

Indigo Care Services Limited

Riverside Residential Home

Inspection report

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14 December 2018

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection of Riverside Residential Home took place on 13 and 14 December 2018. We previously inspected the service in March and April 2018, at that time we found the registered provider was not meeting the regulations relating to person centred care, dignity and respect, safe care and treatment, nutrition and hydration, staffing and good governance.

We rated them as requires improvement. The purpose of this inspection was to see if significant improvements had been made and to review the quality of the service currently being provided for people.

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

Riverside Residential Home accommodates a maximum of 50 people; there are two separate units providing accommodation and communal areas, all on the ground floor. The home provides care and support to people who are assessed as having personal care and support needs. Oakwell unit provides care and support to people who are living with dementia. There were 29 people living at the home at the time of the inspection.

The service had a registered manager in place; they were no longer working at the home but had yet to submit their application to the Care Quality Commission to de-register. 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. A new manager had been in post since August 2018, they told us they had begun to complete their application for registration.

Relatives felt their family members were safe.

Care records contained a variety of risk assessments. Where a risk was identified, action was taken to reduce the possibility of future risk.

There was a system in place to ensure the premises and equipment were safe, although we identified two hoist slings which had not been checked in line with current regulations. Fire doors between a corridor and a dining room were wedged open by staff at mealtimes.

The recruitment of staff was safe and there were sufficient staff to meet people's needs.

Staff who were responsible for the administration of people's medicines were appropriately trained. Medicines were stored and administered safely. Improvements were needed to the management of creams,

the recording of medicine patches and staff's understanding of the electronic system for managing stock.

Improvements had been made to the cleanliness of the home although we identified three pressure cushions which were soiled and a bedroom which was malodorous.

New staff received an induction although we found some induction records had not been fully completed. There was an ongoing programme of training and management supervision.

People had a choice of food at each meal, staff supported people to choose the meal they wished to eat. Snacks and drinks were available although on the residential unit people did not get a hot drink until 11.30am following breakfast. At tea time, on the residential unit, people were not offered the opportunity to sit at a dining table to eat.

There was a daily 'flash' meeting for staff from each department within the home. A daily handover was also provided for staff before they commenced their shift, although not all care workers were present when this began therefore they missed some of the information.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Where people had capacity to consent to the care and support they received, we saw consent forms had not been signed.

People told us staff were caring and kind. It was clear from our conversations with staff, they knew people well. Staff treated people with dignity and respect although there were occasions when people's confidential information was not kept secure.

An activities organiser was in post. On the day of the inspection two people went out on a trip to a garden centre. In the absence of the activity organiser, there was minimal activity to engage people.

The home was in the process of implementing an electronic system for all aspects of care. The previous paper care records were detailed and person centred but we found the new electronic care records lacked detail. Care records included information about people's end of life wishes.

Complaints were recorded but we noted the long-term management plans to address one complaint had not been followed.

Feedback at this inspection from people, relatives & staff was positive.

Audits and quality monitoring visits by senior managers were undertaken at regular intervals. Concerns were added to the homes action plan. However, we found the audits had not identified the issues we have raised within this report. We also found some issues that had been addressed on the action plan were still a concern at the inspection. This meant not all changes were fully embedded.

This is the third time the service has been rated Requires Improvement.

We 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.

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.

Improvements were needed to the recording of some medicines.

Risks to people's safety was assessed and monitored.

There were sufficient staff to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff received induction, training and supervision.

People were supported to eat and drink although following breakfast, people on the residential unit were not offered another hot drink until 11.30am.

Staff received a handover but on the day of the inspection not all staff were present when the handover began. □

Is the service caring?

Requires Improvement ●

The service was not always caring.

Personal information was not always kept confidential.

People were treated with kindness and respect by staff who knew them well.

People's privacy, dignity and independence were respected.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

The provision of activities in the absence of the activities organiser were minimal.

Paper care records were person centred but the newly implemented electronic records lacked detail.

Complaints were recorded and responded to.

Is the service well-led?

The service was not always well led.

The new manager had been in post since August 2018, they were not yet registered with the commission. Feedback about the new manager was positive.

Regular audits were undertaken.

Not all the improvements made since the last inspection were fully embedded in to staff practice.

