

Panaceon Healthcare Ltd

Field View Care Home

Inspection report

Spark Lane
Mapplewell
Barnsley
South Yorkshire
S75 6BN

Tel: 01226390131

Website: www.chapelandfieldview.co.uk

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Our inspection of Field View Care Home took place on 17 and 23 July 2018 and was unannounced. At the last inspection in January 2018, the provider was in breach of legal requirements concerning person-centred care, safe care and treatment, good governance and staffing. At this inspection, we found improvements had been made to improve safe care and treatment, person centred care and staffing. Some improvements had been made to the governance and quality assurance systems in place, which enable the service to identify and improve where quality, and safety was being compromised. However, these had not been maintained.

Field View 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.

Field View is a private care home. It is a large detached building. Field View is registered to provide care and support for up to 40 older people. At the time of our inspection there were 29 people living at the home.

A registered manager was not in place. However, a new manager had been appointed and was in the process of submitting an application to become registered with the Commission. 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.

People told us they felt safe and staff knew how to recognise and report any concerns about people's safety and welfare.

Overall, there were enough staff deployed. Required checks were done before new staff started work to help to protect people. Staff were trained to meet people's needs.

Medicines were managed safely. However, more work was required around documentation.

Individual risks to people's health and welfare were identified and managed. Some care plans were detailed to ensure people receive appropriate care which met their needs. Other care plans required updating. However, there was a plan in place to manage this.

The home was clean and well maintained. Plans were in place for refurbishment to make the home more dementia friendly.

We found people's capacity to consent to their care and treatment was assessed. The correct processes were followed to ensure those making decisions on their behalf had the legal powers to do so.

Most people told us they liked the food. People were offered a variety of food and drink, which took account of their likes and their medical, cultural and religious needs. However, people's nutritional needs were not always met.

People were supported to meet their healthcare needs and had access to a range of healthcare professionals. People's needs were assessed. Care plans were in place and this ensured people would receive appropriate care, which met their needs.

People were treated with respect and kindness and were supported to maintain their independence. People were given the opportunity to take part in a variety of social activities.

Information about complaints was displayed in the home. Most people told us the manager and provider was approachable and listened to them. People were supported to share their views about the service.

We found the providers quality-monitoring systems were not always working as well as they should be. We were assured of the provider's commitment to making the required improvements.

We found two breaches of regulations in relation to meeting nutritional and hydration needs and good governance. We are considering the appropriate regulatory response to our findings.

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.

Medicines were managed safely. However, documentation requires improvement.

There were enough staff available to meet people's needs.

The provider followed recruitment procedures.

Staff knew how to recognise and report concerns about people's safety and welfare.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Improvements were required to ensure people received prescribed nutritional drinks. Improvements to documentation of people's food and fluid requirements was needed to provide assurance that people's nutritional needs were met.

Staff received a range of training and support relevant to their role. Staff felt well supported by the service.

The service worked effectively with a range of health care professionals to ensure people's needs were met.

The service was compliant with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Consent was sought correctly for some people

Is the service caring?

Good ●

The service was caring.

Staff knew people and their care and support needs. Staff respected people's dignity and treated them with respect.

People were comfortable in the presence of staff and good relationships had developed.

Is the service responsive?

The service was not always responsive.

People's needs were assessed. More work still required to bring all care plans up to date.

People were supported to take part in a variety of activities.

People knew how to make a complaint if they needed to

Requires Improvement 

Is the service well-led?

The service was not always well led.

People were very complimentary about the service and everyone we spoke with said they would recommend it.

Most people, relatives and staff told us they felt the provider was approachable and acted quickly in response to any concerns or issues.

Improvements were needed to the processes for checking the quality and safety of the services provided.

Requires Improvement 

Field View Care Home

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.

The inspection took place on the 17 July and 23 July 2018 and was unannounced. The inspection team consisted of two adult social care inspectors and 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 this occasion our expert's area of expertise was in services for people living with dementia.

