

Crown Care I LLP

The Royal Care Home

Inspection report

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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



Overall summary

The inspection took place on 1 and 2 July 2015 and was unannounced. Our last scheduled inspection at this service took place in August 2014 when we found four breaches in legal requirements. These were regarding staff not being deployed effectively, care records lacking sufficient detail, which led to people's needs not being met. We also found the recruitment process was not robust, people's dignity was not always preserved, there

were gaps in essential staff training and staff support sessions were not taking place. The provider sent us an action plan detailing what improvements they intended to make and by when.

At our inspection on 1 and 2 July 2015 we found the provider had followed their action plan and legal requirements had been met. However, the provider was still in the process of embedding the improvements made into practice.

Summary of findings

The Royal Care Home is situated in Rossington on the outskirts of Doncaster. The service is registered to provide both nursing and personal care for up to 57 people in the categories of older people and people living with dementia. At the time of the inspection there were 39 people living at the home.

The service had a registered manager in post at the time of our inspection. 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.

We spoke with staff who had a clear understanding of safeguarding adults and what action they would take if they suspected abuse. Staff we spoke with were confident the registered manager would act appropriately to safeguard people from abuse. Posters were displayed around the service with contacts for the local council safeguarding team.

We found there were enough staff with the right skills, knowledge and experience to meet people's needs. However, the home had experienced difficulties in recruiting nurses so was using agency nurses to cover shortfalls. This meant people were not being consistently supported by senior staff who knew them and records were not always reviewed and updated in a timely manner. People who used and visited the service, as well as the staff we spoke with, felt that overall there were sufficient staff available to meet people's needs.

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge. Staff we spoke with told us they received appropriate training which made them confident to do their job. However, we found staff support sessions had not taken place on a regular basis.

We found the service to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had some knowledge of this and said they would speak to the registered manager for further advice.

People were supported to eat and drink sufficient to maintain a balanced diet. However, menus were not clearly displayed or in a format people could understand,

and staff felt there were times when people did not have much to choose from. We observed lunch on the first day of our inspection and found it to lack organisation. This led to people waiting some time before their meal was served.

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support. The care records we checked showed they had received support from healthcare professionals when required.

People who used the service were supported to maintain friendships and we saw care plans contained information about their family and friends and those who were important to them.

People's needs had been assessed before they moved into the home and the relatives we spoke with told us they had been involved in formulating care plans. We found three of the four care records we checked reflected people's needs, preferences and risks associated with their care in detail. However, the fourth plan we looked at contained an out of date care plan that had not been updated to reflect changes in their needs. We found this had not had any adverse impact on the person and was addressed by the registered manager on the following day.

Records showed that the majority of care plans and risk assessments had been reviewed on a regular basis, but the electronic system showed that several had not been evaluated in the timescales indicated.

Dedicated activities co-ordinators were employed to provide regular activities and stimulation. We saw there was a varied activities programme available which people could choose to participate in.

We saw the complaints policy was easily available to people using and visiting the service. The people we spoke with told us they would feel comfortable speaking to any of the staff if they had any concerns. When concerns had been raised we saw the correct procedure had been used to record, investigate and resolve issues.

Staff were clear about their roles and responsibilities, but senior staff were not always ensuring that care workers were working effectively to meet the needs of the people

Summary of findings

being supported. For example, we saw mealtimes were disorganised which meant some people were sitting in the dining room for up to 30 minutes without receiving a meal or a drink.

The provider had a system in place to enable people to share their opinion of the service provided and the general facilities at the home. However, information obtained through surveys had not always been summarised to highlight what had worked and what needed improvement. We also saw that outcomes had not been shared with people using and visiting the service.

Audits had been used to check if company policies had been followed and the premise was safe and well maintained. Where improvements were needed the provider had put action plans in place to address and issues. However, shortfalls had not always been identified and where they had timescales had not always been met. This meant the system was not effective in improving the quality of the service provided. We also noted that most policies had not been reviewed since 2012 when they were introduced. This was a breach 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.

Summary of 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?

The service was not always safe.

People told us the home was a safe place to live and work. Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures.

Care and support was planned and delivered in a way that ensured people were safe. We saw risk assessments were completed, although not always addressed in a care plan.

The service had robust arrangements in place for recruiting staff.

We found there were enough staff with the right skills, knowledge and experience to meet people's needs. However, the home had experienced problems recruiting nurses.

