Rockley Dene Care Home Ltd

Rockley Dene Residential

Inspection report

Park Road
Worsbrough
Barnsley
South Yorkshire
S70 5AD

Tel: 01226245536

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

This inspection took place on 18, 25 and 26 September 2018. The first day of our inspection was unannounced. The second and third days were announced to give the registered provider an opportunity to receive our feedback.

We had previously inspected the home in February 2018 and rated it overall as inadequate and the home was placed in 'Special Measures'. Our key questions 'safe' and 'well-led' were both rated as inadequate and other key questions were all rated as requires improvement. We found breaches of the regulations concerning person-centred care, safe care and treatment, premises and equipment and staffing. We took enforcement action in relation to good governance. The registered provider sent us an action plan dated March 2018 which we followed up at this inspection.

Rockley Dene Residential 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. Rockley Dene Residential provides care and support for people with residential needs. The home has a maximum occupancy of 39 people. On the first day of our inspection, 26 people were living in the home and one was in hospital. On day two this number was 27 and on day three it was 26.
Due to their identified concerns, the local authority was visiting on a daily basis to check on the care provided and to ensure shifts were fully staffed. The local authority had taken the decision to suspend new placements at this home.

At the time of our inspection a manager was still registered with the Care Quality Commission. However, four weeks before our inspection, they left the home and were no longer in day-to-day control. Since the registered manager had resigned, a senior care worker had been temporarily appointed as the acting home manager within the home.

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.

On the second day of our inspection, we met the new home manager who had commenced their employment one day earlier. Throughout our report, we refer to them as the 'home manager'. The home did not have a deputy manager in post, although this post had been offered to a candidate expected to commence employment in October 2018.

The registered provider had not ensured the acting home manager had the necessary skills and knowledge to be able to fulfil this role. We became aware of one incident which should have been reported to the Care Quality Commission which had not been communicated to us.

General maintenance in the building was not well managed. Two people living in the home had not had a hot water supply for several months. Certificates concerning the safe supply of water and lifting equipment had lasped. The supply of toiletries and disinfectant had been allowed to run out, despite this being identified beforehand. Some staff had purchased toiletries for people out of their own money.

Issues identified at the last inspection regarding locks on bathrooms and toilet doors not working had still not been resolved. This meant people were not supported to maintain their privacy and dignity.

Care plans did not reflect people's needs as information was not consistently recorded throughout. There was a lack of evidence to show how people and their representatives had been involved in care planning. End of life care and planning for this had improved. The storage of archived records was chaotic and it took staff a long time to find the records we requested.

The management of medicines was not robust as not all staff had an up-to-date assessment of their competency. Some controlled drugs which were no longer needed had been returned. Medication audits had not been completed in March, April and August 2018.

The registered provider and registered manager had not taken sufficient action to make improvements where we had previously taken enforcement action. The audits carried out by the registered manager were not effective. There were no action plans and we saw issues identified had not been resolved. The registered provider was unable to demonstrate their oversight of the home through their own checks.

People spoke positively about the staff and we witnessed there was a positive relationship between them. People enjoyed the activities provided, although there was no provision when the activities coordinator had been absent.

People enjoyed the food provided, although we saw areas of improvement were needed to the mealtime experience. People received access to healthcare from a variety of sources. For several weeks, the home did not have a chiropodist and nothing had been done to remedy this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

An up-to-date fire risk assessment was in place and people had personal emergency evacuation plans in place. Staff had a visible presence in the home and most people felt there was enough staff. Some staff were working back-to-back shifts which covered a total of 14 hours, which meant they were at risk of becoming tired and more likely to make mistakes.

Staff satisfaction surveys completed in June 2018 had not been analysed, meaning there was no feedback for staff. Staff were critical of the registered manager as they felt they had not been adequately supported and felt unable to approach them. Some staff had taken the decision to leave the home, but changed their mind once the manager left. Staff had felt unable to report their concerns directly to the registered provider.

At this inspection we found individual risks to people had not been properly assessed and the systems in place for the safe management of medicines were not robust. Staff had not received appropriate induction support, training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Records relating to people's care needs were not adequately recorded and privacy and dignity was not consistently maintained. Detailed records of responses to complaints had not been maintained. There were continued breaches of the regulations and there was insufficient leadership and

oversight.