Prior to the inspection, we reviewed the information we held about the home. This included information from the local authority commissioning and safeguarding teams and statutory information we had received from the home. The provider had submitted a provider information return (PIR). A PIR gives the provider the opportunity to tell us about the service, what they do well and any planned improvements they intend to make.

We used a variety of methods to gather information about people's experiences at the service. During the inspection, we spoke with five people who use the service and three relatives.

We reviewed four people's care records and other records relating to the management of the service such as maintenance records and quality checks. We looked at the way medicines were managed for people. We looked at three staff files, supervision records and staff training records.

We looked around the home at a selection of people's bedrooms and the communal areas. We spoke with four care staff, the cook, the covering manager and manager.

Is the service safe?

Our findings

Following the previous inspection, the service was rated inadequate in safe as there was a breach of Regulation 12, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment. This was because, people were not adequately protected from risk of unsafe care and treatment. Procedures to protect people in the event of a fire were not robust and medicines were not managed in a safe way. At this inspection, we found improvements had been made to risk assessment and fire procedures. However, documentation of medicines required further improvement.

We found medicines were stored securely. Medicines administration records (MARs) were well completed which provided assurance these medicines were given as prescribed. Some people were prescribed medicines, which had to be taken at a particular time in relation to food. We saw there were suitable arrangements in place to enable this to happen.

The administration of topical medicines such as prescribed creams was recorded in a consistent way. The MAR included information a body map of where cream should be administered and when.

People did not have an up to date list of prescribed medicines or a medicines profile in place to provide information on the medicines people were prescribed and the reasons why, including possible side effects of prescribed medicines. Protocols were not in place for some people's 'as required' medicines.

We were unable to check stock of against the MARs as there was no system in place to monitor stock of boxed medications. This meant there was a risk of people running out of medicines they require, or the home having surplus stock.

Audits of medication took place however; these had been completed sporadically. Staff received medication training and regular competency checks.

We were confident people were receiving their medication in a safe way, however improvements were required around documentation. The manager had identified these issues through auditing systems. The manager had already taken actions to rectify this problem. The manager was in the process of working with the GP, changing pharmacy, and updating all paperwork to ensure that safe systems could be followed.

The provider was unable to demonstrate they consistently maintained accurate records for people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

From our review of staff files, we found recruitment was robust. Each file included a Disclosure and Barring Service (DBS) check, this provides information about any criminal convictions a person may have. We saw where there were gaps in the employment history, this had been fully explored. This meant people were protected from the risk of being cared for by staff who were unsuitable to work in the care setting.

The manager explained they used a staffing tool to ensure staffing levels met people's needs. They told us,

and staff confirmed, there were usually four staff on duty in the morning, four in the afternoon and three overnight. On the day of our inspection, there were enough staff on duty to meet people's needs. However, one person told us, "I wait a long time in the morning because they are busy, and I can't get out of bed myself". Another person told us, "There is not enough staff, so I have to wait, I feel sorry for the staff because there isn't enough of them to go around".

We observed care and support. Although we saw staff addressed any care needs people had within a reasonable timeframe we did note that most interactions with people were very task based with staff having little time to chat and provide people with social interaction during the morning period. This meant people were sat unoccupied and not engaged. However, during the afternoon staff appeared to have more time.

People we spoke with told us they felt safe overall. One relative told us, "I feel [person] is safer now, better than it was. I had reason to speak to the manager recently because the night staff were getting [person] up at 4-45am and she was falling asleep all day. Manager checked and reprimanded the staff. Now I feel better about her safety". The manager informed us this was a one off incident and has now implemented spot checks at varying times.

We saw there were safeguarding policies and procedures in place. The staff we spoke with confirmed they had received safeguarding training. Staff knew how to recognise abuse and how to report any concerns about people's safety and welfare. One staff member said, "I feel confident to raise any concerns or issues with the manager, if it wasn't dealt with I would go to the local authority or CQC". Staff said they knew the whistleblowing procedures and would immediately report poor practice if a person was at risk of harm.

We saw evidence that risks to people's health and safety were assessed. For example, recognised risk screening tools were used for pressure area care and falls. We saw specialist equipment such as sensor mats, pressure relieving cushions and mattresses had been obtained and were being used by the service to mitigate risks.

