

Healthmade Limited

# Royal Court Care Home

## Inspection report

22 Royal Court  
Hoyland  
Barnsley  
South Yorkshire  
S74 9RP

Tel: 01226741986

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23 July 2019

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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

### About the service

Royal Court is a care home providing accommodation and personal care to older people, some of whom are living with dementia. The service can support up to 40 people in one adapted building. At the time of this inspection there were 16 people living at Royal Court.

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

There were not enough staff deployed to meet people's care and support needs in timely way. Following this inspection, the provider told us they planned to recruit additional staff. The design and layout of the premises did not meet the needs of people living with dementia. The décor of the premises was tired and in need of a refresh. The provider told us they had a refurbishment plan in place and we could see work had started on this. People continued to tell us they wanted more things to do. The registered manager had started to introduce more activities for people to engage with.

There were some systems in place to monitor and improve the quality of the service provided, however they were not always effective. Medicines were not always stored within the recommended safe temperature ranges.

People told us they felt safe living at Royal Court. Staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by the registered manager and director. Safe procedures were in place to make sure people received their medicines as prescribed.

Staff were provided with relevant training to make sure they had the right skills and knowledge for their role. Staff were supported in their jobs. Staff understood the requirements of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they enjoyed the food served at Royal Court, which we saw took into account their dietary needs and preferences. People were supported to access relevant health and social care professionals to ensure they were getting the care and support they needed to best meet their needs.

Positive and supportive relationships had been developed between people and staff. People were treated with dignity and respect. Staff were committed to promoting people's independence.

There was an up to date complaints policy and procedure readily available to people. People, their relatives and staff told us the registered manager and director were approachable and responsive to any issues raised. People's care records reflected the person's current health and social care needs.

People were asked for their opinion of the quality of the service via satisfaction surveys. Regular team meetings were to be introduced for staff. The service had up to date policies and procedures which reflected current legislation and good practice guidance. The latest versions were to be shared with staff. Safety and maintenance checks for the premises and equipment were in place and up to date.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 27 July 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider had not made enough improvements and they were still in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to staffing levels, the suitability of the premises for people living with dementia and governance.

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

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Royal Court Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team was made up of two 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.

#### Service and service type

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who lived at Royal Court and three of their relatives about their experience of the care provided. We met with the registered manager, director and provider. We spoke with seven members of care staff and two visiting health professionals.

We looked around the building to check environmental safety and cleanliness. We spent time looking at written records, which included four people's care records, five medicine administration records (MARs) and two staff recruitment files. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We continued to seek clarification from the director and provider to validate evidence found.



## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

At our last inspection we recommended the provider considered people's views when making decisions about the staffing arrangements at the service. The provider had not made improvements in this area.

- The registered manager used information about people's needs and dependency levels to decide how many staff were required on each shift. However, the tool was not effective as we saw people were left waiting for support from care staff throughout the day of the inspection. For example, care staff started supporting people to use the toilet and get to the dining room 45 minutes before the lunch time meal was served. After the meal was finished people had to wait up to another 45 minutes for support to leave the dining room. There were two care staff deployed and everyone, apart from two people, required support from at least one member of care staff to mobilise.
- Staff told us they thought more staff were needed. Comments from staff included, "I don't think there's enough staff in a morning. It's hard getting people up, dressed, into the communal areas, taken to breakfast and then taken to the toilet. There are 14 residents who need two carers to support them to the toilet after breakfast, so people have to wait their turn" and "I don't think there's enough care staff here. Most of the residents here need two people to get them up, washed, dressed and into the lounge. It takes a long time to get everyone up. We struggle in the afternoon as well. At tea time there's nobody to wash pots [kitchen staff leave at 2:00pm] so the care staff have to do that as well."
- Comments from people about staffing levels were mixed. Some people said they felt there were enough staff on duty. Comments included, "I never have to wait [for assistance]" and "They [staff] come quickly." Other people told us, "Sometimes I have to wait a long time for assistance" and "There are never enough [staff] at night."

As there were still not enough staff deployed in order to meet people's care and support needs in a timely way this was now a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The director and provider responded to these concerns during the inspection and agreed to review the staffing dependency tool they used. After the inspection the provider sent us an action plan which said staffing levels would be increased by the end of August 2019.

- Recruitment procedures were not completely safe. We looked at the files for the two members of staff employed since the last inspection. We saw both files contained references to confirm the applicant's suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. However, neither file contained evidence of an interview or induction taking place. We spoke with the director and provider about this. They confirmed interviews had taken place, but no record was made. We were able to speak with one of the applicants who confirmed they had been interviewed. The director showed us an induction checklist and an interview checklist which they told us would be completed for all new employees in the future. We will follow this up at the next inspection.