We have made a recommendation in relation to how the registered provider ensures this care home is compliant with the Accessible Information Standard. You can see this within our report.

The Care Quality Commission is considering the appropriate regulatory response to resolve the problems we found. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The overall rating for this service is 'Inadequate' and the service therefore remains in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

The maintenance of the building and equipment within had been allowed to lapse. Supplies of toiletries had been allowed to run out.

Infection control was not well managed. Medicines were not robustly managed.

Individual risks to people related to choking had not been risk assessed. Checks to ensure a staff member was safe to work had not been carried out.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had not received sufficient induction, training and supervision support.

People were complimentary about the food provided, although improvements could be made with the mealtime experience.

People's liberty was lawfully deprived and mental capacity assessment supported this. People were supported to access healthcare services.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff were well-liked by the people they assisted and positive, caring interactions were seen.

People's privacy and dignity was not consistently maintained in the home. Steps were being taken to support people with their religious beliefs.

Advocacy services were providing support to people.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans did not consistently reflect people's care needs and staff practice. End of life care planning had improved.

The activities provision was well-received, although activities did not take place in the absence of the coordinator.

People knew how to complain. A complete record of complaint responses had not been maintained.

Is the service well-led?

Inadequate

The service was not well-led.

Appropriate action had not been carried out in response to enforcement action taken at our last inspection.

The service had not had sufficient leadership since our last inspection. Staff had felt particularly unsupported by the registered manager.

Management audits and provider oversight had not been effective. Satisfaction surveys had not been reviewed.

Rockley Dene Residential

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18, 25 and 26 September 2018. The first day of our inspection was unannounced. However, as the home did not have a management team in position, we announced the second and third days of our inspection to give the registered provider an opportunity to be present.

On day one, the inspection team consisted of two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On day two of our inspection the team consisted of an adult social care inspector and an assistant inspector. The inspection was concluded on day three by one adult social care inspector.

We spoke with a total of eight people living in the home and three relatives who were visiting. We also spoke with the acting home manager, the new home manager, registered provider, a consultant to the registered provider, 13 members of staff and two visiting professionals. We looked at six care plans in detail and a further 11 care plans for specific pieces of information. We looked at three people's medication administration records.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the registered provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Inadequate

Is the service safe?

Our findings

At our last inspection we rated this key question as inadequate. We found risk assessments did not contain sufficient or the most up-to-date information, people were not adequately protected from the risk of fire and premises and equipment were not suitably maintained. In addition, there were insufficient numbers of staff to meet people's needs and the management of medicines was not safe. At this inspection, we found continued concerns regarding the safe management of medicines, risk assessments and maintenance of the premises and equipment. A new breach of the regulation was found in respect of fit and proper person employed.

People living at Rockley Dene Residential told us they felt safe. One person said, "It's safe because people look after you." Another person said, "Yes, I feel safe, everything's to hand. I have a buzzer to call staff and they come." However, despite these positive comments, we found a number of aspects of the home were not safe.

During our inspection, staff raised a number of concerns about the way the home was managed and the impact this had on people. The registered provider had been unaware of these issues which meant staff had felt unable to 'whistleblow' and approach the registered provider directly with their concerns. 'Whistleblowing' is when a worker reports suspected wrongdoing at work.

The premises were not secure. We looked at the health and safety audit dated June 2018 which stated, 'small window in dining room not working properly'. We looked at this window and found it could not be securely closed from the inside of the home. A staff member told us they had to go out into the garden to push the window shut. On the third day of our inspection, we found the front door, which had an automatic closer, did not securely close. Following our inspection, the registered provider confirmed this had been dealt with.

We found maintenance certificates to ensure the building and equipment within was fit for purpose and suitably well maintained were not up-to-date.

Temperature checks were being carried out to ensure hot water outlets were no higher than 44 degrees Celsius. In May 2018, three bedrooms, two of which were occupied, had been identified as not having a supply of hot water. Records showed this had continued to be the case up to the time of our inspection. We asked a staff member about this who told us, "It's an ongoing problem. Some (taps) are hot, some are cold, some trickle, some you have to turn cold on to get warm water. It's been several months." The same staff member said they had to get a bowl of hot water from a nearby room to carry out tasks, such as personal care in the affected rooms. Following our inspection, the registered provider informed us that maintenance has been carried out to ensure the two affected rooms now have a hot water supply.

