

Curo Blackpool Limited

Royal Care Home

Inspection report

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14 June 2023
22 June 2023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Royal Care Home is a residential care home providing personal care to up to 27 people. The service provides support to people who may be living with dementia. At the time of our inspection there were 23 people using the service.

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

The service was not always safe. Not all staff had completed the necessary training to keep people safe. We found care records were not always accurate. Where risks to people were identified recorded documentation to lessen the risk was, at times, conflicting. We found concerns with the cleanliness and maintenance of the environment.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. The governance and quality checks in the home did not consistently promote the delivery of safe care and treatment. The registered provider had not established good governance in line with best practice and to ensure compliance with regulation.

We found people were not involved in care planning, we have made a recommendation around this.

The service was caring. One person told us, "[The staff] are all very kind." We observed positive interactions between residents and staff and people were comfortable in the company of staff. The staff knew people well. People told us they were treated with dignity and respect. One person said, "That was something that worried me beforehand, showers, and things like that, but the staff are very good; their approach is very good, and I feel absolutely fine with [personal care] now."

People told us they felt safe, comments included, "It feels safe here and I feel very safe in my room." And "I feel very safe because the staff keep a constant check on us and there's a routine they follow so we know what's going on."

There was a positive staff culture at the service and staff were happy in their roles. People, relatives, and staff were complimentary about the registered manager.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 April 2021). At this inspection the rating has remained requires improvement.

The provider completed an action plan after the last inspection to show what they would do and by when to

improve. At this inspection we found the provider remained in breach of regulations. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 10 February 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, caring and well-led which contain those requirements.

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.

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 remained requires improvement. This is based on the findings at this inspection.

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

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, safeguarding people from abuse and improper treatment and good governance at this inspection. We have made a recommendation around involving people in their own care and treatment.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. 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 with the 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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Royal Care 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

One inspector and 1 Expert by Experience carried out the first day of this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two inspectors returned for the second day.

Service and service type

Royal Care Home 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. Royal Care Home 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 14 June 2023 and ended on 27 June 2023. We visited the service on 14 and 22 June 2023.

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 7 people who used the service and 1 relative about their experience of the care provided. We spoke with 6 members of staff including the registered manager.

We walked around the home to make sure it was homely, suitable, and safe. We observed the care and support people received. This helped us understand the experience of people who could not talk with us.

We reviewed multiple medicine administration records, medicines stocks and storage and observed medicines administration. We reviewed 8 people's care records and looked at 4 staff files in relation to recruitment. We looked at a variety of records relating to the management of the service, including policies and procedures.

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 requires improvement. The rating for this key question has remained 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had not kept accurate and up to date records in respect of each person using the service and the care provided. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Risks to people's health, safety and wellbeing had not been consistently assessed and managed. Documentation did not include all the information to guide staff around how to provide safe care and treatment. Care records did not always reflect accurate information relating to people.
- We viewed 2 people's care records which held inconsistencies around supporting people to mobilise. We found incidents where these people had fallen, and the care plan was not being followed.
- We found concerns around fire safety documentation at the service. The document to assist staff in evacuating the building in the event of a fire held inconsistencies for 5 people. We spoke to staff who told us contradictory information about how people would be evacuated in the event of a fire.
- We found equipment was being used for people which had not been risk assessed and there were no recorded instructions for staff around how to use the equipment safely. We viewed training records, and these did not include reference to this piece of equipment. We spoke with the registered manager who confirmed that no competency checks were carried out to ensure staff were using the equipment safely.
- We viewed accident and incident records there was not enough information to look for themes and prevent the events from happening again in the future.

Records in respect of each person using the service and the care provided did not include all the relevant information. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- The provider had not adequately assessed, and managed risks related to the prevention and control of infection. We found equipment was being stored inappropriately and did not follow good infection prevention practice.
- During the inspection, we found the environment was unclean in several areas. We found equipment in communal bathrooms was soiled. People's personal equipment such as walking aids were visibly unclean.
- We found the premises were not well maintained. We saw paintwork was chipped in some areas and

flooring was poorly fitted which could prevent adequate cleaning.

- The completion of cleaning tasks was not always checked and documented.

We found concerns with regards to preventing and controlling infection. This placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was not always working within the principles of the MCA and where needed, legal authorisations to deprive a person of their liberty did not include all the restrictions a person was subjected to.
- The provider had not followed best interest principles with regards to the use of CCTV as a means of supervision. People had not been informed about the use of CCTV in the home and their wishes had not been considered.

This was a breach of regulation 13 (safeguarding service users from improper treatment and abuse) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had policies to guide staff on how to report concerns of neglect or abuse. Staff had received training in safeguarding awareness.
- We received consistent feedback from people stating they felt safe living at the home, comments included, "It feels safe here," and, "I feel very safe because the staff keep a constant check on us."

Staffing and recruitment

- The provider followed safe systems for staff recruitment. Staff told us they were recruited safely, and mandatory checks such as DBS checks were completed prior to them starting work at the home. 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.
- Staff were deployed effectively, during the inspection we observed staff responding to calls for assistance. One person told us, "I'm sure every care home could do with more staff. I wouldn't say they're short-staffed and there's always someone you can speak to if you want to, about anything that's on your mind, that's cropped up – like you would with family, or if you just feel like a chat."

