

The registered manager adhered to the requirements of their registration with the Care Quality Commission (CQC) and submitted notifications about key events that occurred at the service. The CQC rating from the last inspection was displayed in the entrance hall and on the provider's website. This meant people living at home, visitors and health care professionals knew about the level of care provided at the home.

Records we reviewed showed regular staff meetings were held, for day and night staff, senior carer assistants and kitchen staff. Minutes from the most recent staff meetings showed topics discussed included use of mobile phones, staff rotas and safeguarding. Team meetings are an important way of communicating information about the service, discussing concerns and gathering feedback from staff. The service held an anonymous staff survey during 2018 and 28% of the staff had responded. Questions included, 'Do you feel the home provides residents with good care?' and 'Does the home provide a range of training opportunities to support you in your role?'. Answers to all the questions were positive.

A range of policies and procedures were in place to guide staff on their conduct and practice. These covered areas such as complaints, safeguarding, whistleblowing, health and safety and infection control. They had been reviewed during 2018.

Royley House had accreditation with 'Investors in People'. This organisation helps businesses understand and improve the way they manage their staff.

The registered manager worked collaboratively with the local authority and other professionals involved in people's care. This included raising safeguarding alerts and liaising with social work teams and healthcare professionals when appropriate. This ensured people's ongoing welfare and safety.

We looked at the systems in place to monitor the quality of service. A number of audits were in place within the home. These included a monthly falls analysis and audits of care plans, weights, complaints, infection control measures and maintenance. We found that the monthly maintenance audits had not picked up the minor faults with the fire extinguishers and the water temperatures that we identified during our inspection. Since then the registered manager has reviewed the maintenance audits to make them more comprehensive and take into account the faults we found.

This service cannot be judged as good in the well-led domain because we have identified a breach of one of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 of medicines was not always carried out safely. Action had not been taken when concerns around the water temperatures and the fire extinguishers had been found.