Water checks should be carried out regularly to help prevent the risk of legionella developing. We looked at a maintenance file and saw a note at the front stated water chlorination and legionella testing was 'due now'. We spoke with the staff member responsible for maintenance who told us these checks were last

carried out at the end of 2016. Following our inspection, the registered provider contacted a supplier and this work was ongoing.

We looked at the thorough examination certificates for slings, hoists and stand aids and saw the certificate was dated 14 March 2018. The expiry date for the same certificate was exactly six months on from this date, meaning at the time of our inspection, this was overdue. Following our inspection, the work on the hoists and slings has been carried out and we have seen evidence of this.

We looked at cleanliness throughout the home and how infection control was managed. On day one of our inspection, we spoke with a domestic worker as they were carrying out their cleaning duties. They told us they had run out of disinfectant and showed us they were using warm water to clean sinks, toilets, the dining room, tables and radiators. We also found the home had only two toilet rolls in stock for the whole of the home. Large, industrial sized rolls were available, although these did not fit the toilet roll holders in the bathrooms and toilets. This meant the toilet roll was not accessible to people living in the home. A member of staff told us they had tried to place an order for these materials through their supplier, although they needed a new login and password since the registered manager had left. As soon as we became aware of this, we spoke with a staff member and asked them to shop locally and purchase an adequate supply of disinfectant and toilet rolls.

We found clinical waste in the designated area at the back of the home was over flowing with bags containing soiled materials being stored outside the bins. The acting home manager told us, "I know last week I said I wanted it emptying. It was in dire need." We found staff had not followed this up with the contractor to ensure the timely disposal of clinical waste.

We concluded this was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the building and equipment within had not been appropriately maintained.

We looked at records of people's fluid intake and saw these did not include a calculation to show how much fluid people needed on a daily basis. Clinical guidance from the National Institute for Health and Social Care Excellence (NICE) states adults should have a daily intake of 30 to 35mls of fluid per kg of body weight. This meant that in the absence of guidance staff would not know whether people were having enough to drink.

We looked at one person's care records as they had been identified as having lost weight prior to our inspection and we wanted to see whether they were still at risk. The acting home manager told us it was no longer physically possible to weigh this person. However, staff were not familiar with alternative methods of estimating a person's weight. For example, measuring the circumference of a person's arm can provide a guide as to how much a person weighs. The home manager told the acting home manager they would show staff how to do this.

At the last inspection we found risk assessments did not contain sufficient or the most up-to-date information. At this inspection, we looked at the care records for two people who staff told us were at risk of choking whilst eating. One staff member told us, "It was [name of person] who you had to tell to slow down as they would shovel it (food) in." Another staff member also confirmed this risk, although when we asked to see the risk assessment for choking, a staff member checked and confirmed this did not exist. A second person who was also at risk of choking did not have a choking risk assessment.

We looked at the nutritional care plan dated 12 September 2018 for one person which stated they were a diabetic and required a soft diet. The diet record dated 17 September 2018, showed staff had offered this

person beef and onion pie. This was not consistent with a soft diet and placed the person at risk of choking.

One person in the home had an air flow mattress which we found was incorrectly set as it was not based on the person's weight. Staff adjusted this during our inspection. We asked a visiting professional about how well people's skin care was managed and they told us, "It's quite good here."

We concluded this was a continued breach of regulation 12(1)(2)(b)(e) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as individual risks to people had not been properly assessed and managed.

We saw one person had specific care needs which required staff to take additional measures around infection control. We found staff knew their responsibilities well and this was managed appropriately by all departments in the home. All the bedrooms we looked at were clean and tidy with personal effects on display.

There were emergency plans in place to ensure people's safety in the event of a fire or other emergency at the home. Personal emergency evacuation plans (PEEPs) were sufficiently detailed and these were seen in the care plans we looked at and also on the back of the bedroom doors. The plans included the number of staff needed to evacuate each person, equipment needed and the method to follow.