Requires Improvement 

Riverside Residential Home

Detailed findings

Background to this inspection

This inspection took place on 13 December 2018 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience. The expert by experience on this occasion had experience of working in health and social care. One of the inspectors' also visited the home again on 14 December 2018. This visit was announced and was to ensure the manager would be available to meet with us.

Prior to our inspection visit we reviewed the service's inspection history, current registration status and other notifications the registered person is required to tell us about. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We contacted commissioners of the service and the local authority safeguarding team to ascertain whether they held any information about the service. This information was used to assist with the planning of our inspection and inform our judgements about the service.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time in the lounge and dining room areas observing the care and support people received. We spoke with six people who were living in the home and five visiting relatives. We also spoke with the operations manager, manager, three senior care workers, five care workers, the activity organiser, a member of the housekeeping team and briefly, to two agency workers and a visiting health care professional. We reviewed three staff recruitment files, we looked at five people's care plans in detail and a further three care plans for specific information. We looked also looked at nine people's medication administration records and a variety of documents which related to the management and governance of the home. Following the inspection we spoke with a further external health care professional.

Is the service safe?

Our findings

At our previous two inspections we have rated this key question as requirements improvement. At the last inspection we identified an ongoing breach of regulation relating to insufficient numbers of suitably quality, competent, skilled and experienced staff deployed at the home. We also identified a breach of regulation relating to safe care and treatment, people were not adequately protected from the risk of infection. At this inspection we found equipment was clean, soap and paper towels dispensers were stocked and improvements had been made in regard to staffing. However, we also identified areas where further improvements were still needed. For example, the management of some medicines and fire safety.

Risks to people's safety was assessed and monitored. Each of the care records we reviewed contained a number of risk assessments. For example, moving and handling, falls and skin integrity. Where a specific risk was identified, action was taken. For example, where people were identified as being at risk of falls, equipment was in place, such as low-rise beds, sensor mats and bed rails.

The moving and handling transfers we observed, were seen to be safe. Peoples care records included details of the sling to be used and how it was to be fitted. This level of details helps to reduce the risk of harm to both people and staff.

Some people were at risk of developing pressure ulcers. We reviewed the care records for one person. A member of staff told us they were now being re-positioned hourly instead of two hourly. Their repositioning records confirmed what the staff member had told us, although we noted a care plan had not been updated to reflect this recent change. On the first day of the inspection we overheard a senior care worker reminding staff of the signs to look out for when they were providing personal care, which may indicate a person may be developing a pressure ulcer.

We checked the pressure mattress for one person to ensure it was set correctly. Staff checked the mattress twice a day and the setting was recorded. Although we saw staff consistently recorded the same number, the information provided did not detail if this was the correct setting for that individual. We brought this to the attention of a senior care worker who assured us they would remedy this shortfall.

On the paper care records for one person, staff had recorded they observed they had a moisture lesion on 8 November 2018. There was no further entry as to whether the lesion had improved or deteriorated. Their skin integrity risk assessment had not been updated to reflect this change. Another person had had recently had a fall but staff had not reviewed or updated their falls risk assessment.

External contractors were used to service and maintain the premises and equipment. It is a requirement of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) that all lifting equipment is regularly checked to ensure it is safe. We saw LOLER checks were in place for the hoists and slings although we identified two hoist slings which were not listed on the LOLER report. We raised this with the manager and also discussed how a central log of all slings in the home would reduce the risk of slings being missed in the future.

As part of the inspection we also reviewed fire safety at the home. A fire risk assessment had been completed in December 2017. This identified a number of issues that needed to be addressed to further improve safety. We saw these issues were recorded on an estates action plan along with details of the action taken to address the identified shortfalls. Regular checks on the fire system were completed on a weekly basis although it was not always clear from the records, all fire points were tested on a rotational basis.

On the residential unit a set of double doors led from the corridor into the dining area. At both breakfast and lunchtime one of the doors was wedged open by a member of staff, using a chair. This meant in the event of the fire alarm being activated the door would not be able to close automatically. A staff member said this was to keep the door open while staff were constantly going in and out of the dining area at mealtimes. We saw both doors had a magnetic fastener attached which meant the door could be left in the open position without the need to be secured by a piece of furniture, enabling the door to close should the fire alarm sound. We brought this to the attention of the manager.

