

Rockley Dene Care Home Ltd

# Rockley Dene Residential

## Inspection report

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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

We carried out this inspection on 6 and 8 February 2018. The inspection was unannounced, which meant the people living at Rockley Dene and the staff working there didn't know we were visiting. This was the service's first inspection since the new registered provider had registered with the care quality commission (CQC) in December 2016.

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

Rockley Dene Residential Home accommodates 34 older people in one adapted building. This included people living with dementia. At the time of our inspection 33 people were using the service.

The service had a registered manager. '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.'

Staff we spoke with understood what it meant to safeguard vulnerable people from abuse, and they were confident management would take any concerns they had seriously and take appropriate action. However, issues we identified during the day did not support this and we submitted a safeguarding referral for one person to the local authority.

The registered manager used a dependency tool to determine staffing levels. However, we found this was not accurate as the dependency used the risk assessment scores and we found these were not reviewed effectively and therefore the staffing levels were not accurate. Staff also told us there was not enough staff on duty at certain times to meet people's needs in a timely way.

Risks had been identified and management of the risks were documented. However, these were not reviewed correctly so the level of risk was not accurate.

Systems were in place for safe management of medicines. Staff received appropriate training and competency assessments.

People were not always protected by the prevention and control of infection procedures. We found some areas of the service and some equipment was not kept clean or hygienic to ensure people were protected from acquired infections.

We found procedures were followed for the recruitment of staff. Staff supervision took place and staff received an annual appraisal of their work. Staff received training. However we identified this was not always

effective.

We found the service meet the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). staff we spoke with had a satisfactory understanding and knowledge of this, and people who used the service had been assessed to determine if a DoLS application was required. We also found where required some best interest decisions were made however there was not a consistent approach to ensure all decisions were made in people's best interests.

People were offered a well-balanced diet. However, through our observations we saw people were not always supported to maintain a balanced diet. People accessed health care services when required. But we identified that referrals were not always made when people's needs changed to ensure people's safety.

People and relatives spoken with all said the staff were kind and caring. People also said staff respected them and maintained their dignity.

Care plans identified people's needs and had good detail of how to manage people's needs. However, we identified some documentation did not always reflect peoples current or changing needs.

People told us they were listened to by the management team and were confident any concerns would be dealt with by them.

Activities took place, people told us the activities were very good and they thoroughly enjoyed them.

There were processes in place to monitor the quality and safety of the service. However, these were not effective.

The overall rating for this service is 'Inadequate' and the service is therefore 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.

During our inspection, we found five breaches of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report. 'Full information about CQC's regulatory response to the more serious concerns found during inspections are added to reports after any representations and appeals have been concluded.'

## 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 safe.

Staff understood the safeguarding policies but we found staff had not always reported further when action was not taken to ensure people's safety.

Risks had been identified but were not reviewed accurately so the level of risk was not correct putting people at risk.

Infection prevention and control systems were not safe. We found the service was not well maintained and was not kept clean.

Recruitment procedures were followed to ensure the right people were employed to work with vulnerable people.

**Inadequate** ●

### Is the service effective?

The service was not always effective.

We found people were offered a well-balanced diet however; support provided to ensure people received adequate nutrition to meet their needs could be improved.

Staff monitored people's healthcare needs, but did not always make referrals to healthcare professionals where appropriate.

Staff received training to fulfil their roles and responsibilities but this was not effective.

People's consent was sought in line with legislation and guidance.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

People told us that the staff were kind, considerate and caring.

We saw that staff respected people's privacy and dignity.

**Requires Improvement** ●

We observed that care and support was task orientated at times and not individualised. This was because staff were very busy.

### **Is the service responsive?**

The service was not always responsive.

Care records identified people's needs. However, did not always reflect the person's current level of need.

There was a programme of activities that met people's needs.

There was a complaints system in place; complaints had been recorded and resolved and people told us they were listened to.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not well-led.

The quality monitoring and governance were not effective.

Staff did not feel listened to and lack of effective oversight meant lessons were not learnt to improve the service provision.

**Inadequate** ●

# 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 was a comprehensive inspection. This inspection took place on 6 and 8 February 2018 and was unannounced on the first day. The membership of the inspection team comprised 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. The expert by experience had experience of supporting and caring for older people including people living with dementia.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

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

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time in the lounge and dining room areas observing the care and support people received. Observations helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We spoke with the registered manager, a team leader, a domestic, the administrator, four care staff, two catering staff and the activity coordinator. We also spoke with 12 people who used the service, five relatives, and one healthcare professional.