The provider had appropriate arrangements in place to manage medicines, but we had some concern regarding items stored in one of the fridges.

Requires improvement



Is the service effective?

The service was not always effective.

People were supported to eat and drink sufficient to maintain a balanced diet. However, menus were not clearly displayed and staff felt there were times when people did not have much to choose from.

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge. However, staff support and appraisal sessions were not consistent.

We found the service to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had some knowledge of this and said they would speak to the registered manager for further advice if needed.

People were supported to maintain good health, have access to healthcare services and receive on going healthcare support.

Requires improvement



Is the service caring?

The service was caring.

Staff were aware of people's needs and the best way to support them, whilst maintaining their independence, respecting their choices and maintaining their privacy and dignity.

Care records contained information about people's family and friends and those who were important to them.

Good



Summary of findings

Most people told us they were happy with how staff supported them and delivered their care. We saw staff interacting with people in a positive way respecting their preferences and decisions.

Is the service responsive?

The service was not always responsive.

People's needs were assessed prior to them using the service and a care plan was devised which involved the person and their relatives. Care records had been reviewed, but changes recorded in assessment tools had not always been fully incorporated into the care plan.

We saw activities and trips into the community were available which people could choose to take part in or not. Generally we saw the activities provided offered stimulation to meet people's needs.

People were aware of how to make a complaint and knew how it would be managed. Where concerns had been raised action had been taken to address them.

Requires improvement



Is the service well-led?

The service was not always well led

Audits carried out to make sure policies and procedures had been followed, and to monitor how the home was operating, were not always effective.

There were systems in place to assess and monitor the quality of services provided. However, we found this was not always effective as we identified areas that required improvement but had not been picked up through the quality monitoring systems.

People using the service, relatives, and staff we spoke with, told us the registered manager was accessible and approachable, but they had little interaction with the senior management team.

Staff were clear about their roles and responsibilities, but senior staff were not always ensuring that they were working effectively to meet the needs of the people being supported.

Requires improvement



The Royal 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 checked 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 1 and 2 July 2015 and was unannounced on the first day. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise included older people and caring for people living with dementia.

Before our inspection, we reviewed all the information we held about the home. We asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with the local authority, healthcare professionals connected to the home and Healthwatch Rotherham, to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spent time observing care throughout the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

At the time of our inspection there were 39 people using the service. We spoke with six people who used the service and five relatives, as well as two agency nurses, eight care workers, two activities co-ordinators and ancillary staff. We also spoke with the registered manager, the interim manager and the nominated individual for the company.

We looked at the care records for four people using the service as well as records relating to the management of the home. This included staff rotas, meeting minutes, medication records, staff recruitment and training files. We also reviewed quality and monitoring checks carried out by the home's management team.

Is the service safe?

Our findings

At our inspection on 5 August 2014, we found staff were not always deployed effectively. This led to people's need not being met. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan detailing what improvements they intended to make and by when.

When we inspected the service on the 1 and 2 July 2015 we found the provider had taken steps to address the breach and although we saw improvements had been made, these needed to be fully embedding into practice and systems needed to be more robust.

Overall, people we spoke with agreed that generally there was enough staff on duty to meet people's needs. However, one relative said, "When people ring in sick what can they do, although I think they get someone in from the agency." Another person told us, "I think it would be useful to have more staff, particularly when taking them [people who lived at the home] to the dining room."

We spoke with staff, people who used the service and their visitors about the number of staff available; we also observed staff supporting people. We found there were enough staff with the right skills, knowledge and experience to meet people's needs. We looked at the rota and saw the staff ratio was as the registered manager had described it to us. We saw staff were available to assist people as needed in the lounge areas and their rooms. However, during lunch on the first day, staff did not appear to be organised or well led and did not make best use of each other. For example, we observed lunch in two dining areas and found people sat for up to half an hour before being offered their meal.

At our inspection on 5 August 2014, we also found the recruitment process was not robust. This was a breach of Regulation 21 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan stating that they would be compliant by the end of May 2015.

When we inspected the service on the 1 and 2 July 2015 we found the provider had taken steps to address the breach and we saw improvements had been made to the staff recruitment process.

The service had a staff recruitment system which was robust. Pre-employment checks had been obtained prior to people commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. We looked at staff records belonging to four people and found these checks to be completed. We spoke with the registered manager who told us that new starters were not allowed to work with people until satisfactory checks had been completed. Staff we spoke with confirmed this.

