

Healthmade Limited

Royal Court Care Home

Inspection report

22 Royal Court
Hoyland
Barnsley
South Yorkshire
S74 9RP

Tel: 01226741986
Website: www.royal-court.net

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Royal Court is a care home providing accommodation and personal care to older people, some of whom are living with dementia. The service can support up to 40 people in one building. At the time of this inspection there were ten people living at Royal Court.

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

The service had significantly improved since the previous inspection. People and staff recognised the service had improved. One staff member said, "Everything is so much more relaxed and happier, everyone is happier, staff, people we support, completely different atmosphere." The provider had recruited a new manager. People who lived at the service had met the new manager and had an opportunity to ask them questions.

The management team conducted audits and checks to further ensure the quality and safety of services provided to people. The operation of the quality assurance processes had significantly improved and actions arising from audits were being recorded and progressed. The premises were clean and there was good infection control practice in place. There was a friendly atmosphere at Royal Court, and we saw people looked well cared for.

People received safe and caring support at the service. Staff knew people and their needs well, and we saw caring interventions and conversations throughout our inspection. People received their medicines when they needed them, and there were systems in place to ensure people were protected against the risk of abuse. Risks were identified but staff did not always follow the measures to mitigate the risk. This could put people at increased risk of avoidable harm.

We have recommended that the provider refer to current clinical guidelines and best practice to ensure systems, processes and accurate records are in place.

Staff were recruited safely and there were enough of them to keep people safe and to meet their care needs. Staff were receiving appropriate training, which was relevant to their role and people's needs. Staff were supported by the management team and were receiving formal supervisions where they could discuss their on-going development needs.

People's needs were assessed. Care was planned and delivered in a person-centred way, in line with legislation and guidance. People were supported to eat a healthy balanced diet. A range of meaningful activities were on offer to keep people occupied, according to their individual interests. Complaints and concerns were well managed, and the manager took prompt action to address any issues we raised during the inspection.

People were supported to have maximum choice and control of their lives. Staff supported people in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Although significant improvements had been made since the last inspection, further time was required to ensure that new systems were fully embedded, and consistency of improved practice was evidenced.

Rating at last inspection and update

The last rating for this service was inadequate and there were multiple breaches of regulation (published 07 December 2020). The provider completed an action plan after the last inspection to show what they would do, and by when, to improve.

We undertook targeted inspections (published 05 December 2020) and (published March 2021) to check what improvements had been made. We found the service continued to be in breach of regulations but were not able to provide a rating. This is because we only looked at the parts of the key question, we had specific concerns about.

This service has been in Special Measures since December 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

We have found evidence that the provider needs to make improvements. Please see the well led sections of this full report.

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

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 work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always 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 Court 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 Care Act 2014.

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.

Service and service type

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

The service had a manager who was in the process of registering with the Care Quality Commission. When registered, this means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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 spoke with two people who used the service, and five relatives, about their experience of the care provided. We spoke with the manager, two senior carers, the domestic assistant, a kitchen assistant, four care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved 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.

Assessing risk, safety monitoring and management

- Staff knew people well and were aware of people's risks and how to keep them safe.
- However, we found risk assessments were not always followed, putting people at risk of harm. For example, one person had a detailed assessment completed by the speech and language therapist (SALT) which gave staff clear instructions on safe food options. Records showed there had been an incident when the person had eaten foods considered high risk, which should have been avoided.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate safety was effectively managed. 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.

The provider responded immediately during and after the inspection. They confirmed all the actions from the risk assessment had been reviewed and measures, to reduce those risks, were in place and followed by staff.

We recommend the registered provider refer to current clinical guidelines and best practice to ensure systems, processes and accurate records are in place. This will help to identify and assess risks to the health, safety and/or welfare of people who use the service.

- Fire systems and equipment were monitored and checked to ensure they were in good working order.
- Personal emergency and evacuation plans were in place.

Preventing and controlling infection

At the last inspection we found the risks associated with infection control were not safely managed. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made around infection control measures at this inspection and the provider was no longer in breach of regulation 12.

- Since the last inspection systems associated with infection control had been reviewed and upgraded to ensure there were measures in place to prevent and control the spread of infection.
- The provider was preventing visitors from catching and spreading infections.

- The provider was meeting shielding and social distancing rules.
- The provider was admitting people safely to the service.
- The provider was using PPE effectively and safely.
- The provider was accessing testing for people using the service and staff.
- The provider was promoting safety through the layout and hygiene practices of the premises.
- The provider was making sure infection outbreaks can be effectively prevented or managed.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Using medicines safely

At our last inspection we found the risks associated with medicines were not effectively managed because there was not a robust auditing system in place to monitor the safe management of medicines. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made in relation to medicines management at this inspection and the provider was no longer in breach of regulation 17.