We reviewed a wide range of records, including people's care records and staff files. We checked the medication administration records. We observed people having breakfast and evening meal, we observed an activity. We also reviewed the policies, procedures and audits relating to the management and quality assurance of the service provided at Rockley Dene.

We reviewed three staff personnel files. We looked at five people's care plans in detail and a further two care plans for specific information. We also reviewed the policies, procedures and audits relating to the management and quality assurance of the service provided at Rockley Dene.

## Is the service safe?

### Our findings

People we spoke with all told us they felt they were safe at the home. One person said, "The staff help you feel safe." Another person said, "The staff are so good that makes us safe." Another commented, "There is nobody here that would do me any harm I'm sure."

Relatives we spoke with also told us people were safe. One relative said, "The staff do look after my [relative] and they make sure she is safe." Another relative said, "[Relative] is much safer here I really trust the staff."

Staff we spoke with were knowledgeable about safeguarding people from abuse. They told us how they would recognise abuse and that they would report any concerns to their line manager. One staff member told us, "I would not hesitate to tell the manager if I suspected a staff member of mistreating a resident." However, we found staff had reported some concerns to their line manager but these had not been followed through. Staff had not reported this to anyone else so had not followed the whistle blowing procedure. The staff we spoke with raised the concerns with us and we also identified the issues they had raised and this was referred to the local authority safeguarding team following our inspection.

Risks associated with people's care and support had been identified. We found some gave good detail on how to manage the risk. However, some did not contain enough information to help minimise the risks from occurring. For example, two people had a risk assessment in place regarding mobility. The people had been assessed as requiring a hoist to be moved. The risk assessment was in place but in both instances did not give full details of size or type of sling to use and did not give the correct loop configuration. When we observed one of these people being hoisted we checked the loop configuration with the risk assessment and the colours were completely different and the sling the staff was using was not what was recorded in the risk assessment. We also identified that two people were hoisted using an inappropriate unsafe sling that put them at risk of falling.

Staff told us people's needs had increased over the last three to six months but they had not been reassessed for a more appropriate sling. Staff told us they were trained by other staff who worked at the home to use the slings that were in use and that there were no alternatives.

We discussed this with the registered manager who acknowledged the slings were not appropriate and since our inspection has confirmed that new ones had been ordered and have been received and people whose needs had changed are to be referred to the occupational therapist.

We also found other risk assessments did not contain up to date information or contained conflicting information. For example, one risk assessment for skin care stated the person required four hourly position changes yet the sleep care plan stated they required two hourly position changes. We also found risk assessments that had not been reviewed correctly so the person was scored as a medium risk but was actually a high risk. This meant risks were not managed to ensure people's safety.

This is a breach of regulation 12 (1) (2) (a) (b) of The Health and Social Care Act 2008 (Regulated Activities)

regulations 2014. Safe care and treatment. This was due to a failure to assess the risks to the health and safety of people and doing all that is reasonably practicable to mitigate any such risks.

People were not adequately protected from the risk of fire.

There was limited equipment available to assist staff in the event they needed to evacuate people from the building. At the top of the main staircase we saw signage to indicate this was a designated escape route but there was no equipment to assist staff. We saw a single evacuation chair on the first floor, located by another fire escape but from our visual observations of people's needs who lived at the home, we were not assured this equipment would be appropriate for their needs. We shared our concerns with the registered manager at the time of the inspection and they agreed to address the issues with the registered provider.

We observed a communal bathroom and toilet both had damaged ceiling tiles. This meant in the event of a fire, the fire might not be contained and could access the roof void, therefore spreading to other areas of the home. Linen was stored in a corridor cupboard, the doors had a notice attached 'fire door keep locked shut when not in use' but we found the doors were unlocked.

We were unable to evidence staff had taken part in regular simulated fire drills. The registered manager gave us a box labelled 'Fire Marshall', this included some pieces of paper entitled fire drill records, but they were all blank. A fire safety record book recorded that only four staff had participated in a fire drill on 5 February 2018. This meant in the event of a fire staff may not have the knowledge or skills to keep people safe.