Medicines were delivered and booked in using the Medicine Administration Record (MAR). There was a separate form to record the disposed or returned medicines to pharmacy.

We saw medicines were stored in line with current regulations. This included appropriate storage being available for prescribed controlled medicines. We looked at the records for these medicines and checked the stock belonging to three people, which we found to be accurate.

The service had two fridges to store medicines which required storage at a cool temperature. Fridge temperatures had been taken on a daily basis and we saw the record for this to be accurate. However, we found some medicines kept in one fridge with labels which were difficult to read. One label did not clearly identify the person it was for. Two other medicines did not clearly state the dose. This was because the label was worn. We spoke with the registered manager about this and were told there was a problem with the fridge. On the second day of our inspection the registered manager told us a new fridge had been ordered, in the interim all medication to be stored at low temperatures had been moved to the fridge in the other treatment room. New labels for the medicines affected had also been arranged.

One person was prescribed a specific medication on an 'as required' basis. When we looked at the MAR sheet for this person, we found the record to say they were given the

Is the service safe?

medicine regularly three times a day. The nurse told us the person would be agitated if they did not have it. We spoke with the registered manager about this issue. They told us they would arrange a medicine review to take place. The following day they confirmed the GP had been asked to review the medicine.

We spoke with staff about medication training and found that nurses were currently responsible for administration of medicines. We spoke with the registered manager who informed us that due to the shortage of nurses employed at the home, senior care staff were being trained to administer medicines. We spoke to a senior care worker who told us they had completed an e-learning course and a face to face course, and was now shadowing nurses to increase their knowledge and skills. We were told when appropriate the senior care workers will have their competencies assessed and will commence administration of medicines to people not receiving nursing care.

We observed a nurse administering medicines and found they followed good practice guidelines and signed for medicines once given. The nurse also ensured people had drinks to take their medicines.

The service had policies and procedures in place to protect people. Staff we spoke with confirmed they had seen the policies and they had signed to say they had read them. They told us that they had received a workbook on safeguarding vulnerable adults, which they were given on induction. Staff had one month to complete and return to the registered manager to sign off. Safeguarding training was also accessible on e-learning. Staff we spoke with were knowledgeable about safeguarding and knew how to protect people. They told us they would report any concerns to the registered manager or the local council, as the number was available in each office.

The registered manager was able to explain the procedure for reporting safeguarding issues and completed a log of

safeguarding concerns. The log contained information about the person involved and a description of the concern. The log also clearly identified the concerns that were on going.

People we spoke with who lived at the home indicated they felt safe living there. One person told us, "I feel very safe, the staff are lovely." Another person commented, "It's fine here, we're safe and appropriately cared for." A visitor told us, "I come in three times a week, she is absolutely safe here." Another visitor said, "I have not seen anything untoward." Two other visitors' highlighted areas where they felt staff should have taken different action to safeguard their family member. The registered manager said they were looking further into their concerns.

Care and support was planned and delivered in a way that ensured people were safe. The care files we looked at included risk assessments which identified any risk associated with people's care. Each assessment provided staff with guidance on how to minimise and monitor the risk. We saw the risk assessments worked out the likelihood and consequence of the risk and stated the activity, the hazard and controls in place to manage the risk. However, in one person's care file the form for assessing the person's risk of developing pressure damage indicated the risk was very high; however, there was no care plan to address this risk. There was no indication that the person had not received appropriate care to minimise the risk of developing pressure damage, but we discussed the shortfall with the registered manager who took action to amend the care records.

A relative discussed the number of falls their family member had, particularly one recent fall. We discussed this with the registered manager who told us the risk assessment had been reviewed and the person had been referred for assessment by the falls team.

Is the service effective?

Our findings

At our inspection on 5 August 2014, we found gaps in essential staff training and staff support sessions were not taking place. This was a breach of Regulation 23 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan detailing what improvements they intended to make and by when.

When we inspected the service on the 1 and 2 July 2015 we found the provider had taken steps to address the breach and we saw improvements had been made. However, these were still in the process of being embedding into practice to ensure the improvements were maintained.