- Medicines were received, stored, administered and disposed of safely.
- Audits and checks were completed, and actions taken where issues had been identified.
- Staff involved in the handling of medicines had received training about medicines. Staff were assessed as competent to support people with their medicines.

Learning lessons when things go wrong

At our last inspection we found systems were either not in place or robust enough to ensure lessons were learnt when things went wrong. This was a further breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made about lessons learnt at this inspection and the provider was no longer in breach of regulation 17

- Since the last inspection the provider had put systems in place to learn when things went wrong.
- The manager completed a monthly accident and incident analysis to identify trends and patterns to prevent reoccurrences.

Staffing and recruitment

At our last inspection we found systems were either not in place or robust enough to ensure accurate and complete staff records were maintained. This placed people at risk of harm. This was a further breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made about staffing and recruitment at this inspection and the provider was no longer in breach of regulation 17.

- Staff files evidenced the safe recruitment of staff.
- Sufficient numbers of staff were available to keep people safe.
- Staff told us there was enough staff. One staff member said, "There is not a big turnover of staff and there's enough staff for the people living here."

Systems and processes to safeguard people from the risk of abuse

- Relatives said they had no concerns about the safety of their relatives. Comments included, "I'd say my [relative] is 100% safe, no worries at all," and "Oh yes, I think [my relative] is safe."
- Staff had been trained in safeguarding and were aware of the processes to be followed to keep people safe.
- Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust.

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure the premises were suitable for the purpose for which they were being used. This was a breach of Regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Since the last inspection the premises had undergone major refurbishment and decoration. The provider had taken steps to make the environment more accessible to people living with dementia. However, further work was required. The management team acknowledged this and said they had an ongoing plan to continue to improve the environment.
- Relatives said, "What I have seen of the building is a vast improvement, it's [the building] been repainted and carpeted and [people's] rooms been redecorated." Another relative said, "The buildings being redecorated new plain carpets have been laid and there's more dementia friendly signage. It's much more dementia friendly."
- The premises were safe and regular checks were completed to ensure ongoing maintenance issues were dealt with promptly.

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

- People's needs were assessed to ensure the service could provide appropriate care and support.
- Care planning was undertaken in line with best practice guidance and research.
- People's protected characteristics under the Equality Act 2010, such as age, disability, religion, gender and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.

Staff support: induction, training, skills and experience

- Staff were appropriately trained and supervised to provide care and support to people who used the service.
- Staff told us they were supported in their role by the manager and the management team. We observed morale was good.

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

- People had access to a balanced diet and there was a good range of food and drink available at all times.
- People who needed it had their nutritional intake recorded on a food and fluid chart

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.
- Relative's comments about their family member's healthcare included, "They [staff] are good at calling the GP if needed, we have no worries," and "[my relative] is doing well here, she is happy and they keep me informed about [my relatives] health. "
- Care records evidenced the involvement of external health care professionals. This included specialist health services, speech and language therapists and dieticians.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who lack capacity to make important decisions themselves.
- Where people lacked capacity to make a decision, we saw decision specific assessments in their records. Evidence of best interest's decision making was also recorded.
- People were given choice about how they liked their care and treatment to be given and we observed staff gave people choice.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 looked comfortable and relaxed in the presence of staff. We saw staff had developed good positive relationships with people and knew them well.
- Staff were knowledgeable about people's needs and people and relatives told us staff were caring and worked hard to deliver person centred care.
- Relatives spoke positively about the care their relatives received. Comments included, "My [relative] loves the people that look after her, they are like her family."
- Information on people's past lives was recorded to assist staff better understand them. Staff and the management team demonstrated a good understanding of the people they were supporting.
- Staff were trained in equality and diversity and there was an up to date policy. We found no evidence to suggest anyone using the service was discriminated against and no one we spoke with or their relatives, told us anything different.

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

- People's views were sought daily from staff and used to determine how the service operated. For example, people were involved in decisions about the decoration and refurbishment of the service.
- Staff supported people to make decisions about their care.
- We saw staff asking for consent from people before supporting them.

Respecting and promoting people's privacy, dignity and independence

- Staff interacted with kindness and compassion throughout our inspection, treating people with dignity and respect.
- People's privacy and dignity was maintained. We saw staff knocked on bedroom doors before entering and spoke about people in a respectful manner.
- Systems were in place to maintain confidentiality and staff understood the importance of this, people's records were securely stored.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care needs were assessed, and clear and detailed plans of care put in place. These were largely appropriate, person centred and regularly reviewed.
- People's likes, dislikes and what was important to the person were recorded in people's care plans.
- Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and the service ensured steps were taken to communicate effectively with people.
- Communication about people's needs and any changes in their care and support was shared appropriately with staff through daily handover, ongoing daily communication and regular team meetings.