We looked at the recruitment of three staff members and found this was safe. Before staff commenced work, we saw the registered provider had carried out relevant background checks to help ensure candidates were suitable for working with vulnerable people. This included taking employment references and contacting the Disclosure and Barring Service (DBS).

During our inspection, we were made aware of concerns regarding a specific staffing incident which the registered provider had not responded to appropriately. We found the lack of action meant there was an increased risk to people's safety as preventative measures had not been taken. The registered provider had not identified whether additional staff support was required.

We concluded this was a breach of regulation 19(1)(c) (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had not ensured all staff were capable of performing their duties.

We looked at the systems in place for managing medicines in the home and found this was not always safe. This included the storage, administration and recording of medicines.

We checked the controlled drugs (CDs) held for people who used the service. CDs are governed by the Misuse of Drugs Legislation and have strict control over their administration and storage. We found stock corresponded to the CD register. However, we saw one person had palliative care drugs that were dispensed in April 2017, but had not been used since. The staff member administering medicines told us these medicines were not required as the person's condition had improved. Consideration should be given to returning medicines to the pharmacy when they are no longer required.

When a controlled drug is administered, there should be two staff signatures to confirm this happened. The controlled drugs register showed one person's controlled drug had been given without a counter-signature from a second member of staff on two occasions in September 2018.

The acting manager told us that the supplying pharmacist had carried out a recent audit. We looked at the

actions required following this audit and the senior care worker showed us and told us that actions had been taken to ensure the concerns were rectified. We looked at the records of the registered provider's own monthly medication audits and found these had not been completed in March, April and August 2018.

We were told that five senior staff members had responsibility for administering medication at the service. We found three staff members did not have an up-to-date assessment of their competency to manage medicines safely. Following our inspection, these competency checks have been carried out.

We concluded this was a breach of regulation 12(2)(g) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as not all staff had been assessed as competent, and records relating to the management of medicines had not been kept.

We found the storage arrangements for the medication trolley was appropriate. We observed a senior staff member administering medication to people who used the service. They did this in a safe way that reflected good practice guidance, such as confirming medicines had been administered and asking people if they required any pain relief. Medication administration records (MARs) were used to confirm when medication had been given.

The senior staff member was able to explain the signs they would look for when people were in pain or distressed to ensure they received their prescribed medication when required. They told us there were protocols for 'as required' medicines, known as 'PRN'. The protocols explained how people presented when the pain relieving medication was required and the maximum number of doses which should be given in 24 hours.

Most people told us they were satisfied there were sufficient numbers of staff to meet their needs. One person commented, "I feel quite secure as there are always plenty of staff about, same at night and weekends. I have a buzzer, they come quite quickly if I buzz."

During our inspection, we saw staff had a visible presence in the home and staff rotas showed shifts were usually fully staffed. However, one staff member said, "When we've had no staff, I've been doing extra hours, if the shifts aren't covered. It's the residents that are suffering (if the shift isn't covered)." We found some staff were carrying out back-to-back shifts which meant they were working continuously for up to 14 hours. This can cause tiredness and exhaustion and put people at risk of unsafe care. The home manager told us they wanted to recruit more staff to eliminate the need for staff to work back-to-back shifts.

Requires Improvement

Is the service effective?

Our findings

At our last inspection we rated this key question as requires improvement. We found a breach of the regulations as the registered provider had not ensured staff received effective training and supervision. At this inspection we found this remained a concern.

We looked at whether staff received support through induction as well as through ongoing supervision and refresher training. One person told us, "I think the staff are trained, they are not nasty, you can have a bit of fun."

Following our inspection, the home manager provided staff training records which showed 29 per cent of care assistants had received up-to-date safeguarding training. A total of five care assistants had received first aid training. None of the senior care workers had completed this training. None of the senior care workers or care assistants had received health and safety, equality and diversity, dignity and respect, and nutritional and wellbeing training. The staff member responsible for maintenance had not received training in health and safety, legionella and portable appliance testing.

We spoke with one member of staff who commenced employment in June 2018. They told us that since commencing their employment they had only shadowed another worker and had received one training session in moving and handling. The same staff member did not have any prior experience in the care sector and was not aware of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

At the time of our inspection, two people living in the home had a diagnosis of Parkinson's Disease. We looked at staff training records and found staff had not received training in this area. The training records we looked at didn't include evidence to show staff had received end of life care training.