We found information for staff regarding the support a person would require in the event of a fire, confusing. A section of their moving and handling care plan recorded 'red, non-ambulant, full assistance required' but we observed them walking independently around the home. They also had a personal emergency evacuation plan (PEEP) which recorded staff would need a wheelchair and/or an 'evac chair' but we noted this person's bedroom was on the ground floor. We reviewed the PEEP for a second person, staff had ticked every box. This indicated in the event of an emergency staff would need to use a wheelchair, a hoist and sling and an evacuation chair to enable them to be evacuated.

A contingency plan was kept at the home to give staff guidance in the event of an emergency. This included, for example, the location of the gas and water emergency cut off points. Attached to the inner cover we saw there was a list of names but two of the people who were living at the home on the first day of the inspection were not on the list. There was a further list within the file and we saw the names of both people were on this list but the bedroom number for one of them was incorrect. It is important emergency information is accurate to enable staff and emergency services to be able to assist people effectively and safely.

Premises and equipment were not suitably maintained. The home felt cold. When we arrived at 9.15am we saw two people were sitting in a lounge, they both had blankets covering them and one person was rubbing their hands, we asked them if they felt cold, they said they did. One of the lounges was not in use as it was too cold for people to sit in; this was confirmed by the registered manager when we spoke with them.

In a shower room and a toilet we saw damaged tiles. In both a communal toilet and a bathroom we noted the radiator had been removed, however, the pipe work was still evident. This caused a risk of serious injury in the event a person tripped or fell in these areas. On the ground floor was a boiler room. Although the doors were partly obstructed by the corridor partition doors, the door to the boiler room was not locked and therefore accessible to people. Inside the room there was also a hole in the floor approximately 12 by 18 inches in size. We shared our observation with the registered manager to enable them to take appropriate action to ensure people were safe.

We saw a bath in a communal bathroom on the first floor, the bath had a notice attached 'broken 20/09/2017. We asked a member of staff about this and they confirmed the bath was not in use. This meant there had been no accessible bath for people to use on the first floor of the home since September 2017.

A range of internal checks were completed by the maintenance person, including the emergency lights, bed rails, water temperature and window restrictors. External contractors had also completed checks on the fire system, electrical wiring and gas appliances. We also checked to ensure lifting equipment within the home had been checked in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) to ensure it is safe. We saw evidence the hoists had been LOLER checked in September 2017. We saw evidence two slings had been checked by an external contractor but the registered manager was unable to locate the most recent LOLER checks for the hoist slings and the most recent LOLER check for the passenger lift was dated September 2016. Following our inspection we were sent the certificates to confirm the checks were up to date.

This is a breach of regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Premises and equipment. This was due to a failure to ensure all equipment meets the requirements of relevant legislation so that equipment are properly used and maintained.

There was not enough staff to ensure people's needs were met safely. The registered manager showed us a dependency tool, this was used to determine how many staff were required to support people safely. However, this was not accurate as the dependency levels were determined by the risk assessments and we found these were not accurate.

Staff told us they felt there were not always enough staff on duty to meet people's needs in a timely way. People we spoke with also told us there could be more staff. One person said, "If I call for help, I sometimes have to wait a long time." Another person said, "When I use the nurse call to get up in the mornings, the staff come to me and say 'we'll just be a couple of minutes' I have to wait for quite a while."

We observed staff were rushed and became task orientated. Staff told us they struggled in the morning to meet people needs. We saw people were still being supported to get up at 11.30 and this meant they had breakfast very late. Staff said they had previously had an extra staff member in the mornings but this had stopped. One said, "We used to manage when we had the extra staff member, but now it is just a rush." Another staff member said, "I know we become task orientated and it is not good, we don't have time for people."

A relative we spoke with also raised concern regarding staffing. They said, "I have seen a big change in the needs of the people that live here, there should be more staff."

We observed staff interacting with people who used the service. Staff appeared to rush from one task to another. We observed people were left without support as staff did not have time. For example, one person was sat in the dining room in their wheelchair at 9.30. We saw their clothes were soiled with food debris and they were left in this state until 10.45 when a care worker eventually came and cleaned their face and took them to the bathroom to be changed.

This is a breach of regulation 18 (1) of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Staffing. This was due to insufficient numbers of staff deployed to meet people's needs.

We discussed this with the registered manager and they agreed to discuss with the registered provider and

look at re-instating the extra staff member. The registered manager confirmed on the second day of our inspection that they had reviewed the dependency tool and updated to reflect accurate risk assessments and had confirmed with the registered provider that the staffing would be increased.