Using medicines safely

- The registered manager and staff followed safe processes to ensure people's medicines were managed safely. Staff were suitably trained to administer medicines and checks on their practice had been carried out.

- Medicine records were maintained, and checks indicated people had been given their medicines as prescribed.
- Where people had been prescribed additional medicines on an as required (PRN) basis. PRN protocols were in place, and contained information to guide staff around why people might require additional medicines.
- Some people had their medicines administered covertly and these medicines were managed safely. Documentation was in place to show how the medicine should be administered.
- Temperatures of medication storage areas including medicine fridges were monitored.

Visiting in care homes

- There were no restrictions on people receiving visits in place at the time of the inspection. One person told us, "My [family members] come to see me once a week, and friends, whenever they want to come."

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. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were not always consulted about their care plans. People and family members told us, "I've not seen a care plan, [name] does have regime of medicines, not exactly sure what care [name] needs." And "I don't think I have seen or been involved in my care plan." During the inspection the registered manager had begun to send out feedback forms to family members to ask for their input into how the service was ran and how care was delivered.

We recommend the provider follows current best practice around supporting and evidencing people's involvement in their own plans of care and care reviews.

- The service supported people to make choices in their daily lives. We observed staff offering choices and encouraging people to make their own decisions. Staff said they had time to talk with and listen to people. One person told us, "[The staff] take the time to listen if I'm upset."
- Staff encouraged people to make decisions about their day-to-day routines and their care needs, in line with their personal preferences. People could express their views as part of daily conversations.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated with respect, compassion and kindness, they were given emotional support when needed. We observed staff speaking with people who lived at the service in a respectful and dignified manner.
- People were complimentary about the attitude and kindness of staff. Staff and people living at the service had developed good relationships. Staff knew about people's preferences and how best to support them. One person told us, "The staff are all very good, very kind." Another said, "The staff are lovely and have established a nice relationship with [name]."
- Staff respected and promoted people's privacy, dignity and independence. Staff knocked on people's doors and waited for their agreement to enter. One person told us, "That was something that worried me beforehand – showers, and things like that – but the staff are very good; their approach is very good, and I feel absolutely fine with [personal care] now."
- Staff encouraged people to maintain their independence whenever possible. People told us how they were encouraged to be independent in daily living activities. One person said, "I say to the staff 'Can you call me at such a time?' to wake me up in the morning, and they do."
- People's information was stored and held in line with the provider's confidentiality policy.

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. The rating for this key question has remained 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the governance system was ineffective. Areas of concern on inspection had not been noted and fully addressed. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- We found there was not a structured, systematic, effective approach to assess and monitor the service to identify shortfalls and drive improvements. For example, audits had not identified and resolved the shortfalls we had identified on inspection in relation to care records and infection prevention and control concerns.
- We expect providers in all health and care sectors to review what training and support they provide to staff in various roles, to ensure they are meeting their legal responsibilities. We found none of the staff had received training around learning disabilities and autism in line with current guidance.
- We found records relating to people's care and treatment contained inconsistencies and did not include all the information required for staff to follow.
- At the time of the inspection Closed-Circuit Television (CCTV) was in use in the home, documentation around the use of CCTV within the home had not been completed in line with current guidance.

The governance system was ineffective. Areas of concern on inspection had not been noted and fully addressed. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a positive staff culture at the service and staff were happy in their roles. One staff member told us, "I love every aspect of working at Royal Care Home, from the staff, residents and especially [registered manager] who encourages me every day to achieve happiness in the workplace."

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

- The registered manager understood their duty of candour responsibilities. Good relationships had been

developed between management, staff, people using the service and their family members.

- The registered manager had been open with people when things went wrong. Any incidents were discussed with staff during meetings or in one-to-one support sessions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff and management meetings took place regularly and there were open forums for information to be shared. One staff member told us, "Staff meetings happen once a month and hand over at each shift change."
- The manager had an 'open door' policy, so people could approach them directly to discuss any concerns openly and in confidence. People we spoke with were consistently positive about the registered manager and felt they could approach them with any concerns. One person told us, "Recently, there's been a notice put on the doors, asking people if they've anything they want to suggest, that sort of thing." One staff member told us, "One of the best managers I have ever worked under. Manager is approachable with anything."
- Equality and diversity training was provided for staff.
- Records and discussion showed the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to assess risks associated with the premises, equipment and cleanliness in relation to the health and safety of service users and to do all that is reasonably practicable to mitigate risks. (1)(2)(a)(b)(d)(e)(h)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to act in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards: Code of Practice and the Mental Capacity Act 2005 Code of Practice. The provider had failed to follow the best interest process in accordance with the Mental Capacity Act 2005. (1)(2)(4)(d)(5)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to have established and effective systems in place to assess, monitor and improve the quality and safety of the service. The provider had failed to maintain accurate, complete and up to date records for people and the management of the service. (1)(2)(a)(b)(c)(d)(f)

The enforcement action we took:

Warning notice