We found staff had the right skills, knowledge and experience to meet people's needs. The staff we spoke with told us they had undertaken an induction when they started to work at the home. This had included completing the company mandatory e-learning training. One recently employed care worker said, "I shadowed an experienced member of staff for two days and completed some training." An agency nurse described their induction saying it was not as detailed as for permanent staff, but had included all the essential information they felt they needed. This included the layout of the home, fire procedures, medication practices and accessing the computer records.

We saw the company used a computerised training matrix which identified any shortfalls in mandatory training, or when update sessions were due. We saw the matrix contained some blank spaces which looked like the training had not been completed. We spoke with the registered manager about this and were told training had been completed, but the matrix required updating. We discussed this with the staff who confirmed the training they had recently attended.

Fire awareness training was taking place on the first day we visited. We also saw various training had been planned for the near future, this included, moving people safely and the Mental Capacity Act 2005. Most staff we spoke with felt they had received satisfactory training and support for their job roles, this included dementia awareness training.

Records, and staff comments, showed staff support sessions and an annual appraisal of their work

performance had not always taken place on a regular basis. We looked at four staff files and found one people had not had an annual appraisal since they began working at the home in 2013. We also saw staff were not receiving regular support sessions. We looked at the company policy for staff support and found that frequency should be discussed on an individual basis. However, the staff we spoke with said support sessions did not happen regularly enough and frequency of these sessions had not been discussed with them. One care worker said, "We never know when we are having a support session so we can't plan for it." Another care worker told us they had only had three formal supervision meetings over a number of years, but added, "Yes, I feel supported, they are always there to support you."

We spoke with the registered manager and the administrator about the arrangements for staff supervision and were shown a plan for support sessions. This was to commence next month and would be monitored by the administrator to ensure support sessions took place regularly.

People we spoke with said staff were caring, friendly and efficient at their job. We saw staff assisting people in a positive, affectionate manner. A visitor told us, "They [staff] have very nice attitudes and they are lovely to the residents." Another visitor said, "They [staff] are all very good to her."

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff had an awareness of the Mental Capacity Act 2005 and had received training in this area. Staff were clear that, when people had the mental capacity to make their own decisions, this would be respected. The service had a policy in place for monitoring and assessing if the service was working within the Act.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards (DoLS) are part of MCA 2005 legislation and ensures that, where someone may be deprived of their liberty, the least restrictive option is taken. The staff had a basic knowledge of this and said they would talk to the registered manager for further advice if needed. We spoke

Is the service effective?

with the registered manager who told us that some DoLS applications had been submitted to the supervisory body, but not yet been processed. We saw documentation to support this.

The electronic care planning system provided information about people's capacity to make decisions. However, one person's care records stated they did not have capacity to make decisions and named their relative as their advocate, but gave no information in that section about how this would work. The registered manager told us they would discuss the completion of this section of the electronic records with staff to ensure more comprehensive information was available.

People were supported to eat and drink sufficient to maintain a balanced diet. One person using the service told us, "Food is alright." When asked about the choice of food available they said, "There is no choice really, but if you don't like what they give you they will bring something else." A visitor commented, "The food is good. Sometimes they ask me if I want to eat with my relative, but I never do, well, that is unless a certain chef is on duty who makes a 'cracking curry' and I always have that."

We saw meals were appropriately spaced throughout the day and drinks and snacks offered at regular intervals. However, on the first day of inspection the weather was extremely hot. People were served pie and vegetables, followed by sponge pudding and chocolate sauce. We spoke with the registered manager about there being no lighted options available should people not want hot food. They told us they would speak with the catering staff about providing a cooler option on very hot days. On the second day of our inspection the hot weather had been taken into account, with a lighter option and a cold pudding being available to people.

From our observations we found that at times there was a lack of organisation and leadership at lunchtime. For example, staff were not coordinated in working with each other which led to some people waiting a long time for their meal to be served, whilst others who had just entered the dining area were served first.

We also saw one person who was waiting for their lunch for a long time, was eventually served a blended meal. This was in line with their assessed need, but the meal

appeared to be blended all together, and did not look appetising. We spoke with the cook and registered manager and were told that items of food were liquidised separately so meals looked more appetising on the plate.

We found that the menu for the day was displayed outside the dining room. However, no pictures were used to help people understand what the menu was. We spoke with staff about choices offered at mealtimes. One care worker said, "There should be two options, but it depends which cook is on duty as to whether people get a choice or not." Another care worker said, "The only meal yesterday was bolognaise and some people did not like it. This meant we had to run up and down to the kitchen to try to source an alternative."