We looked at the systems in place for managing medicines. This included the storage, handling and stock of medicines and medication administration records (MARs) for people. Medication procedures were in place to guide staff and ensure safe medication administration. We saw most of the procedures were followed by staff. We saw some very good practice followed by staff when administering medicines. The care worker took time to give people their medicines, they sat with them to ensure they took them and gave gentle encouragement. They also asked if people required pain relief.

However, we found staff had hand written some medication on the MAR and these were not signed to show they had been checked by a second member of staff. This meant the entry could be recorded incorrectly as no checks had been carried out.

People were prescribed medication to be taken as and when required known as PRN medicine. For example, medication prescribed for pain relief. Some protocols lacked detail. They did not explain when to give PRN medication or detail how people presented when they required the prescribed medication. This meant people who could not verbally request pain relief might be experiencing unnecessary discomfort as the protocols did not always give sufficient detail for staff to know when people were in pain. These were addressed by the team leader during our inspection.

The medication room temperature was monitored. However, this was checked once a day and did not evidence the temperature over a 24 hour period. The use of a maximum/minimum thermometer would ensure the temperature was monitored throughout the day to ensure the recommended temperatures were achieved.

Infection, prevention and control procedures did not protect people from the risk of infection. We found many areas of the home were not kept clean or well-maintained to be able to be effectively cleaned and prevent cross infection. We found raised seats, shower chairs and bath chairs were rusty and dirty underneath the seats. Lounge chairs were damaged and worn and not able to be effectively cleaned. We also found many had ingress of bodily fluids into the foam padding. The kitchen area in the dining room was dirty and the cupboards were damaged and stained and not well maintained.

We found many floor coverings throughout the home stained and dirty and not kept clean. Grouting between tiles in bathroom was stained and dirty. We saw the cleaning trolley being used by the domestic was dirty. The dirt was encrusted onto the wheels. We wiped a small section of the trolley with cleaning fluid and a cloth and it was evident the trolley could be cleaned.

We spoke with the domestic worker. They told us there was only one cleaner on duty each day, from 8am - 1pm. They said they did all the cleaning. When we questioned them about infection control procedures they were not able to answer. They did confirm that they used gloves and aprons. They also explained that red clothes were for toilets and green for the dining room. We observed this worker clean a toilet they cleaned this with a blue cloth which was the only colour cloth on the trolley, they did throw the cloth away when they had cleaned the toilet. However, we saw them leave the room with a used commode bucket walk to end of corridor to empty the commode in the toilet. They then cleaned the rest of the room, with no change to gloves or apron observed. This posed a risk of cross infection and what we saw did not adhere to infection prevention and control policies and guidance.

This is a breach of regulation 12 (1) (2) (h) of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Safe care and treatment. This was due to ineffective Infection, prevention and control measures.

## Is the service effective?

### Our findings

People told us the care staff were good and looked after them. People told us they were given choices and given time to make decisions.

All of the family members that we spoke with said that the needs of their loved ones were being met and they had full confidence in the staff.

Staff told us they felt supported by the deputy manager and the team leaders. They said they had received supervision. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Staff also received an annual appraisal of their work. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time.

Staff received training; however, the training was not effective. For example, the staff told us they had received moving and handling training but we observed that people being moved were being moved unsafely. Staff told us the training was watching a DVD. One member of staff said, "We have raised the concerns regarding the training in team meetings and it has not changed. DVD is not good enough."

This is a breach of regulation 18 (1) of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Staffing This was due to lack of suitably qualified and skilled staff to meet people's needs.

We discussed the training with the registered manager who agreed to source effective training. Since our inspection they have confirmed moving and handling training has been booked for all staff. They also confirmed other training was also to be booked and they had obtained an external training company to deliver the training.

We observed the breakfast and lunchtime meal. People received a balanced diet. The menu was displayed in the dining room and condiments were available for people.

However, we saw people were not always appropriately supported with their meals. At breakfast we saw people sat for long periods of time with food in front of them not eating and no staff available to offer assistance. When staff did offer assistance we saw they encouraged and supported people to eat and drink in an unhurried manner.

At lunchtime we observed staff gave assistance in a very calm, quiet and dignified manner. The mealtime was a calm experience for everyone. People we spoke with told us they liked the food. One person said, "The home made baking is out of this world." Another said, "Honestly, it's good home cooking."