Where people had moving and handling care plans we saw there was detailed instruction for staff. This included how to support the person, which sling type to use and step by step repositioning instructions.

Incidents and accidents were recorded on dedicated forms. However, the section for actions taken to prevent incident reoccurring had not been completed. The manager evaluation section was completed sporadically it was unclear what the specific actions or lessons learnt were following each incident.

The homes maintenance person completed a range of checks to ensure the premises and equipment were safe. This included water temperatures, checks on window restrictors and wheelchairs. External contractors were used to service and maintain the premises and equipment. We noted the annual gas safety check was overdue, the maintenance person told us the registered provider had recently changed contractor and a date for the check had been scheduled for the week after our inspection. The manager informed us when this was completed.

At our last inspection we found not all areas of the home were clean. At this inspection we found the majority of the home was clean and there were no unpleasant odours. However, the carpet in the main lounge was soiled in places and some easy chairs were visibly stained on the arms

Staff told us they completed training in infection control. Training records reflected what staff told us. The implementation of infection control procedures was visible. Liquid soap and paper towels were available for hand washing. Staff had access to Personal Protective Equipment (PPE) including plastic aprons and gloves.

Is the service effective?

Our findings

Following the previous inspection, the service was rated requires improvement in effective as there was a breach of Regulation 18 and Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to staffing and people not receiving person-centred care that met their individual needs. At this inspection we found improvements had been made and the service was no longer in breach.

At our last inspection we had concerns about staff training. At this inspection we saw there was a structured training plan in place along with an up to date training matrix. This showed the training staff had completed and when refreshers were due. We found most staff had completed the required training, where updates were required, this had been identified and plans put in place. This meant people received care and support from staff that had knowledge and skills in the required areas. Staff received an induction although the records to support this were not always robust. We saw an induction record in three of the four staff files we looked at. Each record had gaps where sections had not been completed and they had not been signed by the employee. One induction could not be located for one staff. However, when we spoke with the staff member they told us they had received induction which had included shadowing a more experienced care worker.

We looked at whether staff had received specific training to meet the needs of the people at the home; for example, we found that many people living at Field View Care Home were living with dementia. We could see from the training matrix that most staff had completed dementia training. One staff member told us, "The dementia training has taught me a lot. You have to go into their world. It explained how to deal with things and situations".

The service had introduced champions to promote topics such as dignity, dementia and end of life care. We were told the home worked with Barnsley hospice and the end of life champion met with other providers on a monthly basis to discuss good practice around end of life care.

There was a structured supervision and appraisal system in place. Staff received individual supervision from the deputy manager. There was no evidence that one staff member had received supervision. However, staff we spoke with said they felt they had enough support through supervision and training, to do their work effectively. They said there was always someone to approach if they needed to discuss any issues. One staff told us, "I have my supervision completed by the manager or deputy. I feel supported in my role".

Staff who administered medication had been observed doing this to demonstrate they were competent; assessments were present for the relevant staff. A matrix was in place which demonstrated when supervisions were planned and had taken place.

Where people were nutritionally at risk, we saw their weight was monitored and a malnutrition universal screening tool (MUST) had been completed.

The dining room was noisy due to the radio. We saw some people had been waiting at the table for 35

minutes for their meal. We observed the portions were small and we didn't hear people being offered seconds. Most of the residents ate very little and two people refused their meals all together they were not offered anything else to eat. They left the table having had nothing to eat or being encouraged to eat.

We saw some people required assistance from staff with their meal. Although staff assisted with patience and kindness and sat next to people to assist them, they did not explain the individual components of the meal to people. We saw staff did not communicate with people as they were assisting them with their meals.

Food and fluid charts were in place for those assessed at nutritional risk. However, for two people the charts had been stopped without speaking to the dietician who had requested they were completed. We spoke with the covering manager who reinstated the charts with immediate effect.