People were supported to maintain good health, have access to healthcare services and receive on going healthcare support. We looked at people's records and found they had received support from healthcare professionals when required. For example, we saw involvement from the speech and language therapist and GP's. Relatives we spoke with all said staff usually contacted them if anything happened to their family member, such as a fall.

The home's décor and furnishings were of a satisfactory quality and some areas, such as the downstairs corridors and lounge, had been redecorated. The registered manager also showed us a room that was being made into a third dining area and said other improvements were planned.

The service had appropriate outside garden areas which had been developed for people to sit outside. Plants, flowers, vegetables and herbs had been planted to enhance the space and raised garden beds allowed people to smell and touch the flowers. The lounge areas provided pleasant views of the garden space. However, although the home mainly supported people living with dementia we did not see adaptations to create a dementia friendly environment. There was only minimal dementia friendly signage, on toilets for example, and no pictures on room doors or menu choices in pictorial format. We saw some people had memory boxes outside their rooms, but many of these were empty so did not fulfil their purpose, which is to help the person locate their room and tell staff a bit about the person.

Is the service effective?

We also noted that crockery in the dining room was standard white and plastic see-through glasses were being used, this does not follow good practice guidance. We discussed the need to develop a more dementia friendly environment that would help people find their way around

the home and maintain their independence with the registered manager, as outlined in published best practice guidance such as National Dementia Strategy 2009 and 'Environmental Assessment Tool' from the Kings Fund 2014.

Is the service caring?

Our findings

At our inspection on 5 August 2014, we found people's dignity was not always preserved. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan stating that they would be compliant by the end of May 2015.

When we inspected the service on the 1 and 2 July 2015 we found the provider had taken steps to address the breach and improvements had been made.

We spoke with people who used the service and their relatives, and observed care workers interacting with people. We found staff were aware of people's needs and the best way to support them, whilst maintaining their independence. They were caring and considerate in nature and people responded well to them. Staff were patient, offered choice and waited for a response before proceeding with the option expressed by the person.

Throughout the two days we saw people were generally happy and relaxed and staff communicated with them positively. People were appropriately dressed and well groomed with several ladies having their nails painted. We saw in-house hairdressing was also available. We observed one person being taken out for the day by their relative. They were dressed very smartly and appropriately for the weather, with jewellery and a little make up on. However, we did note that some people required additional oral hygiene that staff had not addressed. We shared this information with the registered manager who said he would look into the issue.

Staff we spoke with told us how they would respect a person's privacy and dignity. For example, they said they would close curtains and doors to ensure privacy. One care worker said, "I try to speak as quietly as I can so people don't hear personal information."

We saw people who used the service were supported to maintain friendships, and family and friends could visit at any time. Care plans contained information about their family and friends and those who were important to them. They also contained a brief description of the person's past history, including where they lived and what they enjoyed doing. This helped staff to understand the person better.

We found people had choice about how they spent their day and the care they received. For example, they said they could choose what time they got up and went to bed, or if they joined in planned social activities. One person told us they didn't usually ask for a bath but staff advised them when it was time for one. They added, "I can get washed in my room and when I have a bath they take me to the bathroom."

The registered manager told us that to help staff understand what it was like to live at the home they had held a dementia awareness week where staff had spent time experiencing what it was like to live at the home. He said staff who had taken part said it had given them a good insight into what people living at the home experienced and they had shared their thoughts with the other staff. The registered manager told us the company planned to extend this to cover other areas of care.

Is the service responsive?

Our findings

At our inspection on 5 August 2014, we found care records did not provide sufficient detail regarding meeting people's needs and minimising risks. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan stating that they would be compliant by the end of May 2015.

When we inspected the service on the 1 and 2 July 2015 we found the provider had taken steps to address the breach and although we saw improvements had been made, further improvements were necessary to ensure records were more robust.

Care records were held electronically on a care planning system. We saw each person had a care file which detailed the care and support they required, as well as personal information and areas where they were being monitored. For example weight charts, positional turn charts and food intake. Each member of staff had their own access to the system, which was password protected. We saw there was a computer upstairs and one downstairs which had to be accessed by all staff who needed to add to the records.