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

- People had access to a range of activities when they were scheduled.
- Activities were both communal and on a one to one basis to ensure people were engaged in activities which were meaningful to them.
- However, a recent survey and feedback from relatives demonstrated activities was an area which required improving.

We discussed this with the management team who said they would take immediate action to address this concern.

Improving care quality in response to complaints or concerns

- The provider had systems in place to log, investigate and respond to complaints.
- People told us they did not have any concerns or complaints and if they did, they would speak with staff or the manager.

End of life care and support

- End of life care arrangements were in place to ensure people had a comfortable and dignified death.
- The service worked with families and people to assess and document their end of life wishes. These were clearly recorded within care plans.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved 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.

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

At our last inspection the provider had failed to ensure governance systems had been fully established and operated effectively. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made. However further improvements were needed. This was a continued breach of regulation 17.

- Since we last inspected the service a manager had been recruited, and temporary management arrangements were put in place by the provider. This was to help maintain the running of the service, as well as address areas of concern. The service was run by the nominated individual, who was experienced and skilled at supporting services to improve.
- There were clear signs of improvement at the service, which was reflected in feedback from people, external stakeholders and staff. Staff said they had confidence in the management team and the support they received had improved. One staff member said, "Everything is so much more relaxed and happier, I actually feel proud of working here now."
- Despite significant improvements being found, the provider was unable to demonstrate improvements had been sustained over a long enough period to achieve a rating of good. This is supported by the fact the new manager had only just started working at the service.
- A range of quality assurance systems were in place to monitor and improve the service. These had been effective in identifying areas for improvement. When issues had been identified, action had been taken to make improvements. However, as the quality assurance systems were operated effectively for less than six months, this meant we needed to see this improvement embedded at the next inspection.
- The provider audited the service on a periodic basis, to help share learning and ensure consistent high standards. They demonstrated they were committed to addressing our concerns from the previous inspection and additional resources were provisioned to raise standards, such as the decoration and maintenance of the service and onsite support for the new manager.
- The home had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date.

We found no evidence people had been harmed. However, systems were not sufficiently robust or embedded to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team acknowledged all the shortfalls in the service and took immediate and responsive action to address the concerns we found on inspection. This gave us confidence the registered provider recognised the immediate areas where improvements were required to improve the quality of the service.

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 management team understood their duty of candour, to be open and honest when things went wrong. For example, when incidents had occurred in the home, these were immediately communicated to relatives and reported to professionals appropriately.
- The manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The management team had sent statutory notifications to the Commission as required.
- Throughout the inspection the manager was honest and open with us. They acknowledged the shortfalls identified at previous inspections. They were eager to put processes in place to ensure people receiving care and support were safe and protected from harm.

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

- People and staff praised the management team and told us they were approachable and had an 'open door' policy. We saw this during our inspection.
- Feedback from people, relatives and staff regarding the changes at the service were in the main positive. A relative told us, "There were a few issues with the state of the building, but they are sorted now. They [staff] update me on things and I can't thank them enough."
- Support workers described their line managers as approachable and helpful. They said, "[Name of nominated individual] is doing a great job and trying to turn things around. They are pleasant and approachable," and "[Name of nominated individual] is always around to talk to and helped me to understand why we need to record and audit things."

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

- We observed a pleasant and inclusive atmosphere within the home.
- Staff feedback was valued and sought through monthly meetings and an staff surveys. We saw evidence actions were being taken to address any negative comments received.
- The service sought feedback from people, relatives and staff through a variety of mechanisms. People and their relatives were complimentary about the leadership team. Comments included, "The changes are brilliant here now, I can see a good future here now, it's great," and "It's so much better since the new owners took over," and "The general management and organisation of the service as definitely improved."

Continuous learning and improving care; Working in partnership with others

- The provider and management team were committed to continuous improvement of the service. The management team demonstrated their understanding of quality performance and regulatory requirements and had made good progress against the action plan formulated at the last inspection, to show what action would be taken to make improvements.
- The management team were keen to continue working with partners such as CQC and the local authority.

- The management team had made good links with the local community and key organisations to the benefit of people living in the home. This also helped with the development of the service.

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>Systems were either not in place or robust enough to demonstrate safety was effectively managed. 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.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not robust or sufficiently embedded to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>