Royal Bay Care Homes Ltd

Royal Bay Nursing 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?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Royal Bay Nursing Home on 7 November 2018. Royal Bay Nursing Home 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. Royal Bay Nursing Home is registered to provide care and accommodation for 35 older persons with nursing, residential care and physical care needs. Accommodation is provided over two floors. There were passenger lifts to provide access to people who have mobility issues. On the day of our visit 30 people were living at the service. We previously inspected Royal Bay Nursing Home on 11 and 13 July 2017 and found areas of practice that needed improvement in relation to staffing levels, medicines management and management support for staff. At this inspection, we found improvements had been made in some areas, but identified further areas of practice that needed improvement.

There was a registered manager in post. 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.

Staffing levels did not routinely meet people's needs, and we received negative feedback from people and staff in relation to their preferences being met.

Care plans were not routinely person centred and did not detail people's likes dislikes and preferences.

The provider carried out quality assurance reviews to measure and monitor the standard of the service and drive improvement. However, systems of quality monitoring and governance had not ensured that staffing levels were suitable and that care plans remained up to date and person centred.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were encouraged to express their views. People said they felt listened to and any concerns or issues they raised were addressed. Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where the management team was always available to discuss suggestions and address problems or concerns.

People felt well looked after and supported. We observed friendly relationships had developed between people and staff. People were treated with dignity and respect, and they were encouraged to be as independent as possible.

Risks associated with people's care, the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

People chose how to spend their day and they took part in activities. They enjoyed the activities, which included, arts and crafts, exercise, quizzes and visits from external entertainers. There were representatives from local churches, so that people could observe their faith. People were also encouraged to stay in touch with their families and receive visitors.

People were cared for in a clean and hygienic environment and appropriate procedures for infection control were in place. Healthcare was accessible for people and appointments were made for regular check-ups as needed. People's end of life care was discussed and planned and their wishes had been respected.

When staff were recruited, their employment history was checked and references obtained. Checks were carried out to ensure new staff were safe to work within the care sector. Staff had received essential training and there were opportunities for additional training specific to the needs of the service, such as the care of people living with dementia. Staff had received supervision with their manager and formal personal development plans.

Staff were knowledgeable and trained in safeguarding adults and knew what action they should take if they suspected abuse was taking place. Staff had a good understanding of equality, diversity and human rights. People's care was supported by adaptations made to the service.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe.

Staffing levels did not routinely meet people's needs.

Medicines were managed and administered safely. Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. The service was clean and infection control protocols were followed. The provider used safe recruitment practices.

Is the service effective?

Good

The service was effective.

People spoke highly of members of staff and were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutritional needs. Their health was monitored and staff responded when health needs changed. People's individual needs were met by the adaptation of the premises.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

People were offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans did not accurately recorded people's likes, dislikes and preferences.

The service had arrangements in place to meet people's social and recreational needs. Comments and compliments were monitored and complaints acted upon in a timely manner.

People's end of life care was discussed and planned and their wishes had been respected.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider had systems in place to monitor the quality of the service. However, these systems had not ensured that staffing levels were suitable and care plans remained up to date and person centred

People, relatives and staff spoke highly of the service. The ethos, values and vision of the organisation were embedded into practice, and people were involved in the running of the service.

The service had a presence in the community and engaged with other organisations to benefit people. Staff were happy in their roles and felt well supported. Staff had a good understanding of equality, diversity and human rights.

Royal Bay Nursing 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 inspection took place on 7 November 2018 and was unannounced. The inspection team consisted of one 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 service. Royal Bay Nursing Home was previously inspected on 11 and 13 July 2017 and was rated as requires improvement overall.

The provider had completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we observed the support that people received in the communal lounges and dining areas of the service. Some people could not communicate with us because of their condition and others did not wish to talk with us. However, we spoke with seven people, two visiting relatives, four care staff, a registered nurse, the administrator, the chef and the registered manager.

We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including six people's care records, five staff files and other records relating to the management of the service, such as policies and procedures, training records and audit documentation. We also 'pathway tracked' the care for two people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Requires Improvement

Is the service safe?

Our findings

At the last inspection on 11 and 13 July 2017, we identified areas of improvement in relation to staffing levels and medicines management. Improvements had been made in relation to the management of medicines, however staffing levels had not improved continued to be an area of practice that requires improvement.