The training matrix recorded all staff had received training in fire awareness and how to use the fire equipment. Regular fire drills had also been held. Participating in regular fire drills helps to ensure staff are confident in their role in the event the fire alarm is activated.

At the last inspection we found batteries were not replaced promptly in door guards which were fitted to some people's bedroom doors. When the battery needs to be replaced, the device makes an audible, consistent bleep until a new battery is fitted. At this inspection we heard a door guard bleeping on Oakwell at approximately 7.30am on the first day of the inspection. At 10.30am we could still hear it constantly bleeping. A meeting at 2pm that afternoon confirmed the battery had been replaced. It is important these batteries are replaced promptly to ensure the equipment is fully operational but also the constant bleeping can add be a source of irritation to people, particularly those with a cognitive impairment.

Each care plan contained a personal emergency evacuation plan (PEEP). This is a document which details the safety plan for a named individual in the event the premises have to be evacuated. A copy was also retained centrally to enable staff to have prompt access to the information in the event of an emergency.

The home had two enclosed courtyards which could be accessed from either unit. At the last inspection we noted they were not kept tidy or presentable. At this inspection we saw neither courtyard was aesthetically pleasing, there were no flowers and some cigarette ends littered the floor, although the manager talked to us about their future plans to improve this area for people.

At the last inspection a person who lived at the home went into one of the courtyards to smoke, but they had no shelter from the wind or rain. The registered manager who was present at the time of the inspection told us a smoking shelter had been ordered on 13 March 2018. At this inspection although there was no longer anyone living at the home who used the courtyard for smoking we noted there was still no shelter. The manager told us this matter was still to be addressed but the outstanding issue was not recorded on either the estates or master action plan sent to us by a member of the senior management team.

We found the procedure for the recruitment of staff was safe in each of the four staff files we reviewed.

Our previous two inspections identified a breach of regulation as there were insufficient staff to meet people's needs. At this inspection feedback from people and relatives was more positive; "They have enough staff but they have a lot of agency, they are not too bad, it has settled down in the last few months", "There's enough staff but they are run silly", "I press the buzzer they are there in a flash. There's more than enough staff" and "Although there is not enough staff there's always one on hand."

When we asked staff if they felt there were sufficient staff they said; "Yes, but it would be nice to have extra support at mealtimes", "You've never enough time", "We have more staff now, it's much better" and "Staffing is ok at the moment, but the more staff the better as we can then spend more time with people."

The manager told us they assessed people's dependency needs on a weekly basis. We reviewed the duty rota for 10 to 23 December 2018. We saw staffing numbers and skill mix matched the numbers the manager had told us they operated to. Where shortfalls occurred, agency staff were requested.

During the two days of our inspection we observed staff were visible and people's needs were met. However, as we have evidenced in other sections of this report, we saw examples of where further improvements to the staffing quotas and deployment could improve the quality of care people received. For example, following breakfast people were not offered a hot drink or a snack until 11.30am and there were no meaningful engagement for people on either unit in the absence of the activities organiser.

These findings demonstrate a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as a current systems and processes had not yet identified this shortfall.

The home had recently implemented an electronic medication management system. A senior care worker told us they liked the system, "It is much harder to make an error."

Medicines were stored safely and securely. The administration process was seen to be safe with the senior care worker administering people's medicines, ensuring people had taken their medicines and then signing on the electronic medicine administration record (EMAR) to confirm. Time specific medicines were administered in line with the prescriber's instruction.

However, we found some aspects of medicines management needed to be improved. The manager told us they were still addressing issues with how medicines were booked into the system and carrying forward stock from the previous month. We checked a random sample of medicines to ensure the stock tallied with the recorded number of administrations. This was not always possible due to the discrepancies in the recording of stock.

One person was prescribed an analgesic patch applied to their skin, which was to be changed every Monday. Records show the patch was administered correctly with one exception when the patch was applied on a Tuesday. A second person was prescribed a patch which was to be changed daily. The instructions noted "removing after 24 hours and siting a replacement patch on a different area (avoid using the same area for 14 days)." There was no record where this was positioned as staff were not using a body map or chart to record this information. We spoke with the manager at the time of the inspection to enable them to rectify this matter.

