



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Royd Hill Nursing Home
Address:	Royd Hill Nursing Home Sutton Lane Sutton in Craven Keighley West Yorkshire BD20 7AJ

The quality rating for this care home is:

zero star poor service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Irene Ward	2 6 0 2 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Royd Hill Nursing Home
Address:	Royd Hill Nursing Home Sutton Lane Sutton in Craven Keighley West Yorkshire BD20 7AJ
Telephone number:	01535633499
Fax number:	01535636668
Email address:	
Provider web address:	www.roydhill.co.uk

Name of registered provider(s):	Royd Hill Nursing Homes Ltd
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Type of registration:	care home
Number of places registered:	46

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	46	0
mental disorder, excluding learning disability or dementia	10	0
old age, not falling within any other category	0	46
Additional conditions:		
The maximum number of service users who can be accommodated is: 46		
The registered person may provide the following category of service only: Care home with nursing - Code N, to service users of the following gender: Either, whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category - Code OP; Dementia - Code DE; Mental Disorder, excluding learning disability or dementia - Code MD (maximum places 10)		
Date of last inspection		

Brief description of the care home

Royd Hill is a care home providing nursing care for up to 46 service users who have general nursing care needs, dementia and mental illness and those who are terminally ill.

The original building, which is in stone, circa 1900 was a Mill owners dwelling and an extension was built on about fifteen years ago. The accommodation is on three floors, including the basement and there is a vertical lift to facilitate level transfer to all of them and a stair lift from the ground to first floor is also provided.

The home is located in Sutton-in-Craven and is situated in well-laid out private grounds with ample parking facilities for visitors and staff.

The fees charged on the 26th February 2009 was from three hundred and ninety two pounds seventy four pence to five hundred and eighteen pounds twenty pence.

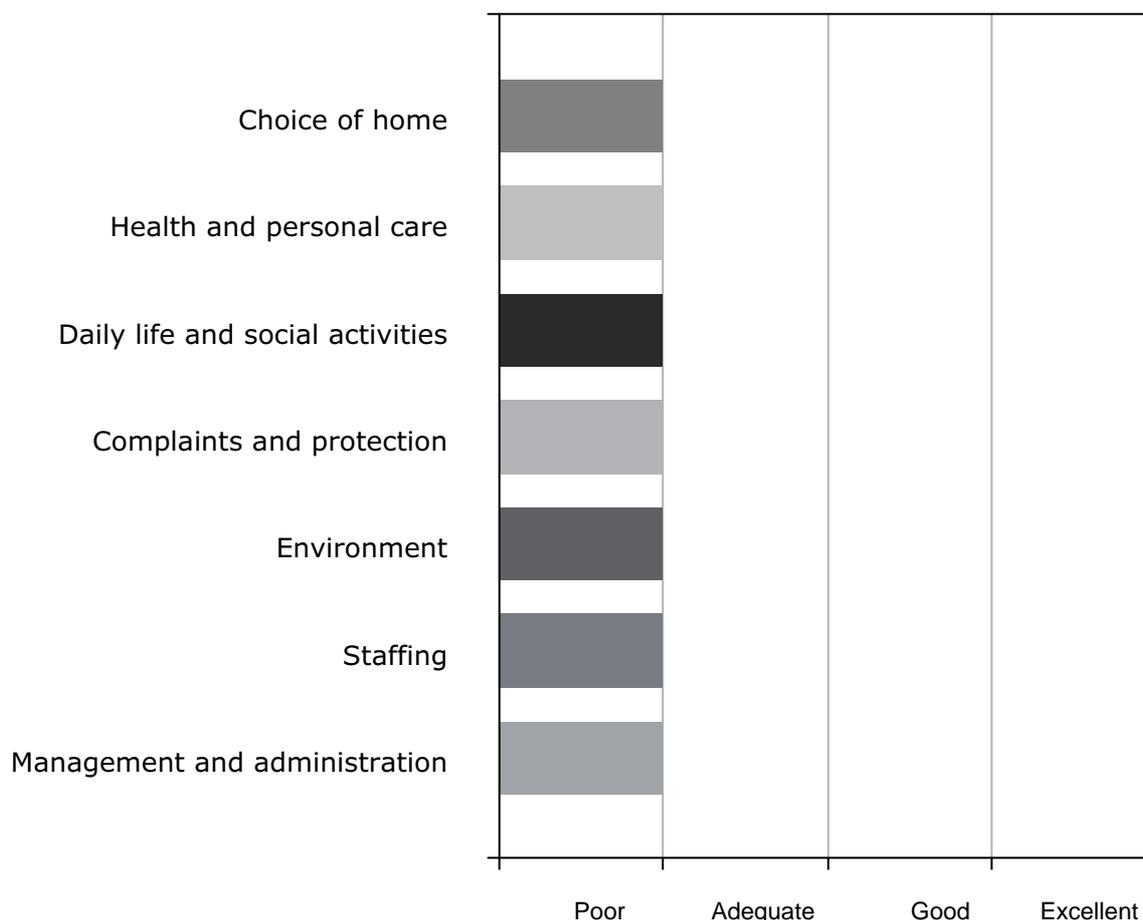
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