The files we checked showed needs assessments had been carried out before the person had moved into the home. We saw records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. We also found improvements had been made regarding the information available about activities and interests people may like to take part in. However, other sections, such as the 'This is me [My life story]' document, would have benefited from more information about people's preferences. We also saw that one file provided conflicting information. The risk assessment to determine if the person was at risk of developing pressure damage indicated there was a high risk of this happening, but the care plan had not been updated to reflect this.

We found care plans and risk assessments had not always been evaluated as indicated to assess if they were being effective in meeting people's needs. For example, we saw 15 people were due to have their care records evaluated on various dates in June, but these had not been completed.

There were also two files which the senior care worker said should have been archived, but they were still showing on the system. The registered manager said they would ensure all outstanding evaluations were completed as soon as possible. We saw no evidence to indicate that people were not receiving the care and support they needed due to the lack of care plan evaluations.

The people we spoke with told us overall they were happy with the care provided and mainly spoke positively about the way staff supported people living at the home. People using the service could not tell us if they had been involved in planning their care. However, relative's comments indicated they discussed their family member's needs and preferences with staff.

The home had designated activities staff. We saw there were no activities taking place during the morning of the first day of our visit, but this was due to staff attending fire training. In the afternoon we saw staff giving people manicures and holding a reminiscence session.

There was an activities programme on display in the reception area, but this was not displayed anywhere else in the home. Although it told people what was happening each morning and afternoon it did not tell them exactly where the activity was taking place or the time. This meant that people did not have clear information about activities organised. We spoke with the activities co-ordinators who said they would try to make sure the information was more readily available to people and gave better detail.

Activities planned for July included outings to a local wildlife park, the local market and the coast. We also saw in-house activities such as church services, armchair exercises, gardening and one to one time had also taken place.

The home had a complaints procedure which was available to people who lived and visited there. We saw five complaints had been recorded since August 2014. The details of each complaint had been recorded along with the action taken and the outcome. Records demonstrated complaints had been investigated in line with the company policy. We also saw there was a comments box in the reception area where people said they could raise concerns or share ideas.

All the people we spoke with knew how to make a complaint, and many said they had done so in the past, or their concerns were currently being looked into. One

Is the service responsive?

person said, “I would go straight to the manager.” They went on to give an example of when they had raised a concern adding, “Everything was sorted out very quickly after I mentioned it and it has not happened since.” Another relative we spoke with was concerned that their family member’s glasses had gone missing. They told us, “I don’t know what happened to her glasses, nobody does. It

is the same with the remote control for the TV I brought in for her, that disappeared.” They added that the optician was visiting the following day to replace the missing glasses.

Staff told us if they received any concerns about the service they would share the information with the registered manager or senior staff.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. However, on the first day of our visit the registered manager told us they were leaving the following week. This information was shared at the 'residents and relatives meeting' held the following day.

We spoke with the nominated individual for the company who was visiting the home. They told us they had been interviewing for a replacement manager, but an interim manager would oversee the home until a new manager could be appointed. This person had been working at the home for the previous four weeks so knew how it operated and areas of improvement needed. On the second day we visited we spoke with the interim manager who outlined their priorities. This included the development of the environment and recruiting permanent nursing staff.

The majority of people we spoke with said they were happy with the support they or their relative received and the facilities available and felt there was a positive culture in the home. A relative said, "The staff are always positive. I don't see that much of the manager." Another relative told us, "I feel as if I can approach anyone, and they are all very helpful." A third person commented, "I think the staff are frustrated sometimes because there have been a lot of changes."

During our inspection staff generally seemed to work well as a team, with the exception of the lunchtime on the first day when we saw there was a lack of organisation and leadership. For example, in the downstairs dining room we saw the majority of people required assistance to eat their meal, but most people were moved into the dining room at the same time. This led to some people having to wait a long time for their food to be served as there was only three staff based in the dining room, while other staff were assisting people in their rooms. Alternative dining arrangements had not been considered to address the high number of people requiring assistance at mealtimes. This indicated that there was no clear direction for staff in regards to the need to change routines to meet people's needs.

There was a system in place to assess and monitor the quality of the service provided at the home. However we

found it had not been used effectively, which meant that shortfalls and issues of concern had not always been identified or followed up in a timely manner, and the provider had failed to monitor this

Various audits had been used to make sure policies and procedures had been followed and to monitor how the home was operating, as well as staffs' performance. Audits sampled included infection control, care records, accidents and incidents, kitchen and medication practices. However, we found the system in place was not as robust as it could be. For example, the last audit of care plans contained no date and was not signed by the person who had completed it. We also saw the audit completed for one care file on 4 May 2015 highlighted the corrective action was to be completed within two weeks. Although it was now July there was no evidence to demonstrate that action had been taken to address the issues identified. This showed the management team was not following up on identified shortfalls.