One staff member told us they had approached the registered manager about further training they wanted to attend which was relevant to their role. The registered manager declined this request. The staff member said, "[Registered manager] didn't see why I was doing it."

The supervision and appraisal matrix showed most staff had received a single one-to-one supervision since our last inspection. One staff member had not received any supervision support in the same period. Staff told us the registered manager had provided a group supervision, although there were no records of this and staff we spoke with were critical of this as they felt it did not address their personal development.

We concluded this was breach of regulation 18(2) (Staffing) as staff had not received appropriate induction support, training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

People and staff were complimentary about the food provided. One person said, "The food is good. We are blessed to have a cook like that, there's always variations which you need." One staff member said, "I like it

(the food). Even when it's blended, it's still made to look like a meal."

We observed the lunchtime experience and found improvements could be made. For example, the tables had been set without cloths or mats. There was a small dish of sauces on each table which were difficult for most people to open. One of the mayonnaise sachets had been previously opened and left in the dish. A member of the inspection team handed this to a member of staff as this could have posed a risk if eaten.

Meals were plated on to large, medium and small plates. A staff member told us they selected the plate size either by asking the person or from their own knowledge. They told us this preference wasn't recorded anywhere. People were offered both hot and cold drinks at the beginning of their meal.

Two people were assisted by staff with their meals and we found this was largely satisfactory. We saw one person poured their drink over their meal. Although staff replaced the meal, they didn't offer the person a replacement drink.

The home manager told us they had sampled using taster plates for people to see and smell food on the menu to help them choose. This is helpful for people living with dementia who may find it difficult to recognise a particular meal, purely based on reading from a menu or a staff member telling them.

Through looking at care records and speaking with staff, we found people were receiving access to healthcare services. One person told us, "The doctor is here every Wednesday." On the second day of our inspection, we saw the GP visiting the home which they did on a weekly basis. Another person said, "I have needed a doctor and they got one." We saw one person was being seen by the district nurse for a broken area to their skin and another person had been assisted by the memory team in June 2018.

We looked at how the home had been adapted through design and decoration to provide a suitable living environment for people. For people living with dementia, we found the environment lacked dementia friendly signage to help them navigate through the home. The home had a pleasant garden space which people had accessed during the summer months.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

People had decision specific mental capacity assessments in their care records. We looked at one person's mental capacity assessment and saw their relatives had been involved in a best interests decision. This noted the relative was in agreement with the recorded decision, although they had not signed to show their agreement.

At this inspection, we found people were lawfully being deprived of the liberty as applications had been submitted to the local authority. Where these had expired, we saw renewal applications had been made.

The home manager had created a tracker for this to help them monitor when renewal applications needed to be submitted.

We overheard staff offering people choice as part of their daily routines. For example, staff asked people if they wanted a hot drink and if so, whether they wanted sugar with it. When people said they wanted toast, staff offered them jam or marmalade.

Requires Improvement

Is the service caring?

Our findings

At our last inspection we rated this key question as requires improvement. We found a breach of the regulations as many toilets and bathroom had locks which did not work, so people could not be assured of privacy. People's religious needs were not being met. We found these areas of concern continued, although improvements had been made in the way staff approached and communicated with people.

We asked people whether they felt well cared for by staff. People's comments included, "They do their job quite well, they care for you", "The food is fabulous, the staff are great", "If you ask them [staff] for anything they do their best" and "Yes, the staff are kind." One relative told us, "The staff are ever so kind and friendly." A visiting health professional commented on how familiar staff were with people and the care they needed. They said, "They know the (people) well or they go and find out."

We found the service was not consistently supporting people to maintain their privacy and dignity. For example, on the second day of our inspection, a member of the inspection team looked to check whether the locks on the toilet doors were all operational, as this had been a concern at the last inspection. When we checked one toilet, we found a person was using this. They had been unable to lock the door as it would not securely lock, which the acting home manager was later shown. We checked all bathrooms and toilets and found a total of six out of eight toilets and bathrooms had locks fitted which did not operate. This meant people could not maintain their privacy and dignity whilst accessing these areas.