zero star poor service

Our judgement for each outcome:



How we did our inspection:

The quality rating for this service is '0 star poor'. This means that people who use the service experience poor quality outcomes.

The Commission for Social Care Inspection inspects homes at a frequency determined by how the home has been risk assessed. The inspection process has now become a cycle of activity rather than a series of one-off events. Information is gathered from a variety of sources, one being a site visit. More information about the inspection process can be found on our website www.csci.org.uk. This is what was used to write this report. A review of the information held on the homes file since its registration. One visit to the home by two inspectors which was unannounced that lasted for four and three quarter hours. Usually information is asked for before the inspection, this is called an Annual Quality Assurance Assessment. This was not asked for before this inspection. However a number of concerns were raised which were sufficient for the Commission to

bring forward this inspection. The purpose of the visit was to make sure that the home was operating and being managed in the best interests of people living there. We looked at four people's care files in detail. Some time was spent with some of the people who live at Royd Hill. Time was also spent talking to several members of staff, several relatives and a health care professional visiting the home.

The site visit took place on the 26th February 2009. The manager was available to assist throughout the visit and available for feedback at the end of the day.

What the care home does well:

Visitors are made welcome and people who use this service and relatives told us that staff are very good. People living at the home made positive comments such as:

"very happy,staff are fine". "I'm quite happy here,I'm well looked after.The staff know what they are doing". "Feel safe here". "Cath is in charge she's very good".

Relatives made comments such as:

"The staff handle my dad brilliantly. Staff are always approachable,friendly and always willing. The home is always clean. Staff always make you feel welcome and offer you a cup of tea. Visiting times are flexible. The staff are brilliant cannot fault them at all".

What has improved since the last inspection?

Although we received these positive comments during this inspection. Our judgements tell us that there has been a decline in the support and care offered at the home.

What they could do better:

The home must be run in the best interest of the people who live there, to enable this to happen an experienced manager should be in post to ensure that people's needs are being met.

People should be provided with the necessary information about the home,so that they can make a choice as to whether Royd Hill is able to meet their needs and is the right place for them to live.

Comprehensive assessments before people are offered a placement should be in place.Care plans and risk assessments should also demonstrate how people's care needs are being met by staff at the home. This makes sure that the home is able to meet people's individual care needs at all times.

The medication system needs to be improved by introducing measures of stock control and comprehensive medication records needs to be kept. This goes towards reducing the possibility of errors being made.

The home needs to make proper provision for the health and welfare of people living at the home at all times.Where appropriate treatment is needed then the home needs to make sure that this is obtained.This will make sure that people's health is not put at risk and is always met.

The home needs to improve the 'dining experience' for people as currently this is not done in a way that respects people living at the home.

Appropriate policies and procedures must be in place for staff to follow when allegations of abuse are made.Also the staff at the home needs to have the necessary training to equip them with the knowledge to recognise and deal with allegations of abuse. This will make sure that people living at the home are protected from harm.

A comprehensive,clear and up to date complaints procedure needs to be in place.This

needs to be available and accessible to people living at the home and any visitors or any other interested parties. Records of any complaints received by the home must be recorded and show how they have been handled and resolved. This makes sure that people know how to make or raise a concern or complaint and are confident that it will be taken seriously and resolved by the home.

The home owner needs to make improvements to the environment. Such as bathrooms need to be operational. The problems with both the heating and the hot water needs to be addressed. The problem with asbestos needs to be addressed and made safe. This makes sure that people are living in a warm, comfortable and safe home.