Some people were prescribed creams which were kept in people's bedrooms and applied by care workers. At the time of the inspection there was no record in place as to when or where the creams had been applied. A member of staff told us the paper records had been removed when the electronic system had been implemented but staff were not yet recording the application of creams on this system. The manager assured us prompt action would be taken to address this. we noted a staff meeting held the day before our inspection had raised the need for staff to ensure the application of creams was recorded.

These findings demonstrate a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as a complete and contemporaneous record of people's medicines

was not maintained.

Regular medication audits were being completed. Statutory notifications submitted to CQC by the manager evidenced these had been effective in identifying errors and areas where practice needed to be improved. But they had not highlighted the lack of body maps for patches or the lack of records relating to the management of creams.

We saw evidence staff with responsibility for the management and administration of people's medicines had completed training and an assessment of their competency had been completed. This meant people received their medicines from staff who had the appropriate knowledge and skills.

Our previous inspection identified a breach of regulation as the aspects of the home were not clean and soap and hand gel were not always available.

At this inspection we found the communal areas, toilets and bathrooms were clean and odour free. People told us the home was clean and their bedrooms were regularly cleaned. During the morning handover between night and day staff, the senior care worker reminded staff about ensuring equipment was clean. Soap and hand towels dispensers were stocked.

We checked six pressure cushions which were in the communal areas for people to sit on. We found three were visibly soiled inside and no longer suitable for use. We told the manager and they replaced them immediately. We also identified one person's bedroom which smelt unpleasant, we brought this to the attention of the manager.

There was a procedure in place for reviewing and investigating safety and safeguarding incidents and events when things went wrong.

All accidents and incidents were recorded and a monthly trend analysis was completed. The manager told us lessons learned were shared with staff through meetings, supervisions and clinical governance meetings. We reviewed the minutes for clinical governance meeting held in December 2018. The minutes included discussion of recent falls, pressure ulcers, near miss incidents and infections. We also saw evidence a more in-depth analysis was completed by the manager in the event of a more complex or serious issue occurring.

Relatives we spoke felt their family member was safe. One relative said, "I know [person] is safe here." Another relative commented, "From the first night [person] has felt safe."

When we asked a member of staff if they felt people were safe, they replied, "Yes, I do believe so." Staff were aware of the signs which may indicate a person was at risk of, or being harmed. They knew who to report their concerns to and were also aware of how to escalate their concerns to more senior managers or to organisations external to the service, for example the local authority safeguarding team.

Is the service effective?

Our findings

At our previous two inspections we have rated this key question as requirements improvement. At the last inspection we identified a breach of regulation relating to nutrition and hydration. People's fluid records did not evidence people were being supported to drink sufficient amounts, people's dietary information in the kitchen was not up to date and people with diabetes did not always receive suitable meals.

At this inspection we found improvements had been made. We reviewed the average daily fluid intake for fourteen people over a five day period. Twelve people averaged in excess of a litre every 24 hours. At the daily flash meeting, the manager provided feedback to people about individuals' fluid intake for the previous 24 hours. One of the staff we spoke with told us the importance of drinks and recording people's intake had been discussed with them at their supervision.

People were generally positive about the meals they received. People who lived at the home said, "The food is nice, it's all right", "There's always a drink, I don't ask they just come, I like digestives and they give me three or four", "The food is absolutely brilliant" and "We have nice teas. The food's lovely, I have said so to the cook". A relative said, "The food seems ok, [person] has put weight on."

We observed breakfast, lunch and the evening meal on the first day of the inspection. Tables were nicely set with crockery, cutlery, napkins and condiments.

People were offered a choice of hot and cold choices for breakfast. There were two choices of main course for lunch. We heard staff ask people which they would like to eat. Where people struggled to make a verbal choice we saw a member of staff place a small amount of each choice on a plate, this was then shown to the person. This enabled the person to decide which they preferred to eat.

At tea time we saw a member of staff offering a visual choice to people who were unable to make a verbal choice. One person was given a plate with some sandwiches and a buttered crumpet. They ate the crumpet but left the sandwich. When the staff member asked them and if they would like another crumpet their face lit up. They subsequently ate a further crumpet.

