

Royale Care Uk Limited

# Royale Care UK Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This focused inspection took place on 10 May 2018 and was announced.

Royale Care UK is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of the inspection the service was providing personal care to 17 people.

The service was last inspected on 6 November 2017 and was given an overall rating of 'Good'.

At this inspection on 10 May 2018, we made a recommendation about the management of medicines. We also found a breach of Regulation 17 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.

This inspection was carried out in response to concerns we received about the service provision in relation to the management of the service, after our comprehensive inspection had taken place. We inspected the service against two of the five questions we ask about services: is the service well led and is the service safe. No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

The service did not have a registered manager in place. At the time of the inspection the manager had submitted an application to the Commission to become registered. 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.

There were systematic and widespread failings in the oversight and monitoring of the service. Auditing systems in place were not comprehensive and failed to identify issues we identified during the inspection.

Records management was not in line with good practice. The provider was not always clear on what records the service were required to maintain in relation to the management of the service. Records were not easily accessible or in place.

The management of the service was minimal as there was no manager based at the service and due to staffing levels, the provider was required to carry out the regulated activity 'personal care'. Although staffing levels appeared adequate, records relating to missed or late calls, was not sufficiently recorded and actioned.

People's medicines were not managed safely and in line with good practice. Medicine recording charts were not always completed correctly and medicine audits did not highlight errors identified during the inspection.

The provider had developed risk management plans that identified known risks and gave staff guidelines on managing the risks. Staff were aware of the different types of abuse and how to respond to, raise and escalate suspected abuse.

People were protected against the risk of cross contamination as the provider had clear policies and provided staff with personal protective equipment in the management of Infection control.

The provider had carried out appropriate pre-employment checks prior to ensure the staff's suitability for the role.

Incidents and accidents were reviewed and action taken to minimise the risk of repeat incidents. However records of all incidents and accidents were not always maintained effectively.

The provider sought people's views of the service provision to drive improvements, however it was not always clear what action had been taken to address people's identified concerns.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not as safe as it could be. People's medicine was not managed in line with good practice. Medicine recording charts were not always clear or completed correctly.

Accidents and incidents were not always recorded and analysed to minimise repeat occurrences.

Risk management plans in place gave staff guidance on how to respond to identified risks.

People received care and support from staff that were aware of the different types of abuse, how to respond, report and escalate suspected abuse.

The provider had systems and processes in place to safely manage infection control.

**Requires Improvement** ●

### Is the service well-led?

The service was not as well-led as it could be. The provider failed to demonstrate good governance in the overall management of the service.

Records management was not in line with good practice. Records were not easily accessible or in place.

The provider sought people's views of the service provision to drive improvements however action taken to address identified issues was not documented.

The provider sought guidance and support from other healthcare professionals to enhance people's experience of the service.

**Requires Improvement** ●

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## 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.

The inspection was prompted in part by information shared with the Commission in relation to the management of the service.

This focused inspection took place on 10 May 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because it is a domiciliary service and we needed to be sure that they would be in.

We attempted to carry out an unannounced inspection on 8 May 2018, however we were unable to gain access to the offices as the provider was delivering care and no other staff were available to give us access to the office.

This inspection was carried out by one inspector.

Prior to the inspection we reviewed the information shared with us and other information we held about the service. For example, feedback from members of the public and healthcare professionals and the Provider Information Return (PIR). A PIR is a document the provider sends us, to share key information on how what the service does well and any areas of improvement they plan to make.

During the inspection we spoke with one staff member and the provider. We looked at five care plans, four staff files, policies and procedures, accidents and incidents, staff training, medicines administration records and other records related to the management of the service.

After the inspection we spoke with one person, two relatives and two healthcare professionals to gather their feedback about the service.

# Is the service safe?

## Our findings

People's medicines were not always managed safely and in line with good practice. Although people confirmed they received their medicines on time and as prescribed, the provider had failed to ensure medicine administration records (MARs) were completed appropriately. A healthcare professional told us, "The MARs had gaps in them, the provider said they had carried out the audits but these weren't robust; and there was no evidence that follow ups on the errors had been carried out." During the inspection we looked at four MARs for the month of April and identified 44 incidents of staff not signing the medicines had been administered. The MARs did not always have the dosage, route or frequency recorded and therefore it was unclear as to when, how and how much medicine people were to have administered.

Although it was identified that regular medicines audits took place, it was evident issues were not always identified. For example, during the inspection we highlighted to the provider the medicines errors and that the medicines audit had not highlighted these issues. The provider told us, they had addressed the medicines errors in the recent team meeting, which records confirmed. However, there was no further follow up of the additional errors noted and subsequent action taken.

We recommend that the service consider current guidance on medicines management and take action to update their practice accordingly.

Although incidents and accidents were recorded, this was not done so, comprehensively. This meant it was not always clear what action the provider had taken to minimise repeat incidents and to learn from mistakes. During the inspection we identified that an incident had been recorded however there was no further record of direct actions taken to address the incident going forward. We shared our concerns with the provider who said they would be addressing this to ensure this does not happen again. We will review this at our next inspection.