Thorough recruitment procedures need to be followed at all times. This makes sure that unsuitable people are not employed to work at the home. The staffing rota must be reviewed to make sure that there are enough staff with the necessary skills to look after people properly.

Improvements must be made to the home's record keeping. All records that are kept by the home must be comprehensively detailed, up to date and maintained well. This ensures that the home is managed and run well.

Notifications to the Commission regarding the death, illness and any other events that effect the wellbeing of people living at the home, must be reported to the Commission For Social Care Inspection.

The home needs to introduce an effective Quality Monitoring System to make sure that the home is run in the best interests of the people living there.

The registered provider must carry out visits to the home regularly and complete a report as required by regulation. In making sure the conduct of the home is satisfactory and that it is run in the best interests of people living at the home.

The home must not put people's lives at risk by wedging fire doors open by unauthorised means. Regular fire alarm tests should be carried out as recommended by North Yorkshire Fire and Rescue Service. This makes sure that people are kept safe and not put at risk.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240 7535.

Details of our findings

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Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **poor** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are not given the necessary information about the home and their needs are not properly assessed prior to admission. This does not make sure that Royd Hill is the right place for them to live and that the home can meet people's needs.

Evidence:

Royd Hill is in a small village, and people who use the service have either previously visited others in the home, or knew about the home and staff before they moved in.

The manager confirmed that information is made available to anyone interested in moving into the home and a copy of the home's statement of purpose is given to prospective residents. The statement of purpose was seen at the time of the site visit. The complaints procedure that was contained in the Statement of Purpose was poorly written, misleading and unclear as to what the procedure was when making a complaint. Details regarding contacting the Commission for Social Care Inspection and the Local Ombudsman were both incorrect. The manager informed us that the home

Evidence:

does not have a brochure or a service user guide, which informs people about what sort of services the home does provide. The home is required to produce a service user guide, so that people who are requiring a care home are clear as to what the range of facilities and services are available at the home. People can then make an informed choice if Royd Hill is the place for them to live.

Assessments were looked at for three people. One person had a good detailed pre-admission assessment completed. This detailed some of the person's strengths and abilities. Other assessments that were looked at were poor. Records were not detailed sufficiently and clear about what people's needs were and many statements were not filled in or completed. Many of the sections of the admission form were not filled in. Signature of the person carrying out the assessment and date of the assessment were also missing. Without this information you cannot ensure that people's needs will be met and that Royd Hill is a suitable place for them to live. The home needs to improve the assessments they carry out before people are offered a place to live at Royd Hill. This ensures that people's needs are met at all times by the home and that it is the right place for people to live.

The home does not offer intermediate care.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **poor** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Whilst people say they are happy with the care they receive the underpinning care planning records fail to evidence that people's health and personal care needs are being met in a safe and consistent way.

Evidence:

Two care plans were looked at in detail as part of the inspection and several others were looked at briefly. These are needed to describe the care and support people need to maintain some day-to-day control of their lives. They are also there for care staff to refer to and to check that the care they are providing is the right care.

The second plan of care looked at was poorly completed with many gaps in the information. If this information is not recorded then people are likely to get different support, depending on who is providing it. For example there was no care plan relating to care of a urinary catheter or to maintaining an adequate nutritious diet. Whilst there was reference to preventing a pressure sore, this related to one part of the body only, the person was assessed as 'high risk' and the care plan needed to include how pressure sores will be prevented on all parts of the body. The person has

Evidence:

lost weight since moving to the home but there was no record of any discussion with the doctor or dietician. The weight record suggests a small weight gain has been made in the last month. Food and fluid charts kept in the room were not being completed properly. As the person has meals according to 'what they fancy' these need to be accurately maintained to evidence that they receiving an adequate diet. This person has integral bedrails on their bed, but bumpers, to protect the individual from banging themselves were not used. The assessment said that consent was to be obtained for the use of the restraint, but this had not been done.

Both contained standardised plans of care, which had been adapted a little to reflect the individual's personal care needs. These though did not emphasise people's strengths and abilities and how people could be supported to maintain those skills. One person is registered blind but there was no reference to their special communication needs. For example although they had a care plan relating to eating and drinking this did not include the extra support they may need in order to manage their meals independently or move around the home on their own.

There were some assessments of risk in place, but these were not very detailed. Both plans of care looked at had assessments of incidence of pressure sores developing, using a recognised tool, however one assessment had not been fully completed, as not all risk factors had been taken into account. The other was assessed as medium risk, but despite this a plan of care had not been written to guide care staff as to what extra support they needed.