At lunchtime only six people sat in the dining room for their meal on the residential unit. At tea time on the residential unit only one person who was independently mobile sat at the dining table to eat. We did not see or hear staff offering or prompting anyone else to sit at a dining table. People ate their tea time meal seated in an easy chair with a coffee table placed either in front or at the side of them. This meant not all people were in a position where they could easily reach their food or eat and drink without spilling on themselves. However, we did hear staff ask people on Oakwell unit if they wanted to eat their tea time meal in an easy chair or at the dining table.

People who had specific needs, for example, soft diet or thickened fluids were appropriately catered for. At the last inspection people in the residential unit were not provided with hot drinks and snacks at 11.40am. On the first day of this inspection we also noted it was 11.30am before a member of staff came around

offering people hot drinks and snacks.

We asked staff if sugar free cakes were provided daily for people. One staff member told us sugar free cakes were available on the day of the inspection but said this was not normally the case. Another staff member told us the cook always provided buns and cakes suitable for people needing a diabetic diet. We informed the manager at the time of the inspection of the inconsistent feedback we had received.

People were weighed and their nutritional risk assessed on a regular basis. A matrix was completed on a monthly basis to monitor peoples weight. The matrix had a number of gaps. For example, staff had recorded "unable to weigh" for some people, but there was no rationale recorded. Where people had lost weight, the comments section did not include any information as to the action taken to address this. This is important as it evidences staff are identifying concerns and appropriate action has been taken.

The manager recognised the importance of ensuring people's care and support was delivered in line with current good practice guidelines. We saw evidence of the involvement of external health care professionals, there was also guidance on display from a variety of sources, for example, the local authority and the health service.

We asked some of the relatives we spoke with if they thought staff were suitably trained, they responded, "They seem trained", "Yes I think they are trained" and "They seem to know what they are doing."

The manager told us new staff completed a programme of induction which included formal training and shadowing a more experienced member of staff. A member of staff whose had commenced employment at the home earlier in the year told us they had felt supported by the manager and staff. We reviewed the induction records of four staff who had commenced employment during 2018. We saw evidence of induction although not all the sections had been completed for every staff member. For example, the induction for one staff member was completely blank although a separate competency assessment document had been completed and signed off by their mentor. We shared our findings with the manager at the time of the inspection.

New staff who lacked previous experience of care work were supported to complete the Care Certificate. This is a set of minimum standards that should be covered as part of induction training of new care workers, designed to ensure staff have a good knowledge of all the essential standards for their daily caring role.

Staff had completed training in a range of topics. One staff member said, "We've just recently done dementia friendly training. A person came in a few months ago with Parkinson's and gave staff training which we enjoyed." The registered provider's training matrix detailed the individual courses staff had completed and highlighted when the training was due to be refreshed. Overall training compliance for all staff was 88.38%.

Staff we spoke with told us they received regular supervisions. This was evidenced in the personnel files we reviewed and from the registered providers electronic management system. Supervision enables managers to monitor staff performance, ensuring they have the skills and competencies to meet people's needs.

There were systems in place to ensure information was communicated throughout the staff team. Staff told us all the staff worked well together, although one staff member told us, "Communication could be better between seniors. Sometimes the information doesn't get passed on." We attended the shift handover on the first day of the inspection. Information regarding people's care, health and general well-being was shared with all the team. We noted not all care workers were present when the hand over began and came in part

way through the handover. This meant they missed some of the information.

Following the inspection we spoke with an external health care professional. They said communication between their team and staff at the home was not always passed between relevant staff at the home.

A daily flash meeting was also held with a staff member from each department within the home, we also attended this on the first day of the inspection. This allowed opportunity for everyone to share information relevant to their department which could then be cascaded throughout the staff team.

People had access to healthcare services. One person told us, "They have called a doctor for me because I have got a cough." A senior care worker told us they felt supported by the GPs and district nurses. Care records evidenced the input of GPs, district nurses, opticians, dieticians and speech and language therapists.

The home is single storey and comprises of two units. Oakwell unit was a single corridor which had been decorated to resemble an outdoor street. Bedroom door frames were brightly coloured with each door having a number, door knocker and a letterbox. Handrails on the corridor were painted a contrasting colour to the walls. This made them more visible to people with cognitive or visual impairments. On the residential unit the décor was less colourful although there were a variety of pictures on the walls. As reported earlier in this report, both units had access to a courtyard, although work was required to make this more aesthetically pleasing.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The manager told us they had a matrix which provided them with oversight as to each DoLS application and authorisation, including if any conditions had been imposed.