Staff meeting minutes were recorded contemporaneously, meaning it was possible to see what each staff member had said. Meeting minutes for May 2018 showed the registered manager used foul language to describe the odour in the dining room when a person who was waiting to go to the toilet had been left without assistance. The language used by the registered manager to describe the person who had to wait was wholly undignified.

At our last inspection in February 2018, we identified improvements were needed in respect of how people were supported with their religious beliefs. The first Sunday of the month there's a Church service." Although we had identified this as an area of concern at our last inspection, the first religious meeting was scheduled to commence in October 2018.

We concluded this was a continued breach of regulation 10 (Dignity and respect) as people were unable to have privacy when using the toilet and the registered manager did not demonstrate the importance of this regulation as an example to staff.

We asked people whether their privacy and dignity was maintained by care staff. One person told us, "I couldn't complain about any of them [staff]. They always knock, you get a 'bump'." Another person confirmed, "They always knock on the door."

A staff member described to us how they helped people maintain privacy and dignity. They said, "You keep the door shut when providing personal care." The same staff member, who was responsible for

administering medicines said they discreetly asked a person if they needed a laxative, so as to avoid embarrassment. We observed care workers spoke with people in a way which demonstrated understanding, warmth and respect, and took into account people's privacy and dignity.

On the second day of our inspection, we were made aware a person had passed away on the same day. We found staff acted with the utmost respect in ensuring this person, who did not have family present, had a dignified death with two staff members present. Staff ensured this person's dignity was managed throughout. We looked at the end of life care plan for this person and found a discussion had been attempted, although they had declined this opportunity.

We observed staff interacting positively with people who lived in the home throughout our inspection. They gave each person appropriate care and respect while taking into account what they wanted. We saw staff enabled people to be as independent as possible while providing support and assistance.

We observed care staff using a hoist to transfer people from lounge chairs into their wheelchairs. They did this with confidence and ensured the person was safely transferred. Staff spoke with the person throughout the transfer, making sure the person knew what staff were doing at each stage of the manoeuvre. We heard staff having a joke with one person while they were transferring them. The person joined in the with the friendly banter and said they were happy with how they had assisted.

At the time of our inspection, people were accessing advocacy services. Advocates are professionals who support people with decision making where they do not have capacity and no one else, such as a family member or friend can fulfil this responsibility.

During our inspection, we found people's confidentiality was being maintained.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection we rated this key question as requires improvement. We found a breach of the regulations as care plans were not sufficiently detailed to ensure staff knew how to meet people's needs. People did not have freedom of choice over waking times. These were continued themes at this inspection, although improvements had been made in planning end of life care.

We looked at the care records for two people who both had a diagnosis of Parkinson's Disease. Neither person had a care plan specifically for this condition to inform staff how this affected them. One staff member told us, "[Person] has got mobility, but not very stable mobility." We saw the same person had a history of falls. The absence of this care plan meant we could not be sure that information staff needed to support this person around their risk of falls had been considered.

Where monthly reviews were taking place and changes in people's needs were evident, staff did not always update the front of the care record. For example, the monthly nutritional reviews for one person showed they needed a fortified diet, although the care plan for nutrition was dated December 2016 and stated they needed a 'normal diet'.

The nutritional assessment for one person who was recorded in the kitchen as being diabetic didn't mention this condition or control measures in place. The same person was recorded as needing a fortified diet and supplements. We asked a staff member about the supplements and they confirmed this person had not been on any supplements. The staff member said this was reference to the full fat milk with skimmed milk powder which the home makes up to provide a fortified diet. This was not clear in the recording as supplements are usually prescribed items.

We looked at how people were involved in their care planning. A staff member told us care plans were reviewed on a monthly basis, although there was no formal review where the person and their representatives were invited to contribute to this. However, we did see an example of where one person had been asked about their personal history and interests.

Two members of staff we spoke with told us the registered manager had given staff instructions to ensure people were awake at specific times. This practice had stopped when the registered manager left their employment. This meant people had not always had freedom of choice over their waking times which was a concern found at our last inspection.

We concluded this was a breach of regulation 9 (Person-centred care) as people were not supported to have their individual care needs met.

At the time of our inspection, the local authority was visiting Rockley Dene Residential several times a week to provide support. Part of this support was to provide care plan training for staff which was scheduled for the end of September 2018.

