

Crown Care IV Limited

The Royal

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

About the service

The Royal is a residential care home providing personal and nursing care for up to 57 people. At the time of our inspection, there were 49 people using the service. Some people using the service were living with dementia.

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

Systems in place to ensure people received their medicines as prescribed were not always effective.

People were not always protected from the risk and spread of infection. For example, some areas of the home required a deep clean and some seating was heavily stained and unclean.

The provider had systems in place to monitor the quality of the service. This process had not always identified issues we found on inspection. Where issues had been noted as a result of internal audits, actions to rectify them had not been completed in a timely way.

The provider had systems in place to safeguard people from the risk of abuse. Staff we spoke with confirmed they had received training in safeguarding and knew what action to take if they suspected abuse.

Risks associated with people's care had been identified and plans were in place to ensure they were managed safely. The manager had a system in place to monitor incidents and completed an analysis to identify trends and patterns and mitigate future incidents.

The provider had a system in place to ensure staff were recruited safely and received an induction. We observed staff interacting with people and found there were sufficient staff available to meet people's needs in a timely way.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 9 June 2018).

Why we inspected

We received concerns in relation to staffing, frequent falls and changes in the management team. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'The Royal' on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Royal

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 two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The Royal is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Royal is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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 a registered manager in post. However, the registered manager held an area manager role and the provider had recently appointed to the registered manager post. The new home manager had been in post approximately one week prior to our inspection.

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

We spoke with four people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, new manager, and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at a variety of records relating to the management of the service. After our inspection we continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The provider could not always evidence that medication had been administered as prescribed. We looked at several Medication Administration Records (MAR's) and found there were many gaps in recording. This included topical medicines such as creams.
- Some people were out of stock of some of their prescribed medicines and therefore had not received them. We raised this with the registered manager who assured us these issues would be reported to the local authority safeguarding team.
- Some people were prescribed medicines on an 'as and when' required basis, often referred to as PRN. Some protocols were in place and gave details of how and when to administer the medicine. However, some PRN medicines did not have protocols in place.

The provider had failed to ensure safe management of medicines. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. For example, we found chairs in need of a deep clean or replacing as they were heavily stained. Linen trolleys contained clean and dirty items which risked the spread of infection.
- There were not enough facilities available to dispose of personal protective equipment (PPE). For example, there was only one yellow bin per floor which was not enough to support staff in safe disposal of PPE. The management team confirmed they had taken action to address these issues.

Visiting in care homes

- The provider was facilitating visits to the care home to ensure people remained in contact with their family and friends.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from abuse, such as policies and procedures and staff training. However, these had not always been effective in ensuring all safeguarding concerns related to medication were identified and reported timely.
- Staff we spoke with told us they had the skills to recognise and report abuse and felt the management team would take appropriate actions.

Assessing risk, safety monitoring and management

- Risks associated with people's care were identified and managed appropriately.
- Appropriate maintenance took place to ensure equipment was safe to use.

Staffing and recruitment

- Although relatives told us there were not enough staff, in our observations, conversations with staff and relation of relevant documentation, we did not find concerns in this area.
- The provider had a recruitment process which helped them to employ suitable staff.
- We looked at three staff files and found pre-employment checks had been carried out prior to staff commencing in their role. This included Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We observed staff interacting with people and found there were enough staff available to meet people's needs in a timely way.

Learning lessons when things go wrong

- The registered manager had a system in place to record and collate information regarding accidents and incidents.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Continuous learning and improving care

- The provider had a system in place to monitor the quality of the service however, this had not always been effective.
- During our inspection, we raised concerns around medication management and infection control and found these issues had not been identified as part of the provider's internal processes. For example, the infection control audit had not identified concerns such as some areas which required deep cleaning and some chairs were heavily stained and not suitable for use. The provider audited the medication however, this consisted of looking at three random MAR's each month which was not effective in identifying shortfalls.
- We found many bath/shower rooms were out of order, therefore people had limited access to bathing and showering facilities. One relative said, "[Relative] only has two showers a month." However, another relative said, "[Relative] can have a shower when they want."

Management systems were not always effective. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the provider took action to address these issues. This included making sure bathing facilities were available and introducing more audits to ensure medicine management improved. The provider also took action to resolve the concerns we raised about infection control. These systems require embedding into practice.

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

- We saw confidentiality was not always respected. For example, we saw personal files containing confidential information, left outside people's bedrooms. The management team confirmed that a new system had been put in place to ensure this doesn't happen.
- Menu information was not presented in a readable format because the chalk board it was written on was worn. However, we saw staff used show plates to assist people in choosing their meal. One person said, "Gammon is very tasty, lovely." Another person said, "Food is always good."
- We observed staff interacting with people and found they were polite, respectful and considerate. Staff knew people well and responded appropriately to their needs. Relatives commented positively about the care people received. One relative said, "The staff are kind and caring and they, love [relative] to bits."

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

regulatory requirements; 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

- At the time of our inspection, the registered manager held area manager responsibilities and a new manager had been recruited and been in post approximately one week.
- The manager was supported by the registered manager, deputy manager and a team of senior care staff and nurses.
- The management team were aware of their duty of candour and liaises with people when things went wrong. Lessons were learned and situations were used to develop the service.

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

- Some relatives we spoke with felt they were not involved in their family member's care. One relative said, "I feel that staff are responsive to [relatives] needs and wishes. However, they don't communicate well, if [relatives] needs change, they [staff] don't communicate with me at all." Another relative said, "They [staff] are not good at communicating any issues about [relative]." However, one relative said, "They are good at communication, they [staff] tell me everything."

Working in partnership with others

- We reviewed documentation and found the provider and management team worked in partnership with other professionals.

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
Treatment of disease, disorder or injury	The provider had failed to ensure safe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Management systems were not always effective.