One person had received a plan from the dietitian stating they should receive prescribed supplement drinks. However, the person had not received these for the last 16 days as the home were waiting for delivery. A high calorie milkshake and snacks should be provided however records did not show these had been offered. We spoke with the manager, who informed us she would complete an investigation to this. The investigation showed that the person was refusing the drinks and staff were not recording this correctly. The service liaised with the dietician manage this.

Another person eating and drinking care plan had not been reviewed or updated since July 2017 and their nutritional risk assessment recorded them as 'low risk'. However, we saw the speech and language therapist, dietician and GP had each been involved in their care. On the day of the inspection we observed they had eaten very little they were a very slim build. We reviewed food records for this person these did not show snacks had been offered or consumed and no evidence food had been fortified to increase their calorie intake. We also reviewed 10 fluid intake records dated in June and July 2018, we could only evidence three high calorie drinks were provided in that time. On five of the days records indicated they had consumed less than a litre of fluid. We spoke to the manager who informed us this was a documentation issue as the person does drink well. The manager has put plans in place to provide staff with additional training in relation to the importance of documentation.

Another person's plan from the dietitian stated they should have at least two to three glasses of fortified full fat milk over the day/evening. Promote over water/tea and Juice. We looked at their charts over a two-week period. There was no record of fortified drinks being offered or the amount of prescribed supplement that the person had taken.

Staff were not using 'best practice' guidance to calculate how much fluid some people should be drinking daily, to ensure they were kept well hydrated. Food and fluid charts were not monitored on a regular basis. For example, one-person fluid intake was significantly lower than required but there was no evidence of what actions had been taken. On our return visit to the service the manager told us she was amending the fluid charts to show people's individual specific targets. The deputy manager had been given the responsibility of monitoring the charts on a daily basis.

These examples showed people did not always receive care in line with their plans of care. This was a breach of Regulation 14 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. The service was acting within the legal framework of the Deprivation of Liberty Safeguards (DoLS). Mental Capacity Act. The manager had a list of the DoLS applications, which had been made.

We saw people's consent was sought on a daily basis by staff for care and support tasks. One of the care records we looked at included decision specific capacity assessments and evidence of best interest's discussions. The care workers we spoke with said they had received training on mental capacity and consent. Their answers demonstrated an understanding of the legislation and how it had to be applied in practice.

Care records showed people had access to a range of health and social care professionals such as GP's, district nurses, dieticians, opticians and dentists. For example, we saw the service referred people at nutritional risk to the speech and language therapy (SALT) team. Where required, we saw appropriate equipment such as crash mats, hoists and bed sensors was in use. We saw people had been assessed for equipment appropriately.

We saw some adaptations had been made to the premises. One door had been wrapped in purple to help the person identify which was their room. The activities co-ordinator had worked with all the people who lived at Field View to choose colours for their own door. The manager told us that the wrapping for the other doors have now been ordered. Communal bathrooms and toilets were on both floors, these had appropriate signage in place. This help people to orientate themselves and clearly identifies the purpose of the room where people may have reduced cognitive function.

Some of the décor was tired and needed updating to ensure a consistently nice living environment. We saw people were encouraged to furnish their bedrooms with personal possessions such as ornaments, pictures and photographs.

Is the service caring?

Our findings

During our inspection, we found the service was caring. Staff were caring and supportive to the people who used the service. Both staff and management were committed to ensuring that people received the best possible care in a homely environment.

People had developed positive relationships with the staff supporting them. They knew the staff supporting them and we saw a good rapport had been developed. Staff related well to people and there were kind and caring interactions throughout the day. Staff were smiling and friendly with people. The atmosphere at the home was calm and relaxed.

Staff spoke with respect to people and with one another and there was regard for people's privacy and dignity. We saw staff knocked on people's doors and consulted with people before supporting them with any care tasks. Staff gave examples of how they respected people's privacy and dignity, such as ensuring doors and curtains were closed when assisting with personal care and knocking before entering people's rooms.