One person required regular dressings, which the nurses at the home were completing. Good wound assessment records had been introduced in the last few weeks, which recorded changes in the condition of the wound, whenever it was redressed. When talking to the individual though the dressing looked too tight and the person said it was 'tighter than normal'. The person's legs were swollen and good practise would be that the person kept their legs on a stool as much as possible. The person did not have a foot stool in their room. Whilst care staff do not carry out wound dressings, they need to know the specific needs of a person with this health care problem and this needs to be written down in a care plan so that the can support people properly.

Although there were some records relating to seeking guidance and support from health care professionals this was poorly recorded so it was difficult to know whether people had been referred appropriately. The acting manager said that one person's nutritional needs had been referred to the doctor, requesting them to be seen by a dietician, but this hadn't been written down. If good records are not kept then staff at

Evidence:

the home can not evidence that they have referred in a timely way.

In the dementia unit one person was seen to be wearing a very stained jumper, and faeces was on their shoe and ankle. This was pointed out to care staff later in the morning when this still had not been cleaned off. One visitor spoken with on the unit said that their relative had moved to the home recently. 'Whilst staff were very pleasant they had visited on one day and their relative was sat with no trousers on. This was sorted by the care staff. They also said that 'things keep turning up in the wardrobe which aren't my relatives'. However they then looked in the wardrobe and said that things in there belonged to their relative.

Medication systems on one floor only were looked at as the nurse on the first floor could not be located. Record sheets were generally completed correctly although only one record sheet was looked at in detail. Controlled drugs were also stored and records kept appropriately. The nurse spoken with had a good understanding of medication processes at the home. Some improvements could still be made though.

If drugs are not given then only the code should be recorded on the record sheet. Currently nurses write the code and then their initials, which makes the charts difficult to read. The number of tablets in original packets should be counted regularly to see if the number agrees with the calculated number according to the record sheets. This will help to check that drugs are being given and signed for according to their prescription. The total number of tablets should be 'carried forward' to the new record sheet. This will help with stock balances and will provide an accurate record of drugs stored at the home. Insulin that is currently in use should be stored at room temperature and not refrigerated. Hand-written prescriptions should be signed and dated by the person writing them. This prescription should be also checked and signed by a second nurse as this would reduce the risk of possible errors.

People though say they are very happy living at the home. One person said, 'I trust the staff and feel safe here'. They added that some staff, whose first language is not English were difficult to understand and they thought that those staff struggled to understand what they were saying.

One person when asked described how they would protect people's privacy and dignity saying 'Knock on people's doors before you go in; close curtains and doors; remind people who you are and explain what you are going to do before you do it'.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **poor** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People have the opportunity to participate in activities that are available to them. However the home must make sure that people receive appropriate treatment as necessary when losing weight as this can put people's health at risk. The dining experience for people should be improved as the lack of care and respect at mealtimes is not in the best interests of the people living at the home.

Evidence:

Relatives and visitors all confirmed that they are able to visit the home at any time and are always made welcome by the staff. This ensures those who have relatives living in the area have the opportunity to maintain their social and family connections whilst living at the home. One relative commented, "The staff handle my dad brilliantly. Staff are always approachable, friendly and always willing. The home is always clean. Staff always make you feel welcome and offer you a cup of tea. Visiting times are flexible. The staff are brilliant cannot fault them at all".

The home does not have a specific designated activities person who is employed by the home. The manager said that two care staff take it in turns to do activities with people living at the home, most afternoons over five days for two and a half hours per day. The manager provided us with a list of activities that people had attended. These

Evidence:

ranged from bingo,quiz's,baking valentine biscuits with the cook,listening to a country and western singer,painting,making valentine cards,gardening planting your own plant and watching it grow,making Easter bonnets,cards/dominoes,music for health,baking,pamper afternoon which included having a facial and nails painted.People also go out to various activities such as coffee trips,going to a pantomime to see Snow White and the Seven Dwarfs, tea dance in the village hall,coffee trip to Ilkley,walks up to the village,shopping trip to Keighley.One person confirmed that they had just joined the painting club at the home. The manager said that in attempts to raise money for the resident's fund the staff at the home held a pyjama day where all staff wore their pyjamas instead of their uniforms.

On the day of the site visit there were no activities observed that were either offered to people or that had been arranged for them to attend.