At the last inspection, there were sufficient staff to keep people safe, however, we received negative feedback from people in relation staffing levels being insufficient at certain times of the day, which impacted on their experiences of the care received. We saw at this inspection that staffing levels still did not routinely meet people's needs, and we received negative feedback from people and staff in relation to their preferences being met. Whilst it is acknowledged that staffing was sufficient to keep people safe from harm, good, person centred care requires that both the physical and social needs of people are met and their preferences are respected.
We discussed staffing levels with the registered manager. They told us, "We are recruiting at the moment and we use agency staff when needed. We listen to the staff and change the rotas accordingly, we go on to the floor if need be to cover". It is also acknowledged that the management of the service did help out delivering care when the service was very busy or running short staffed, however we received negative feedback from staff in relation to staffing levels. One member of staff told us, "We try our best. Mobile people are fine, but those that need hoists have to wait. It makes us feel awkward, as it's hard to make decisions about who to help first. All the bells are ringing and you feel torn". Another member of staff said, "We have no time to do the social side of care, there is no time to talk to people. We feel under pressure, constantly rushing. We can't get people up when they want, we're told we just have to have everybody up by 12:30pm". A further member of staff added, "We are generally rushed off our feet. You don't have time to sit and talk. We try to get people up when they want, but we can't do it. We can't give the best care for them". Further comments included, "We have no time to care for people properly, especially for those who have complex needs" and "We can't deliver care all at once, we're so rushed".

We also received negative feedback in relation to staffing levels meeting people's preferences in the way their care was delivered. One person told us, "I sometimes have to wait a long time before anyone responds to my buzzer". Another person said, "I don't like to use my buzzer because the staff are all very busy. When I came here, I asked that I be supported to be up and dressed by 10:00am, as I receive a lot of visitors. This does not happen now". A further person added, "I need help to go the conservatory for the activities, but it is dependent on staff being available". Another person said, "At times, I don't feel there are enough staff". Our own observations supported this.

When lunch was served at 12:45 there were 12 people in the dining room. At that time there were enough staff to meet people's needs. However, once the meals were served, only one member of staff remained in the dining room and was supporting a person on a one to one basis with their meal. We saw one person raise their hand to request something, but no staff were available to respond and they ended up putting their hand down. Another person dropped their knife and the member of staff providing the one to one support had to leave the person they were assisting, as nobody else was available. Furthermore, we saw and heard one person repeatedly become agitated in the lounge. No staff were present for a significant period of

time and the person continued to call out. When staff did engage with this person, they became calm and were happy to talk. However, this person was routinely left without the company of staff throughout the day. We asked staff if they had raised their concerns around staffing with the provider. One member of staff told us, "I have raised it and we're told we have enough staff". Another member of staff said, "The manager will help us, but we're expected to just get on with it". A further member of staff added, "I have raised it before with the provider about staffing levels, but they said we meet the requirements for staffing". People who were independent and mobile received care that met their needs and preferences. However, those with more complex needs, or requiring the assistance of two members of staff did not routinely have their needs and preferences met. This is a continued area of practice that requires improvement and is therefore a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, we saw that some information in relation to people's PRN 'as required' medicines was not fully documented and PRN protocols were in the process of being developed. At this inspection, we saw that improvements had been made. Documentation showed that the guidelines around people's use of PRN medicines were in place and that recording was accurate. We observed a registered nurse carrying out the lunchtime medicines round safely. They followed processes for preparing, administering and recording people's medicines. The registered nurse understood people's needs and supported them to take their medicines in a caring manner. People expressed no concerns around their medicines.

People said they felt safe and staff made them feel comfortable, and that they had no concerns around safety. One person told us, "I know I am very safe, I am well looked after". A relative said, "I know that my loved one is well looked after, I am confident that the home keeps them safe".

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans which informed staff of how to support people to evacuate the building in the event of an emergency. Equipment was also regularly checked and maintained to ensure that people were supported to use equipment that was safe.

People were cared for by staff that the provider considered safe to work with them. Prior to staff starting work their identity was confirmed and their previous employment history gained. Security checks ensured that staff were suitable to work in the health and social care sector. This had been checked with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people. Documentation confirmed that nurses had current registrations with the Nursing and Midwifery Council (NMC).

Staff had a good awareness of safeguarding. They had received relevant training, could identify different types of abuse and knew what to do if they had any concerns about people's safety. Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was displayed around the service for staff and people. We saw examples of when the management of the service had liaised appropriately with the local authority in respect to safeguarding.