#### Using medicines safely

- Medicines were stored securely, but not always within safe temperature ranges. Staff regularly recorded the temperature of the clinical room and medicines fridge. The recommended maximum safe temperature for medicine storage in the clinical room had been exceeded on several occasions during the month of this inspection and on the day of the inspection. We spoke with the director about this and a fan was moved back into the room. The director agreed to continue to monitor the situation and purchase a fan for permanent use in the room, if required.
- Medicines were administered safely. People told us they received their medicines as prescribed. One person told us, "They [staff] make sure I always get them [medicines], she [care worker] makes sure I take them, she's always watching."
- Senior care staff took responsibility for dispensing medicines. These staff had received training in medicines management and we saw their competency in this area was checked.
- Each person had a medication administration record (MAR). This should be signed and dated every time a person is supported to take their medicines or record a reason why any medicine is declined. We checked five MAR charts, and each had been fully completed.
- Some people required medicines as and when required (PRN). We found the information for when one person might need their PRN medicine was not as clear as it could be. We spoke to the senior care worker about this and they agreed to amend this.

#### Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they felt safe living at Royal Court. People told us, "They [staff] make us feel safe, they look after me" and "[Staff] make me feel secure."
- Staff told us they were aware of how to report unsafe practice. The provider had an 'Adult Protection and Prevention of Abuse' policy as well as whistleblowing guidance for staff.
- Staff knew how to protect people from the risk of abuse. Staff we spoke with confirmed they had received training in safeguarding adults from abuse. Staff were confident any concerns they raised would be taken seriously by the registered manager and director and acted upon appropriately. The registered manager kept a record of safeguarding concerns raised with the local authority and the outcomes.
- Incidents and accidents were recorded at the time and action was taken to reduce the risk of repeat events, where appropriate. The registered manager also held a record centrally which they analysed every month and produced a 'corrective action' report. This enabled the registered manager to identify any lessons learnt which they then shared with staff.
- People's care records contained risk assessments. The level of risk to a person was identified and reviewed monthly. We saw these assessments contained information and guidance for staff on how to reduce any



identified risks.

#### Preventing and controlling infection

- There were systems in place to reduce the risk of the spread of infections. The provider had produced an infection control policy for staff.
- Personal protective equipment, such as plastic gloves and aprons were available to staff and we saw these were worn appropriately throughout the day of the inspection.
- The premises were clean. However, in parts the decoration was tired and in need of a refresh. The provider told us they had a full refurbishment plan in place. We saw work had started on this.



## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection we recommended the provider consider relevant guidance to improve the service provided to people living with dementia. The provider had not made improvements in this area.

- The premises were not designed to best meet the needs of people living with dementia. There was limited signage to support people to find their way around the home and find their own bedrooms. For example, the bedroom doors all looked the same. Not being able to find their own bedroom can make people feel stressed and anxious.
- There were no reminiscence pictures or tactile displays anywhere in the home. These can be a useful aid in supporting people with dementia.
- Carpets in some of the communal areas had bold, swirly prints. These can be confusing for people living with dementia and can increase the risk of falls.

The previous two inspection reports highlighted the premises were not suitable for the purpose for which they were being used. This has still not been addressed. Therefore, this was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection the provider sent us an action plan which said a dementia strategy would be implemented by the end of July 2020.

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

- We saw evidence on people's care records the registered manager had visited people at home to assess their care and support needs to ensure they could provide an appropriate service to them.
- A relative confirmed to us the registered manager had visited their family member at home and drawn up a care plan with them before they moved in.

Staff support: induction, training, skills and experience

- Staff told us they received the training and support they needed to carry out their jobs effectively. One member of staff told us, "Things have got a lot better since the new [registered] manager has started, we've done a lot training since they started and this has been really useful. [Name of registered manager] has done supervision meetings too."
- Staff undertook mandatory training in key areas, such as mental capacity and moving and handling. Staff told us most training was delivered face to face at Royal Court, with some additional training completed via workbooks. The registered manager told us additional training was also being sourced in areas such as care planning and pain management.
- Staff told us they received regular supervision sessions. These were one to one meetings with the registered manager. The records we looked at confirmed this. We saw staff had also recently had an annual appraisal, where their performance and development was discussed.

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

- People told us they enjoyed the food served at Royal Court and they had enough to eat and drink. Comments from people included, "Oh yes, definitely, we certainly do [get enough to eat]. For some people it's too much but I always clear my plate", "If I want anything, they get it for me", "I get enough and it's what I like [to eat]" and "Well I've no worries, the food's very good."
- Some people required support from staff to eat. One person told us, "I need things cutting up and I just tell them what I need doing, most of them know now."
- We observed the lunch time meal service in the dining room. Tables were set with condiments and jugs of water and juice. The dining experience was fairly relaxed. However, we saw some people had to wait for support to eat their meal as staff were busy with other people. One member of staff was supporting two people to eat the same time.
- The menu for the day was displayed in the dining room. This was in a written format with no pictures.
- Kitchen staff told us they worked to a four week menu plan that included a variety of meals options. Some people had specific dietary needs for health or cultural reasons and we saw these needs were catered for.