However, the dining experience varied for some people. People were not offered choices at the time the meal was served; the meals were served in the kitchen and brought through to the dining room so there was no choice of portion size. One person was said, "Oh that's a big meal for me, I only want a small one." The

staff member replied, "Just leave what you don't want." The person was not happy with the size of the portion and they did not eat much of their meal. If people had finished their meal we saw no one was offered extra portions. The cook confirmed later that there was extra food if staff had asked people.

Not all the dining tables were fully set prior to everyone being seated at lunchtime. This was because the breakfast had only finished at 11.30am and we saw people were given verbal prompts by staff to go through for the lunchtime meal at 11.34. The first lunch was served at 12.14pm. This was very close to completion of breakfast and meant people may still be full and not want any lunch.

When people sat at the tables they were being offered a choice of juice, but these were served at the table from the original very large five litre bottles and when people were offered a cup of hot tea the milk was poured from the large four pint bottle it had been delivered in. This did not look very pleasant or dignified.

One person asked if the tea pot could be left with her as she said, "I love my tea." The care worker said, "I can't do that, I'd get done." This example does not uphold people's right to choice and independence.

We found the catering staff understood people's nutritional needs. There was one main dining room although people could choose where to eat. The food served looked appetising and plentiful. We spoke with the cook they said, "I am not restricted to a budget, the senior managers say that I can buy whatever suits the resident's needs. The residents love a special treat at weekends, I make my own chocolate éclairs that's a real favourite."

Staff we spoke with told us the mealtime experience varied as they were very busy and felt there was not enough staff on duty to meet people's needs in a timely way. One staff member said, "We used to have a carer who worked 8am until 1pm this meant there was more help at breakfast and lunchtime, which really helped."

The weight records we saw did not evidence people were losing weight. However, we found many were not completed fully or reviewed. If people's food intake was monitored on a food chart we found many of these were not completed properly. For example, one person's weight record showed weight loss and was recorded had been in hospital and food charts were in place to monitor the food intake. These were not always recorded so they could not be reviewed effectively to determine what intervention was required to ensure they received adequate nutrition. It was therefore not possible to determine if people received adequate nutrition and hydration. Staff told us people had good appetites and had not lost weight. We also discussed this with the registered manager and they told us they would ensure people's weight and food chart records were properly documented and reviewed.

We saw evidence in each of the care files we reviewed that people had access to other health care professionals. We noted one person who had recently lost weight; staff had made a referral to the dietician. We also noted in another person's care plan, during a care plan review dated 20 September 2017, 'family present and requested a hearing aid due to difficulty communicating' although we saw evidence in the professionals records that this had been addressed, it had not been updated in the care plan to reflect this.

We found people's needs were not always met by the adaptation, design and decoration of the home. The registered provider had not considered the needs of people living with dementia. The registered manager explained to us they were looking into how to improve the environment and were working with a dementia specialist to ensure they followed best practice.

People's needs were assessed and care plans were in place. However these did not always reflect people's

current needs and did not always follow best practice guidance and advice.

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.

We found the service was not always meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Most staff we spoke had an understanding of the need to ensure people were given choices and decisions needed to be made in people best interests if they lacked capacity to make a specific decision. People were not unlawfully restricted. However, we found that best interests were not always considered and the assessments were generic and covered a number of decisions so were not decision specific. The registered manager acknowledged that these needed to be changed and intended to introduce some new documentation to ensure this commenced.

## Is the service caring?

### Our findings

People, their relatives and friends spoken with made positive comments about the staff. We observed staff got on very well with people and obviously knew them well.

Staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas. The staff and people who used the service looked comfortable and relaxed together. There was a lot of laughter between people. People said that staff were good at listening to them and meeting their needs. Relatives and visitors were also welcomed in a caring and friendly manner.

One person we spoke with said, "All of the staff are wonderful." Another said, "The staff are lovely people, very caring and kind." Another commented, "The staff take very good care of me, and they always knock on the door before they come in."

Relatives we spoke with also praised the staff. One relative said, "I am always impressed how well the staff know [my relative], they are a challenge, however, they notice any small changes in her behaviour that might be due to distress." Another said, "The staff show her such patience and understanding."

We observed some very good examples of caring practice. We saw if people required help, were anxious or upset, staff attended promptly and spent time with them to assist, help and support them. We observed staff kneeling down to speak with people gaining good eye contact to aid communication. However, we identified many toilets and bathroom had locks that did not work so people could not be assured of privacy. We also saw pads stored in communal toilets and outside peoples bedrooms on the hand rail this did not maintained peoples dignity.

