

Manor Care Ltd

# Royal Manor Nursing Home

## Inspection report

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Derby  
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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

### About the service

Royal Manor Nursing Home is a care home service with nursing providing personal care to people aged 65 and over. The service can support up to 30 people. At the time of the inspection 25 people were using the service.

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

There was no registered manager in post. It is a legal requirement to have a registered manager in post and at the time of the inspection there had been no registered manager since July 2022. The provider had recruited a manager to the post twice since the registered manager left but neither person have remained in post.

Individual assessments were in place to enable staff to support people safely. However, we identified some potential environmental risks. These were addressed during and following the inspection.

A policy regarding safeguarding the people using the service, included information about restraint. We asked the provider to clarify the services position on restraint. This has now been done and confirms the home has a no restraint policy. This ensures that staff have clear guidance. Staff understood the safeguarding procedure to follow to report any concerns and we saw that training had been provided.

People's needs were assessed prior to moving to the service and they were supported in line with current evidence-based guidance and in accordance with their preferences. People were supported to take their prescribed medicines safely by trained staff. Audits were undertaken to monitor medicines management.

People confirmed there were enough staff and we saw sufficient staff were available to meet their needs. People were supported by staff whose suitability was checked before they commenced employment.

People were supported to follow their dietary requirements and preferences. Where people were at risk of malnutrition and dehydration this was monitored, and referrals made to the relevant healthcare professionals. People were supported to access health care services.

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

The home was cleaned to a good standard and well maintained. We saw staff used disposable aprons and gloves when required.

People and their relatives confirmed the staff were caring and considerate. People were supported to

maintain their privacy and dignity and their wishes were respected. Care plans included people's needs and preferences and life histories, to enable staff to understand people better. People's religious/ faith needs were met.

People, relatives, and staff were encouraged to feedback into the running of the service. Complaints were addressed and a procedure was in place.

Audits were in place to monitor the quality of the service and make improvements where needed. The management team worked alongside partner agencies to enhance the support provided to people.

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 25 June 2022)). Since we awarded this rating, the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. This is the first inspection for this provider.

#### Why we inspected

We were prompted to carry out this inspection due to concerns we received about the management oversight of the service. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Royal Manor Nursing Home

## Detailed findings

### Background to this inspection

#### The Inspection

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

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 2 inspectors. An Expert by Experience spoke via telephone to people's relatives the day after our visit to the home. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Royal Manor nursing home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

Inspection activity started on 21 June and ended on 22 June. We visited Royal Manor nursing home on 21 June 2023.

We observed the support the people received to help us understand their experience of receiving care. We spoke with 4 people that were using the service and 10 people's relatives, 5 members of staff including the operations manager, deputy manager, care staff, cook and activities coordinator. We reviewed a range of records. This included care records and medicines records. We looked at 3 staff files in relation to recruitment and training.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed a variety of records that were sent to us by email, relating to the management of the service. This included audits and feedback from staff, people using the service and relatives.

# Is the service safe?

## Our findings

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

This is the first inspection under this new provider. At this inspection we have rated this key question good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- At the last inspection there was a lack of oversight to ensure nurses were up to date with training and competent to provide safe care to people. The provider has ensured that nurses received clinical support and training to enable them to provide safe care to people.
- There were enough staff deployed to support people. Staff were available throughout the day in communal areas and supported people promptly when needed.
- People and their relative's confirmed staff were available to them when needed. One said, "There is enough staff to care for my relative."
- The provider followed safe recruitment practices. Pre-employment checks had been made before staff worked with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Assessing risk, safety monitoring and management

- We identified some potential environmental risks. For example, a cupboard that stored a variety of cleaning products was not securely locked. This was addressed immediately by the management team.
- Risk assessments and guidance relating to the communal rooms that had locks on the doors were not in place at the time of the inspection. This was addressed by the provider following the inspection.
- Information regarding assessed risks were up to date and accurate to support people's safety. For example, regarding the support people needed to evacuate the building in the event of an emergency.
- People were supported to maintain good skin integrity, and guidance was in place to support staff. People's skin condition was monitored on an ongoing basis. Where people were unable to move independently records were maintained to demonstrate staff had supported them to reposition on a regular basis.
- Referrals were made to external health professionals as needed to manage risks associated with people's assessed risk.

### Systems and processes to safeguard people from the risk from abuse

- People were protected by staff that understood how to safeguard them from abuse. Staff had received training about how to protect people from abuse.
- People told us they felt safe at the service. One person said, "I have felt safe since I moved here. The staff are friendly and always check that I'm alright." A relative told us, their loved one was safe and said, "Very safe, I've never had any concerns with character or behaviour with the staff I've met."

- Although no form of restraint was witnessed or disclosed, we identified the provider's safeguarding policy made reference to restraint. We asked the provider to clarify the information in the policy. They have confirmed that the home has a no restraint practice, and the policy has been updated to reflect this.