People we spoke with said they were all well cared for and well looked after. One person told us, "The nurses are kind and caring. I wouldn't like to be anywhere else because I have company here. I have some good friends here. Staff take me across to the other site there is a pub there that's great". Another person told us, "I go to the other site in an evening there is always something going on there, but not here. I told my friends to come in here because it's good. I no sooner put my clothes in the wash than they are back in my drawers clean and ironed, can't beat that. I'm exceptionally lucky to live here".

A person-centred approach to care and support was evident. People were able to get up and go to bed at a time that suited them. One person told us, "They let me get up when I want usually eight ish". Another person told us, "The care is a lot better since the new manager came. I think it will improve more because she is on the ball".

Staff we spoke with were positive about their role. They told us they enjoyed working with the people living at Field View, which gave them lots of satisfaction. Comments included, "I love working here, I've been here for many years". "I want to see they are happy, looked after, this is their home". Another member of staff told us they had left but returned to work at Field View.

We saw the provider had policies and procedures in relation to protecting people's confidential information. This showed they placed importance on ensuring people's rights to confidentiality, were respected. All confidential records and reports relating to people's care and support were securely stored in locked cupboards to ensure confidentiality was maintained.

We reviewed some of the information from our inspection in light of the Equality Act 2010. For example, under the disability characteristic we found the activities coordinator was creating adult sensory toys with people to enhance communication for people who were living with dementia or other sensory difficulties.

We did not see any evidence of discrimination during our inspection and we found that all people were treated with respect.

Is the service responsive?

Our findings

Following the previous inspection, the service was rated requires improvement in effective as there was a breach of Regulation 9, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to people not receiving person centred care. At this inspection we found improvements had been made and the service was no longer in breach.

A pre-admission assessment was carried out to make sure the home had the right resources to meet the person's needs. When people moved in a more detailed assessment of their needs was carried out and this information was used to develop their care plans. The care plans addressed all aspects of daily living such as personal hygiene, eating and drinking, continence, mobility, sleep, skin integrity, communication, mental health and social care.

Care plans that had recently been completed were person centred, aimed to promote independence, have control and feel valued. They contained a good level of information about people's likes, dislikes and personal history. One relative told us, "I was asked by the home for my [persons] likes and dislikes about food so that it could be put in their file". Another person had a life history document in place which was in good detail and the persons family had been involved with this.

The new plans were completed in April 2018 and states they will be reviewed monthly, this had not taken place. Not all people's plans had been updated some of the plans had not been reviewed since June 2017. The manager had already identified this and more than half of the people living at Field View plans had been updated. There was a plan in place to update the others. The work the manager had already completed gave us confidence the rest of the plans will be updated. Staff we spoke with knew people well along with their personal histories, personal preferences for care and support and other individual needs such as dietary requirements, likes and dislikes.

We looked to see how the service supported people who required different means or assistance to communicate. People had communication care plans setting out how staff were to communicate effectively with them. The manager had an understanding of the Accessible Standards and was aware of their responsibilities in this area.

People said care needs were met by the service. People looked clean and well-dressed indicating their personal care needs were met by the service.

Where people had a Do Not Resuscitate (DNAR) instruction in place, we saw this was located at the front of peoples care files. This ensures the document is easily located in the event of a sudden deterioration in a person's health. We were told no-one at the home was receiving end of life care at this time.

One end of life plan was basic and lacked information regarding the persons wishes or preferences as they neared the end of their life. A second care plan did not include an end of life care plan but in their bedroom, we saw a booklet, 'planning my care'. The booklet was dated 2014 and although detailed, not all the

information had been updated. For example, an entry noted 'I would like to be resuscitated' but we saw a DNAR had been put in place since this document had been implemented. We told the manager about this to enable them to ensure the information was correct.

A complaints policy was in place which was on display in the entrance area. The service had received two complaints which had been responded to appropriately.

An activities co-ordinator was employed. There was an activities programme on the wall displaying what activities were happening the coming week. Activities in the home included hairdresser visits, a tea party at a local hotel, bowling and bingo.