We viewed a sample of people's rooms, communal areas, bathrooms and toilets. The service and its equipment were clean and well maintained. There was an infection control policy and other related policies in place. We observed that staff used personal protective equipment (PPE) appropriately during our inspection and that it was available for staff to use throughout the service. Hand sanitisers and hand-washing facilities were available, and information was displayed around the service that encouraged hand washing and the correct technique to be used. Additional relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control. The

laundry had appropriate systems and equipment to clean soiled washing, and we saw that any hazardous waste was stored securely and disposed of correctly.

Good

Is the service effective?

Our findings

People told us that staff were well trained and they received effective care that met their needs. One person told us, "The staff know what they are doing and the way I like things done". A relative added, "The permanent staff are brilliant, I couldn't ask for more. They deserve a medal".

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 with appropriate legal authority. 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. We saw this was the case and staff knew the correct procedures to follow and were aware of their responsibilities under the Act.

Staff undertook assessments of people's care and support needs before they began using the service. The pre-admission assessments were used to help develop a more detailed care plan for each person which detailed the person's needs. Documentation confirmed people continued to be involved where possible in the formation of an initial care plan.

The provider met peoples' nutrition and hydration needs. There was a varied menu, specialist diets were catered for and people were complimentary about the meals served. One person told us, "The food is very good, the choices are the things I like". Another person said, "There is a good variety". A relative added, "The food is very good, my loved one enjoys their food and they always eat well and if I let them know, I can eat with my loved one".

Staff received effective training in looking after people, were supported and had a good understanding of equality and diversity, which was reinforced through training. Staff received an induction to familiarise them with the running of the service and ongoing support.

Staff liaised effectively with other organisations to ensure people received support from specialised healthcare professionals when required. People's individual needs were met by the adaptation of the premises. There were adapted bathrooms, toilets, handrails, passenger lifts and slopes to ensure people had access to all areas of the service.

The Equality Act covers the same groups that were protected by existing equality legislation - age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership (in employment only) and pregnancy and maternity. These are now called `protected characteristics´. Staff we spoke with were knowledgeable of equality, diversity and human rights and told us people's rights would always be protected.

Good

Is the service caring?

Our findings

People we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "The staff cannot do enough for me, always willing to help me when I need it". Another person said, "the staff are great, they are very caring and I feel very well looked after". A relative added, "I cannot fault the staff, they are very caring. I could not ask for more".

People were supported with kindness and compassion. We saw good interaction between people and staff. Staff demonstrated a strong commitment to providing compassionate care. Throughout the day, staff spoke to people in a friendly and respectful manner. We observed positive interactions, appropriate communication and staff appeared to enjoy delivering care to people. One person told us, "I am never rushed, the staff always support me with a smile".

People's privacy and dignity was protected and we saw staff knocking on doors before entering and talking with people in a respectful manner. One person told us, "The staff always make sure that my door is closed before they help me". Another person said, "The staff always knock on my door and ask if they can come in". A member of staff added, "We knock on doors first and respect people's privacy".

Staff supported people and encouraged them, where they were able, to be as independent as possible. For example, we saw people assisting with making tea. Care staff informed us that they always prompted people to carry out personal care tasks for themselves, such as brushing their teeth and hair. One person told us, "I am encouraged to do for myself what I can do". A member of staff said, "I encourage people to wash themselves and put their night clothes on". Another member of staff said, "I encourage people to dress themselves and feed themselves. If they make a mess, that's fine".

People were empowered to make their own decisions. They told us that staff supported them to choose how they spent their day. One person told us, "The staff always ask me before they help me". Staff were committed to ensuring people remained in control and received support that centred on them as an individual. One member of staff told us, "I offer people the choice of where to sit and what to wear". Another added, "Choice starts from the moment we walk in the door, it's all about them". Staff also recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

People were encouraged to maintain relationships with their friends and families and to make new friends with people living in the service. Visitors were able to come to the service at any reasonable time, and could stay as long as they wanted. Peoples' equality and diversity was respected and staff adapted their approach to meet peoples' individualised needs and preferences.

Requires Improvement

Is the service responsive?

Our findings

People's needs were assessed and care plans were developed to meet those needs. This information had been drawn together, where possible by the person, their family and staff. A relative told us, "I am fully involved in my loved one's care planning". The service had introduced a system of recording people's care plans and care delivery by the use of hand held 'tablets' which recorded care needs on an electronic system. Care plans contained detailed information around people's specific conditions, however they did not routinely contain personal information about people and their lives.