We looked at how people were supported to avoid social isolation. One person told us, "[Activities coordinator] does a smashing job." Another person commented, "We have games and quizzes, I love a quiz. We don't go out often with staff. In May 2018, the resident meeting minutes stated, 'We would be lost without [activities coordinator]. He means a lot to us all. He brings life into the place'.

On the first day of our inspection, we observed an activity in both the morning and the afternoon with the activities coordinator. People told us they enjoyed participating. On day two of our inspection, activities included Halloween colouring in, a percussion session and 'name that tune'. However, when the activities coordinator had been absent for three days, we saw the activity records were blank for these dates. The activities coordinator told us they were able to accompany some people into the community, although there had been no day trips this year.

We looked at how people and their representatives were supported to make a complaint if they were dissatisfied. One person told us, "I would complain to [acting home manager]." We saw a complaints procedure on display in the home.

We looked at one complaint and found there was no copy of the response to the complainant on file. Following our inspection, the registered provider told us a response had been provided through the person's allocated social worker, although there was no documentation to support this. This meant we could not see whether appropriate action had been taken.

We saw staff had taken a proactive approach regarding assisting people with end of life care discussions. We saw details of what was discussed with one person and their relative, whilst another person's end of life care plan showed they did not wish to have this discussion.

We looked at how technology was used to improve the care people received and saw some people had a sensor mat in their room. This alerted staff when the person was moving as they were at risk of falls. At lunchtime, we saw two people using assistive cups to enable them to drink independently. However, two people spilled their food off their plate and would have benefitted from a plate guard. This meant technology was not consistently accessed to assist people in their daily lives.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

We have recommended the registered provider reviews how it ensures people have information provided in suitable formats. For example, the complaints policy and the menu were not written using appropriate fonts and sizes which meant people may have found it difficult to access this information.

Inadequate

Is the service well-led?

Our findings

At our last inspection we rated this key question as inadequate. Following our last inspection, we took enforcement action against the registered provider. Staff told us they didn't feel listened to and their suggestions for new ways of working were not adopted, there was limited evidence of meetings with people and their representatives, quality monitoring systems were not effective and there was no oversight from the registered provider.

The registered manager had left their employment approximately four weeks before our inspection. The registered provider had appointed a home manager who had started between days one and two of our inspection. They were applying to the Care Quality Commission to become registered at both Rockley Dene Residential and Rockley Dene Nursing Home. The home manager planned to split their time evenly between the two homes. At the time of our inspection, a deputy manager was not in post, although this post had been offered to a candidate who was expected to start in October 2018.

In the weeks between the registered manager leaving and the home manager starting, an acting home manager was in post. On day one of our inspection, we asked the acting home manager if they knew which kind of incidents were reportable to the Commission. We found there were gaps in their knowledge and we subsequently learned that a serious injury which occurred in August 2018 had not been reported to the Commission. This meant the registered provider had not ensured the acting home manager had sufficient training to ensure they met this legal requirement.

During our inspection, we found a number of concerns which staff had already identified, although there was a lack of initiative in resolving these matters. For example, the home was without a chiropodist at the time of our inspection, although no one had made enquiries about this to ensure people received timely footcare.

The contracted agreement to provide accommodation for people includes a responsibility that the registered provider will, for example, ensure people have an adequate supply of toiletries. During our inspection, we spoke with two members of staff who told us four people had run out of toiletries in August 2018, including shower gel, bubble bath and deodorant. Both members of staff had personally bought, out of their own money, a supply of these products to ensure people did not go without. To address this, the home manager wanted to reintroduce a key worker system to ensure staff monitored these supplies for everyone living in the home.

The enforcement action we took following our last inspection identified 'quality monitoring systems were not effective; they did not identify issues or address shortfalls'. This theme continued at this inspection which meant systems used to assess, monitor and improve the quality and safety of the services were not robust. Where gaps in the running of the home were identified, we found these issues had not been followed up to ensure appropriate action had been taken.

The registered manager's monthly quality assurance audit dated May 2018 stated care plan audits were to

commence with immediate effect. There was no evidence to show this was happening. The same audit asked, 'Is staff supervision up-to-date'. The registered manager wrote, 'Some staff not completed. Requires change to policy'. The same audit asked, 'Have staff received an annual appraisal in the last 12 months'. The registered manager had written in response, 'To give all staff in May, June, July'. At the time of this inspection, none of the staff had received an annual appraisal.