We also saw some poor examples of caring practice. We observed one person being hoisted and they revealed their underwear and their dignity was not maintained. We heard staff speak about people which was not always in a caring way. For example staff did not tell people what they were doing just went up to people and moved their wheelchair without explanation. We also heard staff say, 'might as well do [person's name] while we are waiting'. They placed a sling on the person with no explanation about what they were doing or why. Another staff comment was, 'where are we going to put her'.

We observed a large number of women wore no socks, stockings, hold-ups or tights. When we asked one person if it was their choice they said, "Oh, I would like to wear pop socks but I lose them and staff can't find them." It was therefore not clear if this was people's choices not to wear any socks or tights or due to lack of staff time.

Information was displayed in the entrance are regarding dignity in care, but staff could not tell us who was a dignity champion. The registered manager confirmed they did not have a dignity champion. They told us they would address this and appoint a staff member, who would be able to promote person centred care and ensure that all people were treated with dignity.

Staff told us that church services had previously been held to ensure people's religious needs were met. However, it was not clear when these last took place as people we spoke with could not remember. One person said, "It would be nice to have a church service sometime, I do go to Chapel when I can but other people might like it here." Another person said, "It would be lovely if the church came here I would like that." We also saw no evidence that people's religious needs were part of everyday practice. Staff should recognise that religions have certain customs that need to be respected.

This is a breach of regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Person centred care. This was because people did not receive person centred care that met their needs.

## Is the service responsive?

### Our findings

People we spoke with told us the staff were very good and met their needs. Although they did say at times the staff were very busy and they had to wait for assistance. But said when they did get the support the staff were very good. One person said, "The staff are always happy to help me." Another said, "I am very happy with what the staff do with me." A relative said, "They [the staff] have got to know my [relative] well it is really reassuring to know that they know their needs."

During the morning we observed care workers did not have time to actively sit and chat with people as they were very task oriented. One person said, "I would have loved a lay in this morning." This person said that they were encouraged up by the staff because, "It's up to them when you get up." This did not uphold this person's freedom of choice.

We looked at care plans belonging to people who used the service and found they identified people's needs. We saw people were also involved in their care plan where they were able and there were life histories recorded to help staff know peoples interests and hobbies.

However, care plans were not detailed to ensure staff knew how to meet people's needs. For example we found one person's plan identified they could present with behaviour that may challenge. Yet there was no detailed management of the behaviour for staff to follow to ensure this was handled safely.

We also identified care plans were not reviewed to support safe care as we observed one person being moved had nearly fallen out of the sling. Staff said the person had deteriorated recently and due to their deterioration they were not safe in the sling being used. The care plan had not been reviewed to reflect the change in the person's needs to identify another sling to ensure their safety.

Although people and their families had been involved in some reviews, we saw discussions documented in the reviews were not always followed up. For example, a family had requested a hearing aid. We found no evidence that this has been looked into. This did not evidence that people with a sensory loss had their needs met to ensure they could communicate effectively.

The service provided care and support for people at end of life. We saw there was information in care plans regarding the decision to not resuscitate (DNAR). These had been drawn up by the person's GP and included the person where relevant and their families. There were end of life care plans in place. However, these only referred to DNAR and funeral directors. The plans did not show consultation with the person to ascertain their wishes, choices or beliefs to ensure these were documented for staff to be able to follow in the event that their health deteriorated.

This is a breach of regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Person centred care. This was because people did not receive person centred care that met their needs.

The number and range of satisfying activities was much appreciated by people. There was a full time activity co-ordinator on duty on the day of the visit. People and their relatives said the coordinator was highly committed to the activities being enjoyable and beneficial. Without exception, people said they took part in, and enjoyed, a wide range of activities and outings. Recently there had been trips to local pubs for meals and people were still enjoying the memories of all the Christmas and New Year events. One person said, "There are so many activities we are spoilt for choice." A relative told us, "They organise really good quiz events, you should see people laughing and having fun it's lovely to see."

We saw the minutes of a recent meeting with the people who used the service, confirmed the ideas and plans that people had contributed had been used to plan further activities. These included trips to a local country house estate, entertainers, and a trip to the theatre along with shopping trips and excursions to the coast.

Relatives were welcomed to the service and could visit people at times that were convenient to them. People maintained contact with their family and were therefore not isolated from those people closest to them.