We found care records had not always been updated in a timely manner and medication audits had not consistently prompting staff to take action to address shortfalls. We also saw staff had not received regular support sessions and an annual appraisal of their work. We found the provider had taken action to address most of the shortfalls previously identified by the local authority and the infection control nurse, but they had not done so until they were pointed out to them. We also saw audits carried out by the management team had not highlighted the issues we found, such as the shortfalls in medication practices and the deployment of staff at mealtimes. This showed the systems in place had not been effective in highlighting where improvements were required, what action needed to be taken, and by when.

This was a breach of Regulation 17 (1) (2) (a) (c) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We saw there were policies and procedures to inform and guide staff and people using the service. However, the majority of them had not been reviewed or updated since 2012, when they were introduced. This meant staff may not have up to date information about current best practice. The registered manager said he would review them straight away to make sure they still reflected current practice.

Is the service well-led?

The company had used surveys to gain people's views in 2014. The completed questionnaires had been summarised, however, the summary was a list of numbers against each question. It did not provide constructive feedback to help the service improve. The registered manager told us they had assessed each questionnaire returned and spoken to the person on a one to one basis, but most forms we checked did not contain the name of the person completing it. The registered manager said the outcome had not been shared with people using the service, their relatives or staff, but action was being taken to address the issues raised. We saw evidence of these improvements during our inspection, such as the redecoration programme.

Meetings had also been used to gain people's views. We saw a meeting was arranged on the second day of our inspection so the registered manager could tell people they were leaving and introduce the interim manager. These meetings had been minuted and the registered manager told us they were made available to people using and visiting the service.

People who used the service, and the relatives we spoke with, confirmed they had attended meetings where they could share their views and opinions. One relative said, "Meetings take place between relatives, residents and staff about every three to four weeks." Another person told us, "I was at the last one [meeting] and there were about 12 people there, although at other ones I have been to there have only been one or two." They described how different topics had been discussed and went on to say, "The meetings are not attended by any of the 'higher-ups' in the company" inferring they would have liked someone from the company's head office to occasionally attend meetings.

The registered manager told us the last staff survey had been carried out in 2015, but the questionnaires did not contain a date so there was no clear indication of when they were completed. We saw the information had not been summarised to enable the registered manager to look at what was working well and what needed improving.

Staff we spoke with said they enjoyed working at the home and felt they were able to voice their views freely at staff meetings or to the registered manager, who they described as approachable. One staff member said, "I feel really lucky to be working here. It is a good place of work. I really enjoy it and do as many shifts as I can."

When we asked staff if there was anything they felt could be improved at the home they commented about the improvements already made, but identified some areas they felt needed attention. This included having more face to face training rather than e-learning, communication between the management team and staff, and having a dedicated activities budget so stimulation could be enhanced.

Staff told us members of the senior management team visited the home, but said they did not speak to them very often. They told us they thought it would be beneficial for senior management to talk to staff more and attend staff meetings, so they could listen to their ideas for the home. One person said, "It would be nice if we got more recognition for the work we do from the manager upwards."

Doncaster Council told us they have seen some improvement since they assessed the home in February 2015. However, they said they were continuing to monitor the home to ensure all the action points in their report were completed. The main areas of concern were regarding the lack of permanent nursing staff and the electronic care plan system. The main issue with the latter was regarding how reviews and evaluations were recorded, as well as adding more person centred content.

Since our last inspection we have also received information for the infection control nurse who highlighted concerns following their assessment of the home in March 2015. In June they reported that at a follow up visit improvements had been found including record keeping and the refurbishment of the home. However, they said outstanding issues included the management of sharps containers and cleaning of medical devices. During our inspection we noted posters had been provided to remind staff about these issues and we saw nothing in relation to infection control that concerned us.

The registered manager told us the fire officer had visited the home in June 2015. They said a written report of their visit had not yet been received, but there had been no actions to follow up.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Diagnostic and screening procedures	The system to assess and monitor the quality of the service provided was not robust, so did not always identify and address shortfalls in a timely manner. Regulation 17 (1) (2) (a) (c)
Treatment of disease, disorder or injury	