It was clear from our discussions with the manager and staff, they understood the principles of the MCA and how this impacted upon their work. One staff member said, "You might not be able to make bigger decisions for your medical care. If people decline care, we have to keep encouraging people. Maybe another member of staff could try." Another staff member told us, "We never assume they don't have capacity. [Name of person] can't speak, but we can see the response from the way [person] looks at you."

Care records included a variety of decision specific assessments and evidence of best interest decision making, although the record of best interest decision making only included the member of staff who had made the decision and did not evidence anyone else had been consulted. Following this process demonstrates openness and transparency in providing services for people who lack capacity.

We looked at the care records for one person who resided on Oakwell unit. We asked a staff member if this

person had capacity to make decisions regarding their medicines or personal care. The staff member told us they would not but there were no capacity assessments or evidence of best interests decision making.

Care records included a consent form. We reviewed the care records for two people who had capacity to sign this document, but they were both unsigned. There was nothing recorded as to why the forms had not been signed.

If a person lacks capacity to consent, then nobody should sign a consent form unless they have specific legal powers to do so, for example, health and welfare lasting powers of attorney. At the front of people's care records we saw a copy of a letter which had been sent to people's relatives, advising them of this requirement and asking them to provide evidence, where appropriate, of power of attorney.

These findings demonstrate a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as not all records evidenced compliance with all aspects of the Mental Capacity Act 2005.

Is the service caring?

Our findings

At our previous inspection we rated this key question as requirements improvement. At the last inspection we identified an ongoing breach of regulation as people were not always treated with dignity and respect.

At this inspection we found improvements had been made but more work was needed to ensure people's confidentiality was maintained.

People and relatives felt the staff were caring, kind and respectful. Comments included; "They are all good staff. I can come at any time. The care is dignified, they close the door when they are changing [person]", "The staff are lovely, they can't do enough for you", "It's the way they are, they are kind. They are easy to get on with" and "The staff are good, I have no problems with any of them. They knock on the door and call my name."

We observed the interactions between staff and people to be caring and kind. A member of staff said, "You have to genuinely care. We don't do the same for everyone, they are all different."

Staff we spoke with demonstrated a good knowledge of people's personalities and individual needs and what was important to them. Through talking to staff and members of the management team, we were satisfied care and support was delivered in a non-discriminatory way and the people's rights were respected.

Care records contained information about people's life history. This information helps staff understand people's behaviours and characteristics. Knowledge of people's history and interests enables staff to have meaningful conversations and encourages social interaction.

The majority of people looked clean and well cared for. People and their relatives told us they could bathe or shower regularly. One person told us, "They help me to have a shower." Another person said, "They shave me and never cut me. They are going to do it every day." On the first day of the inspection we noticed two people with soiled nails at 10am. When we checked again at 3.20pm their nails were still dirty. We informed the manager at the time of the inspection.

People told us they were able to make choices about their daily routines. A relative told us, "[Person] can go to bed and get up when they want, when they were unwell [person] wanted to go to bed early and didn't want to get up and that was ok."

People were encouraged to maintain their independence. For example, staff cut up some people's food to enable them to eat independently. Some people used plates with raised sides, this meant they could manoeuvre food onto their cutlery without needing a member of staff to help them.

People's preference over the gender of the care worker providing their personal care was recorded. For example, one person's record noted, "No gender preference but responds better to female staff with

personal care."

Staff maintained people's dignity and respected their right to privacy. Staff were able to give examples, such as closing doors and curtains and ensuring personal care was delivered in private. We saw staff knocking on doors prior to entering and speaking discreetly with people regarding their personal care needs. Staff prompted people to go to their rooms when having a discussion with an external health care professional and we saw and heard a senior care worker locating a private area where they could speak with a doctor on the telephone regarding a person.

However, we also noted an example where staff's conversation with another healthcare professional could be overheard. A senior care worker sat in the lounge with a person while speaking on the telephone with a health professional about a person's medicines. As they were the only staff member in the room we concluded they were unable to go to a more private area to hold the conversation. On both units we saw confidential information was left in a communal area. This included a work diary and a set of care records. We brought this to the attention of the manager at the time of the inspection.

These findings demonstrate a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as a information and records were not always maintained securely.