There was a complaints procedure displayed in the entrance area. This explained the procedure to follow and what to expect if you needed to raise a concern. People and relatives spoken with knew how to complain and they told us they would inform staff if they were unhappy with their care. One person said, "If I had a complaint I would go straight to [staff name]."

The registered manager told us they had an 'open door' policy where people living at Rockley Dene, their visitors, and members of staff could approach them at any time to discuss any complaints or concerns they had.

## Is the service well-led?

### Our findings

The people we spoke with told us they were satisfied with the service they received. One person said, "The manager makes it clear that this is my home."

The registered provider is required to have a registered manager as a condition of their registration. There was a registered manager in post on the day of our inspection and therefore, this condition of registration was met. The registered manager was registered at two locations, this location and Rockley Dene nursing home, which was situated next door. At this location there was also a deputy manager who had responsibility for the day to day management of the service.

Staff told us they worked well as a team and felt supported by the deputy manager and the team leaders. They said the leadership were visible in the home and promoted values. Staff told us they attended regular staff meetings. However, staff felt when they raised issues although they were listened to, the issues were not acted on. For example staff told us they had mentioned at team meetings that the training was not effective and that there was not enough staff on duty, but this had not been addressed. We reviewed minutes of staff meetings held at the home' we saw minutes of meetings dated 12 September 2016 and 27 June 2017. The next recorded meeting was dated 11 January 2018. The meetings were infrequent and did not give opportunity for staff to discuss, review or learn from each other to improve the service provision.

Therefore although staff felt involved, they told us they were not listened to so they were not involved in developing the service. Staff told us they had put forward new ways of working but these had not been acted on.

People and their relatives were asked for their feedback about the service in a range of group meetings. Minutes of meetings indicated that people were happy with the service provided. One person said, "I certainly feel involved in the home." Another person said, "I go to all the meetings that's how you make changes."

However, the minutes we were shown by the registered manager contained minutes from meetings dated, 9 May 2016, 6 April 2017 and the most recent, 11 January 2018. There was no evidence to suggest any other meetings had been held with people who lived at the home or their representatives.

The quality monitoring systems were not effective; they did not identify issues or address shortfalls. We were shown audits by the registered manager some had not been completed since November 2017. We also found when they had been completed they had not identified issues we have raised in this report. For example, the infection, prevention and control audit did not identify the lack of robust cleaning schedules and poor maintenance of the environment. We found the cleaning records stored in a cardboard box in the staff room; these were just thrown in and were not reviewed or audited to ensure they were effective. We also found various records regarding servicing were stored in communal rooms, one was entitled 'this bathroom was serviced in' the last entry was dated 3 April 2013. The quality monitoring had also not identified that training was ineffective, which put people at risk of receiving unsafe care and support.

We asked for the registered provider audit, we were told they last visited in November 2017, although the registered manager said they should have visited every month. Therefore there was no regular registered provider oversight to ensure the service was meeting requirements.

The registered manager reviewed incidents and accidents each month. We found that although they reviewed where incidents occurred the audits did not look in detail at time, place, person and situation to determine if there were any triggers or themes that could be identified to reduce further occurrence. This meant the registered manager was not able to evaluate learning from current performance to learn and improve the quality of the service provided.

This is a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014 due to a failure to ensure systems of governance were effective in ensuring compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and failing to ensure the service received rating of Good in all domains.

We discussed the concerns with the registered manager, who agreed the audits were not effective and were not always identifying shortfalls. They agreed to improve the systems and following our inspection provided us with an action plan detailing areas to be improved. We have also had confirmation from the registered provider that they will ensure the registered manager is supported by a quality monitoring team. As part of the improvements the registered provider has also agreed to increase the staffing to ensure there is sufficient staff on duty to be able to facilitate the improvements.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. Prior to the inspection we saw evidence the registered provider submitted these notifications in a timely manner.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The registered provider had failed to ensure people received care that was person centred and met their needs.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered provider had failed to assess the risks to the health and safety of people and failed to ensure they had done all that is reasonably practicable to mitigate any such risks.  The registered provider had failed to ensure Infection, prevention and control measures were effective and did not protect people from the risk of acquired infections.
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The registered provider did not ensure the premises and equipment used by the service was suitable for the purpose it was being used for and was properly maintained.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The registered provider had failed to ensure sufficient numbers of suitably qualified and

skilled staff were deployed to meet people's needs.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered provider had failed to ensure systems of governance were robust and effective.

### **The enforcement action we took:**

We have served a warning notice.