#### Using medicines safely

- People were supported to take their medicines safely. Processes were in place for the timely ordering, recording and supply of medicines.
- People were given time to take their medicine, and this was done in their preferred way.
- Records were in place for controlled drugs and for medicines requiring refrigeration. These demonstrated the correct checks were undertaken to ensure these medicines were stored safely and in accordance with manufacturer's instructions.

#### Preventing and controlling infection including the cleanliness of premises

- Following concerns raised from partner agencies, the management team had taken action to improve the infection control practices at the home. The provider's infection control policy had been updated.
- 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 promoting safety through the layout and hygiene practices of the premises.

#### Visiting in care homes

The service was supporting people to receive visits in line with current government guidance.

#### Learning lessons when things go wrong

- Partner agencies had shared areas for improvement with the provider who had taken action to bring about the necessary changes.
- An action plan was in place to monitor the improvements made along with the audits completed by the provider.



# 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.

This is the first inspection under this new provider. At this inspection we have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- A holistic assessment of people's needs was completed prior to them moving into the service. Relatives told us they were involved in this process.
- Nationally recognised tools were used to monitor people's health and wellbeing. This included the Malnutrition Universal Screening Tool to assess people's nutritional needs and the Waterlow score to assess people's pressure sore risk. These were used consistently to ensure people's needs were met.

Staff support, training, skills and experience

- People were supported by staff who were trained to carry out their roles. Staff confirmed and records showed they received the training they needed to meet people's needs.
- New staff completed an induction where they worked with experienced staff to understand and gain knowledge about the job role. Staff confirmed they were provided with supervision to monitor their performance and enable them to professionally develop.
- Nurses confirmed they were provided with supervision and support to maintain their nurse registration.
- People's relatives told us they felt staff were competent. One relative said, "My relative has really improved in their mobility thanks to the support from staff. I am confident in the staff's abilities."

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

- People at risk of malnutrition and dehydration were monitored and encouraged to eat and drink. Food and fluid records were in place for those identified at risk of malnutrition, or dehydration and referrals to the appropriate health care professionals were made when needed.
- Where food and fluid charts were in place, these demonstrated that people had been offered enough to eat or drink on a regular basis. We observed people being encouraged and supported with drinks and snacks throughout the day.
- People told us they enjoyed the meals provided and we saw they were consulted about their preferences.

Staff working with other agencies to provide consistent, effective, timely care

- Systems in place supported staff to provide consistent care. Records were in place to monitor people's health and well-being and enable the management team to follow up on any concerns.
- Staff worked with a range of visiting health and social care professionals. We saw that actions left by partner agencies had been met. Staff had the relevant information to help support people's health and wellbeing.

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

- A refurbishment programme was in place and several areas of the home, such as communal areas had been fully refurbished since the new provider purchased the home in April 2022. People, their relatives and the staff team spoke positively about the environmental improvements made. One person told us, "My room is lovely but everywhere looks better now."
- A secure enclosed garden area with seating was available for people to use and we saw several people sitting out enjoying the warm weather.
- People and their relatives confirmed they were able to access all communal areas and that no restrictions were placed on them.

Supporting people to live healthier lives, access healthcare services and support

- We received positive feedback from people and relatives regarding access to healthcare provision. One person told us, "There have been two or three occasions where they have brought a doctor in. They seem on the ball."
- People were supported to access health care professionals such as chiropodists, opticians, and dentists. Everyone was registered with a local GP and had access to support from their surgery as needed.
- Referrals were also made as needed to healthcare professionals to support people in maintaining good health.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training in the MCA and understood the principles of the act. Staff had a good understanding of the support people needed to make decisions about their care, and this was reflected in their care plans.
- People were supported to make their own decisions and helped to do so when needed.
- The provider had applied for DoLS where required.

# Is the service caring?

## Our findings

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

This is the first inspection under this new provider. At this inspection we have rated this key question good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us staff were kind and caring. One relative told us, "The staff I know and see regularly dote on my relative. There is always a member of staff in with them (when in communal rooms), they are never left alone. Another relative said, "My relative can move around, they are not made to stay in one area."
- We observed caring interactions between staff and the people they supported. For example, at lunch time. People were asked where they would like to eat their lunch, such as at the dining table or where they were currently seated. Staff were courteous and checked with people throughout the meal that they had everything they needed.
- Staff had a good understanding of the support people needed, their diverse needs and their preferences on how they were supported. We saw that staff had time to spend with people and people were supported at their own pace.

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

- People were supported to make day to day decisions about what care they received, and support plans were regularly reviewed.
- People and their relatives confirmed they were involved in reviews of their care package and asked for their opinions on the quality of care they received.
- The deputy manager confirmed that no one required the use of advocacy services to help them make decisions about their care. Advocates speak up on behalf of a person who may need support to make their views and wishes known.