The infection control audit dated June 2018 noted 'alcoves in dining room dirty and cluttered'. During this inspection, we looked in these alcoves and found they remained dirty and the paint had flaked in these areas. We looked at the health and safety audit dated June 2018 which asked, 'Is there a valid legionella inspection and risk assessment'. The registered manager had written in their response 'no', although there was no action listed. Water chlorination and legionella testing had not been carried out since the end of 2016.

None of the audits reviewed contained action plans which had timescales and there was no confirmation to show when an action has been completed. This meant governance systems used to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity were not effective.

At this inspection, we found areas of concern we identified had not been addressed. For example, in February 2018, we identified 'many areas of the home were not kept clean or well-maintained'. At this inspection, it was evident that maintenance of the home had not been appropriately managed and actions identified by the registered manager through their audits had not been acted on. The registered provider was unaware of this. This meant systems of governance had been insufficient in ensuring continuous improvement of the service.

People we spoke with provided mixed feedback about the registered manager. Relatives comments included, "[Registered manager] was never here, she was always at the other home" and "I didn't have much to do with her you never saw her."

We asked staff for feedback about the registered manager who had recently left the home. One staff member told us, "She wasn't exactly what you would call a supportive manager. She was good at saying, 'If you don't like it, there's the door. You are easily replaced.' You never knew what mood she was coming in." Another staff member said, "There were staff members on the Thursday who she'd upset who said they wouldn't come back. They said it was the way she spoke to them." A third staff member said, "It was constantly in our heads that we might lose our jobs. I didn't want to get up for work." We found some staff who had left the home due to the way it was managed had returned since the registered manager had left.

The registered provider was in day-to-day telephone contact with the registered manager, although they had no evidence of them having carried out any of their own checks to satisfy themselves that sufficient improvement had taken place since our last inspection.

We saw the registered manager had sent out a satisfaction survey to staff in June 2018, which looked at whether the service at Rockley Dene Residential was well-led. There was no evidence to show the 23 responses had been analysed which meant this information had not been used for the purposes of continuous improvement. We looked through the survey responses and found an even split between those staff who thought the home was well-led and those who were critical and felt this was not the case. The home manager told us they would analyse the results and provide feedback to staff.

Throughout the inspection, the inspection team found records which had been archived were stored in no-

particular order. Staff who were asked to locate specific documents took a long time to find information stored in the archive room. This meant a complete, contemporaneous and orderly record in respect of each service user had not been maintained.

During our inspection, we found an authorisation for a Deprivation of Liberty Safeguard (DoLS) which was for a person living at the registered provider's sister home, Rockley Dene Nursing Home. This meant staff had not transferred the document to the correct location. Therefore, staff at the sister home would not have been aware this had been granted and would not know whether any conditions had been attached to the authorisation.

We concluded this was a breach of regulation 17(1)(2) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there were continued breaches of the regulations. We found insufficient leadership and oversight and governance systems to ensure continuous improvement were not effective.

We asked one staff member if they would recommend the home. They told us, "I would, yes. I do feel like with the council coming in, change has been happening. This home was good once. Over the years, we've slowly gone downhill."

We saw a 'resident' and relative meeting in March 2018 was cancelled as none of the people living in the home wanted to attend. In May 2018, 12 people attended the meeting where there was a strong focus on the activities programme and people were asked what they wanted to do. We found some of the initiatives discussed, such as a sweets trolley and growing fruit in the garden, had been adopted. The home manager told us they would be holding a meeting with staff the day after our inspection ended and they would meet with people and their representatives the following week. In addition, they wanted to hold weekly meetings with department heads.

As part of the registered provider's PIR, we asked 'How do you integrate and maintain the service's relationship with the local community?' The registered provider responded 'several activities outings and church services including inside and outside of the home. This demonstrated further developments were needed in developing links with the local community.

Following our inspection, the registered provider engaged with consultants to help provide them and the home manager with the necessary support. Staff told us the registered provider had been actively visiting the home much more regularly in the month leading up to our inspection.