People living at the home made comments such as,"very happy,staff are fine". "I'm quite happy here,I'm well looked after.The staff know what they are doing". "Feel safe here". "Cath is in charge she's very good".

During the day there was opportunity to talk with the cook. We looked at the menus, which are rotated every four weeks. The food continues to be homemade. Food provided to people looked appetising and nutritional.Special diets are provided and fresh food is pureed for people who have difficulties in eating solid foods. However we observed that people had their food pureed separately by the cook but staff when assisting people to eat mixed it all together.Pureed food should not be mixed together when assisting people to eat as a matter of ease for staff. Lunch was observed and when people were asked in the dinning room what was for lunch people said, "I don't know what we are having". People were sat in the dinning room a long time before lunch arrived. People kept saying, "What are we waiting for". Management should look at why people who are in the dinning room have to wait such a long time before they get their meal. When lunch was being served on Cricket Wing it was soup to start with.When staff were asked what soup it was non knew what it was but said it was either mushroom or chicken. Staff agreed with the inspector that they should know what the food they are serving to people is.

People in conversation confirmed they did not know what they were getting to eat daily. One person said that they did not know what was for lunch,"you don't order it,you just have what's on the menu. Get enough to eat, no complaints about the food at all. Get it with civility". "The food here is 'par excellence'".

One person's record showed them as having lost alot of weight.They had been eight

Evidence:

stones three months ago and were now just over five stones. The person had said that "Have tried supplements makes me sick". This was discussed with the manager who was told that as a matter of urgency the GP should be informed in making a referral to a dietician. The manager said that this had been discussed with the GP several times but no referral had been made to a dietician. The manager was advised that she should contact the GP as soon as possible and request a referral being made to a dietician. As clearly there are health problems for that person as they had lost a lot of weight in a short space of time.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **poor** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The safeguarding policies and procedures and staff's understanding of these do not fully protect people living at the home. Although people know how to make a complaint they do not have the correct information available to enable them to take things further should they wish to do so.

Evidence:

People spoken with said that they knew how to complain if they needed to. They said they would speak to the nurse in charge, or the manager. The complaints procedure was kept in the outer office and not on display anywhere else in the home. The complaints procedure seen on the day of the site visit which was contained in the Statement of Purpose was poorly written an example was, ' I the manager is unable to resolve complaint ' and then was unclear as to what action would be taken by the home when dealing with a complaint. The procedure directed people to the Commission for Social Care Inspection should they wish to take their complaint to this level. However the address given for the Commission for Social Care Inspection was incorrect and was given as: General Manager at County Hall Northallerton which is the Local Authority offices of North Yorkshire County Council. The manager was asked if there had been any complaints received by the home. The manager said that one complaint had been made verbally by a relative about a bed in the home. This had not been documented. The manager said that there were no records kept about complaints, or how they were investigated and what the outcomes were. The manager was advised that records must be kept of any complaints made about the home.

Evidence:

Records should also detail any investigations and outcomes to any complaints that have been made.

The homes Adult Protection Policy was written on one side of A4 paper. This was also poorly written and was not clear or concise in what action staff had to take when an allegation of abuse is made. The manager said that she had a recent incident where an allegation had been made and she had to ring the local authority for advice. The manager said that the homes policy stated that when a staff member is suspended this would be for five days. This is incorrect information and not in line with the guidance with the local authorities multi agency adult protection policy and procedures. When this was discussed with the manager and a copy of City of York and North Yorkshire Multi Agency Adult Protection Policy and Procedure was shown the manager said she was not aware of the document but thought there maybe a copy somewhere in the office. There are concerns that the home does not have effective procedures for staff to follow when someone makes an allegation of abuse. And that the manager has a lack of knowledge about safeguarding protocols that makes sure people living at the home are kept safe at all times. This could be because of the lack of management experience she has as she has no previous experience of managing a service and she said she receives little or no support from the registered provider.

Concerns about the home have been raised recently to the Commision. The concerns have been about, people's personal care not being met, people not being stimulated, problems regarding the environment- hot water/heating problems, asbestos in the cellar, low staffing, staff being of hand with one relative, overall management of the home, new manager not coping, owner of the home not having sufficient involvement of the home. All but two of the concerns that were raised could not be substantiated following the inspection.