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

- People told us they had access to medical professionals when this was required. For example, a family member told us staff discovered their relative had a sore foot and they contacted the GP. Staff followed the GP's advice and took the person's shoe off regularly during the day to relieve the pressure.
- The care records we looked at confirmed people were supported to access a range of health and social care professionals. Contact details were included in people's care records. Care records were updated to reflect when a professional had visited.
- The visiting professionals we spoke with told us the staff were always welcoming and followed any advice they gave.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA

application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and director had made appropriate applications to the local authority for DoLS authorisations and kept a track of which stage of the authorisation process a person was currently at.
- Most care staff told us they had received training on the MCA and DoLS. Training records confirmed all care staff had received this training.
- Most people's care records contained consent to care documents. Where people did not have capacity to consent to their care we saw their relatives or advocate had been consulted, as appropriate. We saw records showing best interest meetings had taken place when significant decisions needed to be made for a person lacking capacity. However, these were not always decision specific. We spoke with the registered manager about this and they told us all care records were currently being reviewed and updated to ensure appropriate capacity to consent had been sought for each person.



## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff were caring. Comments included, "Nothing is too much trouble for them [staff], you ask them, and you get it straight away", "They're the best staff there is", "Yes, [staff are] very kind, no problems with that, they always acknowledge me and ask me if I'm alright", "Lovely, most of them, I haven't come across one that isn't", "I've been off it the last day or two and staff have been really good" and "They [staff] are all great".
- We saw some kind and compassionate interactions between people and staff. For example, staff got down to eye level to communicate effectively with people who were sitting down. Staff supported people to mobilise with patience and kindness.
- All the staff we spoke with talked about the people they supported with compassion. They clearly knew people well. We saw people and staff were comfortable and relaxed with each other.
- The provider complied with the Equality Act 2010. This meant people were not treated unfairly because of any characteristics that are protected under this legislation, such as age and gender. Our observations of care and discussions with all staff showed us they were respectful of people's rights.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff were able to tell us what it meant to treat people with dignity and respect. One member of staff told us, "You ask people what they want. You get to know people really well and I can recognise when they need things, for example, if they are tired."
- We asked people if staff treated them with dignity and respect. Comments included, "Yes, yes, they [staff] do" and "If they [staff] come with the tea trolley they always knock on the door before they come in." One relative told us if staff didn't treat her family member with dignity and respect "She'd be the first to tell."
- Staff promoted people's independence. We saw staff encouraging people to go outside. A relative told us their family member had gone from not getting out of bed at all [when living at home] to sitting out in communal areas with other people. The relative said, "We [the family] are really happy with their progress

since they moved into Royal Court."

- The registered manager told us they were in the process of reviewing every person's care record with them. We saw evidence of these reviews taking place on some of the care records we looked at.
- People's personal information was respected. We did not see or hear staff discussing any personal information openly or compromising people's privacy. Staff we spoke with understood the need to respect people's confidentiality and we saw care records were locked away when not in use.
- We saw there was information displayed in the reception area for people who wished to have additional support whilst making decisions about their care. This included information on how to access advocacy services.



## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement. This meant people's needs were not always met.

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

At our last inspection we found people did not always receive person-centred care which was appropriate and met their needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9. The registered manager was committed to continuing to make improvements in this area. After this inspection the provider sent us an action plan which said time would be allocated to additional staff for better quality activities by the end of August 2019.

- Since the last inspection, care staff, the registered manager and director told us they had tried to engage with people to discuss what activities they would like to do. However, there was no evidence of an 'Activities Committee' being formed. After the last inspection the provider's action plan had stated the first meeting of this committee would be held in August 2018. The director told us no one had been interested in joining this committee.
- Staff told us they did try to get people involved in activities when they had time, however they said it could be quite difficult to get people to join in with things. Comments from staff included, "We chat [with people], but a lot of the time we simply haven't got the time. People are more interested in one on one activities", "People won't do anything. They won't take part. We try all sorts with them, but they don't want to do it. We managed to get a few [people] outside yesterday and [name of registered manager] was playing a game with them."
- Nearly everyone we spoke with told us there wasn't much to do. Comments from people included, "I just sit and watch the television", "When they [staff] have time we sometimes play bingo, but it's a long time since that", "Activities stopped a few years ago", "You get fed up", "I just sit in a chair, but while it's been nice I have been sitting outside in the sun" and "[Name of registered manager] was playing dominoes with me yesterday."