Information about an advocacy service was on display in the reception area. An independent advocate is a person who does not know the person who lives at the home and comes to support them in making significant decisions if they do not have anyone else that they would want to assist them. Using advocates helps to ensure that people's rights are protected and that their voice is heard when making decisions.

Is the service responsive?

Our findings

At our previous two inspections we have rated this key question as requirements improvement. At the last inspection we identified a breach of regulation relating to person centred care due to a lack of activities for people.

At this inspection the feedback about the provision of activities was more positive; "Yesterday there was a film of Barnsley in the old days and carol singing. It was the 1973 lord mayor's parade", "They have been to ask me to make decorations but I can't I have arthritis. I can't just go and watch it's not right", "[Person] just loves knitting" and "They have included [person] in activities in the past and [person] been on trips. [Person] has her hair done every week." Although we also received some negative comments; "There's nothing to do because I can't walk so well" and "Today there was a trip but it was rubbish. Yesterday it was a bloke with a guitar and staff singing, if you can call it that."

One of the staff we spoke with said, "For activities, I don't think there's enough." Another member of staff said, "Enough activities? If they are doing activities, they are doing them on the residential unit, there is not enough on Oakwell."

The activities organiser told us they had been employed as a care worker at the home, they took on the role of activity organiser in April 2018. They worked predominantly during the week but included weekends and evenings as needed to support with activities and entertainment. They said they supported people with group activities and one-to-one support. The home had access to the registered provider's mini bus which enabled them to take people out on trips on a weekly basis.

In the reception area there was a certificate of membership for the National Activity Providers Association (NAPA). This is a charity which provides a range of support materials and training in the provision of activities and meaningful engagement for older people. The activity organiser had not been informed of the home's membership by any of the management team despite them being new to the role.

On the morning of the first day of the inspection two people went out in a mini bus with the activities organiser to a local garden centre. In the afternoon a group of people participated in a craft activity, Christmas music was played and the activity organiser was singing along encouraging others to sing along too. Throughout the day we observed a person sweeping and tidying up after mealtimes. It was clear they took pride in their work.

In the absence of the activities organiser, there were minimal activities or meaningful engagement for people. The television was switched on in the communal lounge. Staff were present in the communal areas, they were engaged in tasks which meant they did not have opportunity to sit with people.

We reviewed the records of activity, completed by the care workers, for one person for December 2018. The record stated "music" on four occasions and "visitor" on a further four occasions. There was no further information, for example, what music they had listened to or if they had enjoyed it.

These findings demonstrate a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as a complete and contemporaneous record of people's care and support was not maintained.

At the time of the inspection the home was implementing an electronic system for all aspects of care. We therefore looked at a combination of paper and electronic records.

People's paper care records were detailed and person centred. For example, one care record noted, "[Person] is able to help staff [person] with personal care and dressing when prompted and staff promote this to maintain [person's] independence as much as possible." Another person's care record detailed, "Likes a light supper before going to bed between 9.30 and 10.30pm."

We reviewed the electronic care records for two people and found they lacked the detail we had seen in people's paper records. For example, one person's care plan for personal care instructed staff to maintain the person's privacy and dignity, but there were no details as to how this was to be done. The care plan provided no information regarding how they liked their hair, nails or preference of clothes, make-up or jewellery.

These findings also demonstrate a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as a complete and contemporaneous record of people's care and support was not maintained.

We checked to see if the provider was compliant with the Accessible Information Standard which requires that people who have sensory impairment or a disability have information available for them about their care in a way they can understand. Care plans recorded people's individual communication methods and the manager told us information could be provided in alternative formats if required.

When people needed end of life care the staff, with the support of the district nurse team implemented a care record entitled "my care plan". This was a document produced by the local health authority, designed for people with end of life care needs. We reviewed the care record for one person who was receiving end of life care. The care record provided sufficient detail and was person centred.

We reviewed another person's care records. Although they were not in need of end of life care, we saw staff had recorded the wishes of the person and their family. Recording this information ensures their wishes are known and can therefore be regarded at the end of life.

There was a system in place to manage complaints. Five complaints had been recorded since our previous inspection. A copy of the complaint and the outcome was retained. We reviewed one complaint to check the actions listed to address the complaint had been addressed. The initial action had been addressed but the action requiring more long-term management had not. This was because this information had not been passed between the management teams. This showed management of complaints was not always effective.