There have been two safeguarding referrals made recently to the appropriate agency. One has been an allegation of neglect and the other is an allegation of abuse. The outcome to the allegation of neglect has been investigated by the relevant body and was substantiated. There is an ongoing investigation to the allegations made regarding abuse.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **poor** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Improvements need to still be carried out to some areas of the home to enable people to live in a safe, warm, clean and comfortable environment.

Evidence:

Royd Hill is located in the village of Sutton-in-Craven and is situated in private grounds with ample parking facilities for visitors and staff. The accommodation is on three floors, including the basement and there is a vertical lift to all floors. There is a stair lift from the ground floor to first floor. There are five bedrooms with en-suite toilet facilities. On the day of the site visit we were informed that there were thirty people living at the home and one person was in hospital. The home is registered to accommodate forty-six people. However there are a number of shared rooms, which are currently being used for single occupancy. The home on the day of the site visit was clean and free from any odours. One relative spoken to on the day said, "The home is always clean".

The Commission For Social Inspection had recently received the following concerns: problems with the heating and hot water since the beginning of December 2008-specific areas of the home are affected. It is intermittent. At times staff are having to carry hot bowls of water to rooms and portable heaters are being used. People do not have access to their call bells (leads are under beds). Asbestos found in cellar. Cellar locked and everyone denied access.

Evidence:

When people were visited in their rooms call bell leads were evident and people were able to access them. Call bells were observed as being answered quickly by staff. One person living at the home confirmed that the call bell is answered quickly and said, "they come quickly as they can. Come quickly at night".

Hot water and heating in some areas of the home was problematic. The manager confirmed that staff were still carrying hot water to some people's rooms due to the lack of hot water. She said that the water pressure at the home was poor. Some radiators are not working and portable heaters have been used for people in cold weather. The problem regarding the lack of hot water and heating in some areas of the home has been ongoing since 2007.

The manager confirmed that asbestos had been found in the cellar. When asked what was being done about it, she said that a survey and a quote to do the works had been done the previous Wednesday. An asbestos risk assessment has been carried out. The manager said that work was to be carried out to make the cellar safe but did not know when the work is to be carried out. The cellar remains locked and out of bounds until the necessary work has been carried out to make this area safe.

The manager informed us that there are seven bathrooms in the home. Only three of the bathrooms are currently in use. Four bathrooms are used as storage as the baths do not work. On Cricket floor there are no bathrooms that are useable. People from this floor are taken up to another floor when needing to be bathed.

During the tour of the premises it was noted that a number of fire doors were wedged open. The fire doors had been fitted with doorguards so that they could remain open but when the fire alarm is activated the fire doors close. The door wedges prevent the fire doors closing when the fire alarm is activated. This was discussed with the manager who had the door wedges removed immediately during our time at the home.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **poor** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staff recruitment procedures employed by the manager fail to fully safeguard people.

Evidence:

The Commission For Social Care Inspection received the following concerns. Home is badly staffed. Number of qualified staff very low. The home cannot use agency staff.

The staff rota's for the weeks commencing the 16th February 2009 and 23rd February 2009 were looked at and copies of these were provided by the manager for us to take away and look at in more depth. The manager informed us when asked about the staffing levels at the time of the site visit. The staffing for the home is as follows: There are two qualified nurses on duty each morning. There are the odd mornings when there maybe one qualified staff on duty. There are also six care assistants on duty each morning. One care assistant also does the activities for two and a half hours each day. From 15.30pm the staffing levels decrease. There is one qualified nurse on duty with four care assistants until the night staff come on duty. The night staffing arrangements are one qualified nurse and three care assistants on duty each night. The copies of the rota's given by the manager supported this. These hours do not include the manager's hours. It is difficult to determine that with the current level of qualified staff that the home provides that people's needs are being met. At the time of the site visit it was clear that the qualified staff were under pressure as they were needed to deal with such things as medication, dressings and any other clinical

Evidence:

interventions that required nursing skills for thirty people. It would seem that there are not enough staff with the right skills. The manager informed us that one qualified nurse had handed their notice to leave the home whilst we were there.

There was also evidence that people's health needs have not been met. This was relating to pressure sores. The manager said that all the previous training that staff had received was all completed in house. We could not find any evidence of training being completed with any outside organisations. However all of this was carried out by the previous manager and we could not see any evidence of her competences to carry this out or her qualifications to do this.