- The registered manager told us the take up of planned activities was not always popular with people and they were looking to introduce smaller, spontaneous events. The day before this inspection they had encouraged people to sit outside and play dominoes. This had proved quite successful. People had been asked to give feedback about this and had made positive comments. The registered manager told us they planned to hold more of these types of events.

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

- The care records we looked at were person-centred and contained information about the person's social history, likes and dislikes.
- Care records were split into sections covering all aspects of daily living, such as personal care and communication. We saw each section was evaluated monthly and updated, if required.

Meeting people's communication needs

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

- The provider told us information would be made available to people in a format they could understand and readily access, if required.

Improving care quality in response to complaints or concerns

- We saw the service had an up to date complaints policy and procedure in place. This was displayed in the reception area and was also available to people in the 'Service User Guide'.
- People and relatives told us they knew how to make a complaint and management were responsive to any concerns they raised. A relative told us, "If I email them, they will email me back." One person told us they would "Talk to the person in charge" if they were unhappy about something.
- We saw the registered manager had a system in place to record any complaints, their response and the outcome.
- The registered manager told us there had not been any formal complaints since the last inspection. Our conversations with people and staff confirmed this was the case.

End of life care and support

- The registered manager told us staff had recently received training on supporting people at the end of their life. Care staff we spoke with were enthusiastic about this and the planned upcoming training on pain management. They felt it would enable them to provide better care to people at the end of their lives.
- The local clinical commissioning group (CCG) were supporting care staff to complete 'End of Life Checklists' with people to form part of their care records.
- A member of care staff had volunteered to undertake training with a local hospice so they could be a champion in this area and share their specialist knowledge with other members of staff.





## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We found the recommendations and requirement from the previous inspection had not been fully acted on. Further improvements are still required with regard to the premises, activities and the deployment of staff.
- The registered manager had quality assurance systems in place. However, the issues we found regarding medicines and recruitment had not been identified by the registered manager. The provider did not carry out any audits of their own when visiting the service. This would have been another opportunity to identify and resolve these issues. Quality assurance systems enable registered providers to assess the safety and quality of their services, to help ensure they provide people with a good service and meet appropriate quality standards and legal obligations.
- The provider had a set of policies and procedures covering all aspects of service delivery. We saw the electronic versions were up to date and therefore reflected current legislation and good practice guidance. However, the versions available to staff were paper copies which were held in the office. These had not been updated to reflect the latest changes. The registered manager told us they were in the process of reviewing all the policies and procedure and they would ensure the paper copies were updated for staff.

As governance systems and processes had not been fully established and operated effectively this was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Regular checks of the buildings and the equipment were carried out to keep people safe. The home had safety certificates in place for the premises and the equipment they used. Risks to people's safety in the event of a fire had been identified and managed.

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

- People, their relatives and staff were given some opportunities to give feedback about the service.
- People and their relatives confirmed they had been asked to complete a survey recently. The registered manager analysed the feedback and had produced a 'You Said, We Did' poster, which was displayed in the reception area. We saw the completed surveys were mainly positive about the service. The two exceptions being the lack of activities and the outdated appearance of the premises.
- The director told us they did not currently hold any meetings with people or their relatives. They said they had an 'open door' policy so people and relatives could meet with them or the registered manager anytime.
- The registered manager told us staff meetings were held on an ad hoc basis, when there was something to report. They told us they were planning to hold these meetings every two months to give staff the opportunity to give feedback. Staff were also asked for their views of the service via supervision and appraisal meetings.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and staff told us the registered manager and director were accessible and approachable. Comments included, "[Name of registered manager] is very good, [name of registered manager] always has time for you", "[Name of registered manager and director] are both very good" and "[Name of registered manager] has made a big difference, [name of registered manager] is very approachable."
- Staff told us they enjoyed working at Royal Court and would recommend the service to friends and family if they needed this type of care and support. Some staff told us they had relatives who came to Royal Court to live or for respite care.
- The registered manager was aware of their obligation to submit notifications to CQC line with the Health and Social Care Act 2008. The registered manager confirmed that all notifications required to be forwarded to CQC had been submitted. Evidence gathered prior to the inspection confirmed that a number of notifications had been received.
- The provider continued to ensure the ratings from their last inspection were clearly displayed on the premises.

Working in partnership with others

- The provider told us they worked in partnership with Barnsley local authority.
- Staff had developed and sustained good working relationships with visiting health and social care professionals.
- The director told us members of the local church visited to give communion and pupils from local schools visited to provide entertainment to people.

## 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 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The premises were not suitable for the purpose for which they were being used.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems and processes had not been fully established and operated effectively.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>There were not enough staff deployed in order to meet people's care and support needs in a timely way.</p>