The care plans we looked at did not detail information in respect to their family history, individual personality, interests and preferences. This kind of information is required to enable staff to have clear guidance on how best to support that individual and provide meaningful, person centred care. We raised this with the registered manager who told us that work to update care plans to be more person centred and be uploaded onto the electronic care planning system was still ongoing. They told us that they had recognised that the care plans were not fully person centred and raised this with the provider. The provider had arranged for a further member of staff to assist with this process, however at the time of our inspection, not all care plans were person centred and did not reflect people's likes, dislikes and preferences. We have identified this as an area of practice that needs improvement.

We saw a varied range of activities on offer which included, music, arts and crafts, quizzes, coffee mornings, exercise and visits from external entertainers. Representatives of churches also visited, so that people could observe their faith. People enjoyed the activities on offer. One person told us, "There are always activities going on but they don't force you to participate". Another person said, "I enjoy the activities, but I can only participate if someone is able to help me down stairs". A further person added, "The activity coordinator comes around regularly and discusses activities. She produces a monthly activity plan with suggestions we agree to". It was clear that a formal activities programme had been developed and implemented, and we saw evidence to support this.

People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed. One person told us, "I have very little to complain about, but when I have an issue, I tell the manager and she sorts it". The procedure for raising and investigating complaints was available for people, and staff told us they would be happy to support people to make a complaint if required.

The provider was meeting the requirements of the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Staff ensured that the communication needs of others who required it were assessed and met.

Peoples' end of life care was discussed and planned and their wishes had been respected if they had preferred not to discuss this. People were able to remain at the service and were supported until the end of their lives. Observations and documentation showed that peoples' wishes, with regard to their care at the end of their life, had been respected.

People had access to technology to assist them with their care and support. The service had a call bell system which enabled people to alert staff that they were needed. We saw that people had their call bells within reach and staff responded to them in a reasonable time. Furthermore, the service used an electronic care planning system that was accessible for staff.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection on 11 and 13 July 2017, we identified areas of improvement in relation to the management support available for staff. We saw that improvements had been made and people and staff were positive in their feedback of how the service was managed. One person told us, "The manager is very good, they are doing a good job". A member of staff added, "I can raise any issues I have with the manager and the deputy, they listen to us". However, despite this positive feedback, we found areas of practice that needed improvement.

At the last inspection staff told us they did not have good access to management. At this inspection improvements had been made. There was a registered manager in post. 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 said they felt well supported within their roles and described an 'open door' management approach. They commented that they worked well together as a team and could approach management with any concerns or questions. One member of staff told us, "I can speak with the managers at any time". Another member of staff said, "The carers are all good, we support each other". A further member of staff added, "I can talk with the manager about anything, we're listened to".

Regular audits of quality took place, which included audits of medicines, health and safety and infection control. Documentation we saw supported this, and the results of these audits were analysed to determine trends and introduce preventative measures. However, systems of governance and quality monitoring had not determined that staffing levels did not regularly meet people's needs and preferences. Furthermore, despite this being recognised by the registered manager, care plans were not routinely person centred and did not contain personalised information for all the people living at the service. We have identified this as an area of practice that needs improvement.

We discussed the culture and ethos of the service with the registered manager, people, and staff. One person told us, "I like it here. This is a real home". The registered manager added, "This is a good home. We've worked our socks off to get things going well. We know how each other ticks and we are kind and give good care". Staff supported this and a member of staff said, "It's a nice loving place, with great activities and great food. It's a happy home". A further member of staff added, "The residents are well cared for and the staff are supported". There was also a clear written set of values displayed in the service, so that staff and people would know what to expect from the care delivered.

We saw that people and staff were actively involved in developing the service. There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. Meetings and satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring satisfaction with the service provided. One person told us, "Even if I don't attend the resident's meetings, I am able to raise any issues and a member of staff will speak on my behalf". We saw minutes of meetings that

supported this statement.

Up to date sector specific information was also made available for staff including details of managing specific infectious conditions. The service was also trialling mattresses that aimed to reduce pressure damage sustained by people who spent a significant time in bed. We saw that the service also liaised regularly with organisations within the local community. For example, the Local Authority, Clinical Commissioning Group (CCG) and a local hospice, to share information and learning around local issues and best practice in care delivery. The provider also raised money for local charities and held coffee mornings for local people to come into the service and meet the residents.

Staff had a good understanding of equality, diversity and human rights. Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service.

Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy. We were told that whistle-blowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The interim general manager had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The interim general manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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 Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18(1) - Staffing The provider had not ensured that sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed to meet people's care and treatment needs.