We received mixed reviews about the staffing levels provided by Royale Care UK. One person told us, "Yes they [staff members] do visit on time. I Haven't had any late ones yet." However, a relative said, "That is one bad thing about the service; the timing is much hit and miss. In the morning it's not that bad, but in the evening it's not great. Sometimes the calls are very late. Last week a carer didn't turn up and they had to find someone else to visit instead." A staff member told us, "I don't believe there's been any missed calls, but sometimes there have been some late calls. If I'm running late, I will call the office and let them know." During the inspection we reviewed the staff rota and found visits were covered however there was no record of late or missed visits. We spoke to the provider about our concerns who said, "We call people and inform them if the staff are going to be late. We don't record it, we do find cover."

People and their relatives told us they felt safe receiving care and support from Royale Care UK. One relative said, "I can't see why [relative] wouldn't be safe." A healthcare professional told us, "The comments back from clients, they are very happy with the service provided with and haven't had any missed calls. The client feedback is good."

People were protected against the risk of harm and abuse. Staff could identify the different types of abuse, knew how to report their concerns and told us they were confident in escalating suspected abuse. Staff received training in safeguarding, were aware of the provider's policy and told us they would whistle-blow if they identified poor practice.

The provider had developed risk management plans, which identified a risk and gave staff guidance on how to respond when faced with that risk. Staff confirmed they had read and understood the risk management plans and enabled them to keep people and themselves safe when carrying out their tasks. Risk management plans covered physical health, skin integrity, medicines management, moving and handling and environment. Although risk assessments were in place, we identified one risk assessment that had not been updated to minimise the impact of a new identified risk. We shared our concerns with the provider who told us they would be reviewing the risk assessments and liaising with the local authority for further guidance and support. We were satisfied with the provider's response.

People received care and support from staff that had undergone a robust employment checks. Records confirmed staff files contained an application form, photographic identification, proof of address, references and a Disclosure and Barring Services (DBS) check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

People were protected against the risk of cross contamination as the provider had taken reasonable steps in infection control management. The provider had a policy and staff received training in infection control. Staff confirmed they received Personal Protective Equipment (PPE), to safely carry out their role.

## Is the service well-led?

### Our findings

Prior to inspection we received concerning information in relation to the overall management of the service, specifically in relation to records management.

People did not receive a service that was well-led. During the inspection we identified there was a systematic failing in the monitoring and oversight of the service. Records relating to the management of the service were either not up-to-date or not in place. For example, medicines audits, accident and incident logs, late and missed call logs, risk assessments and staff training matrix. This meant that issues identified during the inspection had not been identified by the provider and therefore action had not been taken in a timely manner.

The provider did not carry out robust audits for the service to drive improvements and was unaware that these were to be completed. A healthcare professional told us, "There are no robust audit systems. They [the provider] couldn't provide evidence of spot checks for clients that had been done." During the inspection we identified audits were only carried out in relation to medicines, daily logs and the care plans. Although medicines audits were undertaken, these were not sufficiently robust and did not always identify issues. We also noted audits of late calls and accidents and incidents were not taking place. We shared our concerns regarding the above issues with the provider who told us, "I didn't know about doing all the audits. We did have a manager here and a care coordinator who used to do all of this, but I've been left to do it."

Although the provider had sought feedback of the service from people, to drive improvements, there was no evidence these issues had been addressed sufficiently to minimise repeat incidents. For example, two people raised concerns in the questionnaires about staff visits being late. Although this was addressed in a team meeting, no further action was taken.

The issues above were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff training matrix was reviewed during the inspection and we identified some staff had not received training. Upon discussion with the provider, it was clear that the training had in fact taken place, however the matrix had not been updated. We shared our concerns with the provider who agreed they would send us the updated version. After the inspection the provider submitted the up-to-date training matrix. We were satisfied with the provider's response.

We received mixed reviews about the management of the service. One person said, "I have no concerns." A relative told us, "I can contact [the provider] easily." However, another relative said, "I do find [provider] helpful to a certain extent. If I call up and say there's a problem they say they'll sort it out. But after a while it goes back to what it was before." A healthcare professional told us, "It's the monitoring of the service that's a problem."

Staff confirmed they found the provider approachable and supportive. However also said there should be



more people available in the office to manage the service. During the inspection we identified the provider was available to speak to people and answered the phones, we found the provider to be hurried and in need of additional support in managing the service. We spoke to the provider about our concerns in relation to the management of the service. The provider told us, "I manage the service, the manager has put in her application form [to become registered], but I'm doing [it all] at the moment." The provider went on to say a coordinator was waiting to commence their role and hopefully this would make things more manageable.

The provider encouraged partnership working with other healthcare professionals to gain guidance and support. Records confirmed the provider had contacted a healthcare professional in relation to an incident that had taken place and was awaiting their guidance.

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
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to demonstrate good governance in the overall management of the service. Regulation 17 (1) and (2)(a)(c)</p>