The staff records of five staff were looked at. Two of which were new staff. These showed that on some files all the necessary pre-employment checks had been carried out prior to the new workers starting in post. However two files showed that all the checks had not been carried out. One nurses registration had not been checked with the National Midwifery Council, to make sure that her registration was up to date and current and appropriate for the job she is employed to do. One new staff 's application form did not have their full employment history.

All other staff records showed completed application forms, two written references, CRB (Criminal Record Bureau) checks had been obtained. A POVA (Protection of Vulnerable Adults) first check had also been carried out. There was evidence of induction training on one new staff members file.

Staff files showed that they have received training in health and safety issues including moving and handling, food safety, fire safety. This training had been carried out in house. There was evidence of some external training. Staff had a training session on syringe drivers and Palliative Care.

Records of supervision were seen on one staff file.

The last staff meeting was held on the 20th February 2009. Minutes were provided. The minutes detailed concerns the manager had regarding poor care practices by staff and bullying and harassment of staff.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **poor** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is not managed in the best interests of those who live there.

Evidence:

Royd Hill Nursing home does not have a manager who is registered with the Commission. The new manager has only been in post since January 2009. She has worked at Royd Hill for awhile as a nurse. But has no experience of managing a service. When asked what support the new manager has had from the registered provider we were told that he had visited once in the last eight weeks. There was no evidence in the home of any visits being carried out by the registered provider.

Concerns were recently raised with the Commission regarding the following: The registered manager left at very short notice. The new manager is a qualified nurse but previously not held senior or management position. Management of home had been very poor during last 12 months, and they are behind with care planning, risk assessments and staff training. New manager was not coping and needed support. Agency bills have not been paid. The registered provider (owner) not having sufficient

Evidence:

involvement in the running of the service.

The manager said that a quality assurance system had been completed sometime last year, where people who use the service are asked their views. However during this site visit there was no evidence that this has been done and questionnaires had been given to people living at the home and their relatives. There are no quality assurance systems currently in place. The manager was advised to introduce a system so that people who use the service are asked their views.

The manager said that they do not hold resident's meetings at the moment.

The examination of selected health and safety documents show that regular checks to electricity and gas and fire safety equipment are regularly undertaken. However a number of fire doors were wedged open and the fire alarm was last tested on the 30th December 2008. This does not comply with the recommendations made by North Yorkshire Fire and Rescue Service. The Public and Employer Liability Insurance Certificate was on display and was valid until September 2009.

The accident book showed that there had been some accidents in the home but had not been reported as required by Regulation 37 to the Commission. The accident book did not comply with the requirements of the Data Protection Act. People who live at the home and staff information was held together and should be maintained separately in their individual files.

People's finances were not checked at this site visit. Historical evidence from previous reports gives evidence that their financial interests are safeguarded. People's finances was discussed with the manager who said that nothing had changed and receipts were obtained for all financial transactions.

Staff meetings have commenced being held. The last one was held on the 20th February 2009. Concerns were raised by the new manager and these are the extracts from the report.

' Bullying and harrasement was discussed with staff team. Bullying in the home by staff members not tolerated. Reminder to staff of not putting soiled dressings into paper baskets in resident's rooms as this is poor infection control. Care of residents such as shaving men properley, residents not having drinks, call bells, residents faces cleaned after meals, cold cups of tea in front of people who are unable to drink without assistance. Mobile phones discussed many reports received about staff using their mobile phones whilst in resident's rooms, even talking or texting whilst assisting with

Evidence:

personal care needs. Staff instructed that they may carry phones which should be silent or vibrate and calls made during breaks.'

Our view is that the home is not managed sufficiently to ensure that people's interests and care needs are continually met. This is due to:

Poor records.

Poor environment.

Policies and procedures not updated.

Lack of attention to Health and Safety in the home.

Lack of reporting as required under Regulation 37.

Lack of good detailed care plans that are regularly reviewed.

Poor care practices.

Lack of providing evidence of your review of the quality of care at the home.

Lack of visits by the Registered Provider.

Are there any outstanding requirements from the last inspection?