During the inspection we observed people being taken out to the Super jam tea party. People told us they enjoyed the activities on offer. One person said, "We have a lady for crafts but she is mostly at the other site. There is only her so she can't be in two places at once" Another person told us, "My [person] can't do anything really, but she now has her hair done each week, since the new manager came, she encourages her more". Another person said, "I don't go out very much maybe every six weeks or so. New manager is getting more trips organised they said, I'd like to go shopping with one of the carers but they say they haven't enough staff. We are all waiting for the new manager to come back from holiday to arrange things, it's exciting she cares".

Is the service well-led?

Our findings

When we inspected the service in January 2018, we found the service was in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because although there were some quality assurance systems in place designed to continually monitor the service, they were not sufficiently robust. This was discussed with the provider at the time of inspection who confirmed they would address this matter.

However, on this inspection we again found some shortfalls in the service, which had not been identified through the audit and quality assurance monitoring systems in place.

Throughout the inspection, we found the provider's governance and record keeping systems had not been operated effectively. For example, the audit system had failed to identify issues such as prescribed nutrition drinks had not been administered.

The concerns identified within this report evidence that the systems of governance have not been effective in ensuring people have received a consistently high standard of care to meet their individual needs. These findings demonstrate a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team were provided with training and support and encouraged to undertake further qualifications to assist them in their roles.

A clear management structure was in place, which included a manager, deputy manager and senior care assistant. There were clear lines of reporting. The staff we spoke with were positive about the attitudes and approach of the manager. They said the manager was approachable. One staff member told us, "I have worked here for 22 years, the manager is the best one we've ever had". Another staff told us, "The manager is brilliant, fantastic, she listens'. Changed for the better, morale gone up, place is much happier".

We saw evidence of a weekly telephone conference call between the registered provider, company director, the manager and deputy manager. Minutes were in place from these meetings which evidenced matters addressed. The manager submits a weekly report to the provider which covered key areas of performance, for example, staff training, complaints, safeguarding concerns and accidents. Actions from these meetings were added to a continuous improvement plan to ensure improvements were made.

The manager told us, "I feel well supported by the registered provider. I feel they listen to what I say and actions have been taken. I feel confident to put my point across".

Most people we spoke with said they felt the home was now well managed. People felt the staff and management of the home would respond positively to issues raised outside of formal meetings.

People we spoke with were positive about contact with the manager. Everybody said there was a good

atmosphere in the home. One person told us, "If I have a problem I feel ok about telling the new manager, I trust her". Other comments included, "I would speak to the new manager I feel I could talk to her anytime". "The new manager appears approachable". During the inspection we observed relatives and other visitors popping in to speak to the manager.

It was evident the culture within the service was open and positive and people came first. People were supported by a staff team who were proud to be part of the service. All staff said, they loved their jobs and loves working there.

Staff meetings were held. Staff met with the deputy manager and senior care assistant more frequently on a one-to-one basis to discuss any concerns or receive any updates. Staff told us team meetings took place and they found them useful. One staff told us "Staff meetings are great, they are open and we can air stuff. We work to our strengths, people doing tasks they are good at".

We saw the manager held meetings for people who used the service and relatives although not many relatives attended. The manager was trying different approaches to increase attendance such as having a cheese and wine evening which was effective. One relative told us, "We have meetings sometimes, but not many come. The new manager made the last meeting a wine and cheese evening, a lot more came to that. She's got some good ideas".

We saw evidence the service worked effectively with other organisations to ensure co-ordinated care. The manager told us they attended local provider meetings to keep updated and share best practice. They informed us they work in partnership with Barnsley contracts team and the NHS. The manager and staff work in partnership with other agencies such as district nurses, GP's and social workers to ensure the best outcomes for people. This provided the manager with a wide network of people they could contact for advice.

The service displayed the CQC rating.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs</p> <p>People nutritional assessed needs were not always being met. This included people not receiving prescribed nutritional supplements.</p> <p>Records did not demonstrate that people's nutritional needs were being met.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were not always effective governance and auditing systems in place to monitor and drive improvement in the quality and safety of the services provided.</p> <p>Records were not always detailed, maintained, accurate and complete in respect of each person using the service.</p>