Is the service well-led?

Our findings

At our previous inspection we have rated this key question as inadequate, we identified a breach of regulation relating to good governance. Breaches in the regulations persisted from the previous Inspection, staff did not feel valued and supported, regular meetings were not held with people, relatives or staff. The programme to assess, monitor and improve the quality of the service was not robust or always effective.

The registered provider is required to have a registered manager as a condition of their registration. The registered manager was no longer working at the home but had yet to submit their application to the Care Quality Commission to de-register. The new manager had been in post since August 2018.

At this inspection feedback about the management of the home was predominantly positive.

People and their relatives told us; "I have been happy with it here. I would be heartbroken if it closed. Everything is fine, they look after [person], I would hate to think they were anywhere else. The manager is [name of manager], I can speak to her", "The manager is [name of manager] she is brilliant, really nice" and "It's going uphill here now. I know [name of manager] she's really nice. She asks me how I am and gives me updates."

All the staff we spoke with were positive about the new manager; "She comes over on a morning. When she's got time, she comes out [of the office]. If I have a problem, I think she would listen", "A lot better. I find her more pleasant, she doesn't patronise you. It's perked up as a home. If she's not busy, she'll pop out and we can pop in to see her" and "It is much better now. I was at the point of quitting, but I am happier now." An agency worker told they had been working at the home for a few months, "It is much better, it is improving."

We asked staff if there had been any improvements since the last inspection. One staff member said, "People seem to be doing their job properly and taking time with residents." Another staff member told us new furniture and equipment had been provided and electronic records had been implemented.

We found the atmosphere in the home to be pleasant with no animosity expressed between staff on the two units. Staff were happy to speak with us and share their thoughts. We found the manager to be knowledgeable and professional during their dealings with us. They were candid in their assessment of the progress they had made in the short time since their appointment and the areas which still required further work.

Prior to the inspection we spoke with a member of the local authority commissioning team. They said they had visited the home and found the new manager to be approachable and the home was showing signs of improving.

The registered provider had a regular programme of audits which were to be undertaken by either the home manager or a delegated member of the staff team. These included accidents, falls, medicines, skin integrity and weights. There were also audits of complaints, the environment, staffing and management systems. The

manager also completed a daily walk around. Findings from audits were recorded and action taken to address any issues raised, although the systems of audit had not highlighted the shortfalls we have identified at this inspection.

We reviewed two senior manager quality reports. The reports scored the home as "requires improvement" in May 2018 and "very high risk" in November 2018. We also reviewed the action plan for the home. Issues highlighted from the previous inspection, the internal quality reports and audits linked into the action plan. The action plan recorded the issue, the action to be taken and the outcome. However, we noted that some of the completed actions were still a concern at this inspection. For example, no body maps for patches, people's records left in communal areas. This evidenced that not all improvements to staff practice were fully embedded.

Meetings had been arranged for people and their relatives. Although one person said, "I don't go to meetings." Another person said, "We don't have resident meetings." The manager told us they had arranged a meeting in August 2018 but no-one had attended. They said they subsequently held the most recent one on a Saturday, 10 November 2018 and relatives had attended. We saw minutes from this meeting which included comments and feedback from people and relatives. In the entrance we saw a notice informing visitors of a manager's surgery one evening a month.

Meetings had been held with staff the most recent one being the day before our visit. Staff meetings are an important part of the provider and managers responsibility in monitoring the service provided and coming to an informed view as to the standard of care and support for people living at the home.

During this inspection we found many improvements had been made since our last inspection relating to relating to dignity and respect, infection prevention and control, staffing, nutrition and hydration needs. However, as evidenced within this report there were still a number of areas where improvements were needed, for example, provision of meaningful engagement, care records and records pertaining to the application of creams and patches.

These findings demonstrate a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Future inspection will seek to evidence a sustained and consistent high level of quality has been achieved and that systems of governance are reflective, transparent and robust.

The service worked in partnership with other agencies. This included GPs, pharmacist, the district nurses and local authority commissioning team.

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 17 HSCA RA Regulations 2014 Good governance Information and records were not always held securely. A complete and accurate record of people's care and support was not always maintained. Systems of governance were not yet sufficiently robust.