Yes



No



Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
1	21	16 & 23	All bathrooms must be made safe and in usable conditions. (Previous timescale of 30/03/06 and 01/10/07not met).	31/07/2009

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	1	5	<p>The registered provider must produce a service user guide that informs prospective service users and their representatives about what the home can and does provide.</p> <p>This gives people an informed choice as to whether Royd Hill is the right place for them to live.</p>	25/05/2009
2	3	14	<p>The registered provider must ensure that people's needs are appropriately assessed before they are offered a place at the home. This makes sure that the home is able to meet people's individual care needs and that Royd Hill is a suitable place for them to live.</p>	25/05/2009
3	7	12	<p>All people should have a comprehensive plan of care, written in a way that</p>	25/05/2009

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			<p>recognises their ability, however small, to contribute to their care and maintain some control of their lives.</p> <p>This will enable people to be supported in a safe, consistent way.</p>	
4	8	12	<p>People assessed as at risk of harm need a detailed care plan in place, describing how that risk is to be minimised.</p> <p>So that they receive the right care and support from all care staff.</p>	25/05/2009
5	15	12	<p>The registered provider must make sure that proper provision for the health and welfare of service users and where appropriate treatment and supervision of service users.</p> <p>This makes sure that people's health is not put at risk.</p>	25/05/2009
6	16	20	<p>The registered provider must make sure that an up to date complaints procedure is made accessible and available to people. Records of any complaints made must be kept. These must detail how complaints have been handled and resolved.</p>	25/05/2009

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			This demonstrates that the home takes complaints seriously and that there is satisfactory outcomes for anyone who makes a complaint.	
7	18	13	<p>The registered provider must make sure that staff at the home have access to appropriate policies and procedures and receive appropriate training in protecting people from abuse.</p> <p>This makes sure that people living at the home are safe at all times.</p>	25/05/2009
8	19	13	<p>The registered provider must make sure that all parts of the home are safe and kept warm and that hot water is available in people's bedrooms. Attention must be given in making the asbestos safe.</p> <p>This makes sure that people's health is not put at risk.</p>	25/05/2009
9	21	23	The registered provider must make sure that there are sufficient numbers of operational bathrooms in the home.	25/05/2009

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			This makes sure that people have sufficient washing facilities and are not compromised by the lack of bathing facilities.	
10	27	18	<p>The registered person must review the staffing rota to make sure that there are enough staff with the necessary skills to look after people properly.</p> <p>This makes sure that people's care needs are met at all times.</p>	25/05/2009
11	29	19	<p>The registered provider must make sure that thorough recruitment procedures are followed at all times. To protect people using the service and to ensure only suitable staff are employed at the home the registered person must ensure that all staff have: Completed a full application form and given details of previous employment. Any gaps in employment must be explored and details recorded.</p>	25/05/2009

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			This makes sure that unsuitable people are not employed by the home.	
12	31	26	<p>The registered person must carry out visits to the home to ensure that the home is managed in the best interests of the people living there. A report must be completed on the conduct of the care home, which must be made available for inspection at all times.</p> <p>This makes sure that there are clear lines of accountability and that the home is run well.</p>	25/05/2009
13	33	24	<p>The registered person must introduce an effective Quality Assurance System that seeks the views of people living at the home and any other interested parties.</p> <p>This makes sure that the home is run in the best interests of the people living there.</p>	25/05/2009
14	37	37	The registered provider must notify the Commission of any death, illness and other	25/05/2009

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			<p>events as outlined under Regulation 37.</p> <p>This makes sure that people are receiving the appropriate care that they need and that the home is managed well.</p>	
15	38	23	<p>The registered person must make sure that fire doors are not wedged open and the fire alarm tests are carried out in line with the requirements of North Yorkshire Fire and Rescue Service.</p> <p>This protects people's lives.</p>	25/05/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	8	Hand-written prescriptions on the medication records should be signed and dated, and counter-signed by a second nurse to minimise the risk of errors being made.
2	9	There should be a regular check of boxed tablets at the home to check that the actual number of tablets is the same as the number according to the medication record. This number needs to be carried over from the old to the new medication record. This will help to show that people are receiving their medicines according to their prescriptions, and will enable an accurate record of medicines stored at the home, to be kept.
3	10	People should be provided with the right care, to ensure that they wear clothes that are clean and their personal care needs are met promptly. This will help to show that people are always treated with dignity and respect.

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
4	15	The home should look at improving the dining experience for people living at the home. This will improve the quality of life for the people living at Royd Hill.
5	28	A minimum ratio of 50% of care staff should hold National Vocational Qualification (NVQ) Level 2.
6	30	The registered person must make sure that all staff receive training that is appropriate to the work they are to perform. For good practice different types of training should come from more than one source.

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