Respecting and promoting people's privacy, dignity and independence

- People confirmed their privacy was respected by staff. One person told us, "I prefer to stay in my room most of the time. Staff check on me to make sure I'm alright, but I can also press my buzzer if I need anything."
- People were supported to be as independent as they could be. One person told us, "The staff let me do what I can for myself, and I appreciate that. It helps me to keep some independence."
- Staff understood the importance of confidentiality and we saw information regarding people was kept securely on mobile devices. Staff confirmed they did not discuss people's care in front of other people or relatives.

# Is the service responsive?

## Our findings

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

This is the first inspection under this new provider. At this inspection we have rated this key question good. This meant people's needs were met through good organisation and delivery.

### Planning personalised care

- People were supported by staff who knew them well and information in their care plans reflected the support we observed. Care plans included not only people's health care needs but also details regarding their interests and protected characteristics, for example their race, religion and beliefs.
- Care plans were regularly reviewed to ensure they remained relevant and up to date and people and their representatives were involved in care planning. One relative told us, "I've been involved all along, any problems the staff ring me."

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider complied with the Accessible Information Standard. We saw that information was available in an accessible format to aid people's understanding.
- People's method of communication had been assessed and was documented in their care records.

Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- Opportunities were available for people to participate in activities. An activities coordinator was in post. One relative told us, "The activities are great for my relative" "I can take them out anytime, I let the staff know and they get my relative ready."
- Indoor games were played by some people on the day of the inspection.
- People were supported by staff who understood their interests. Records were in place regarding people's life, their family and their interests and hobbies. One relative told us, "When my relative moved to the home, the staff got information from me and set up a booklet, this is for the staff as much as for my relative. It's a good idea." This enabled staff to provide personalised support to people.
- People were supported to maintain relationships. Visitors told us they were made to feel welcome by the staff.

### Improving care quality in response to complaints or concerns

- People told us if they had any complaints, they would tell the acting manager or their relative. A relative said, "If there are any issues they do sort them out pretty quickly. "My relative sometimes has clothes go

missing but the staff will find them."

- A procedure was in place to manage complaints and information was available on how to make a complaint.

#### End of life care and support

- Some people were receiving end of life care at the time of the inspection and their care plans reflected this.
- Information was recorded regarding people's religious beliefs and if they had a ReSPECT form in place. This is a Recommended Summary Plan for Emergency Care and Treatment and provides a summary of a person's clinical care in a future emergency.
- People receiving end of life care were supported through regular reviews with their GP's involvement.

# 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.

This is the first inspection under this new provider. We have rated this key question requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- It is a legal requirement to have a registered manager in post and at the time of the inspection there had been no registered manager since July 2022. The provider advised us they have been actively recruiting and had shorted-listed candidates. They were in the process of finalising the manager position offer details. No application to register a person as the manager had been received at the time of writing this report.
- The operations manager told us they were supporting the deputy manager by attending the home at least three days a week. A clinical deputy manager was also employed, and the provider confirmed they frequently attend the home.
- We identified two environmental risks; one being cleaning products not securely locked away and the other regarding the keypad locks on the outside of communal rooms. Actions were taken to address both of these, but had not been identified as a potential risk prior to us identifying and raising our concerns as to how and why they were in place.
- Comments from relatives were positive regarding the care provided.

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

- Audits were undertaken to identify where improvements were needed. Where new equipment or repairs were needed; the audits demonstrated actions had or were being taken to address this.
- The management team ensured we received notifications about important events, so that we could check that appropriate action had been taken.

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

- The provider and manager had taken into account the previous inspection report and made the necessary improvements and this was confirmed by the staff we spoke with. One member of staff confirmed the provider had included them in making positive changes. They told us, "Lots of changes have been made that have had a positive impact for the people we support, such as the activities, the environment and meal quality and choice has improved. Staff attend meetings are encouraged to ask questions and make choices."
- Staff felt supported by the management team. One staff member told us they had received lots of support from the provider and management team. They said their training has been a positive experience and

confirmed they had time to read risk assessments and care plans.

- People and their visitors told us they found the management team approachable and available to them. One relative said, "We have good communication with them, they are brilliant. They have started making improvements in the building and on the outside as well."

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

- People and their representatives were encouraged to give their views. Meetings had commenced for people and their relatives.
- We saw team meetings were held for staff and surveys were sent out to staff and people and their relatives to obtain their views on the service provided.

Continuous learning and improving care

- Following concerns raised by partner agencies, the management team had taken action to address these concerns.
- People and their relatives were confident in the management of the home and told us they had seen improvements in the environment on an ongoing basis.

Working in partnership with others

- The management and staff team worked in partnership with health and social care professionals, to ensure people's health and wellbeing were continuously monitored.