

Medingate Limited

Morningside Rest Home

Inspection report

52 Swanlow Lane
Winsford
Cheshire
CW7 1JE

Tel: 01606592181
Website: www.morningside-rest.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

The inspection was unannounced and took place on the 13 February 2018. At the last inspection carried out in August 2017 we identified breaches of Regulations 9, 10, 12, 13, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection whilst we found that some improvements had been made we identified ongoing breaches of Regulations 9, 12 and 17.

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

The service is registered to accommodate up to 31 people. It is situated in the town of Winsford in Cheshire and has parking to front and a garden to the rear. The service is situated across two floors and primarily supports older people and people living with dementia and physical disabilities.

The service is run by a manager who is registered with the CQC. 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.

There were leadership issues within the service. The registered provider had not appointed a nominated individual as required by law. A nominated individual is responsible for monitoring and managing the activities being carried out by the service. This showed poor leadership and placed the service at risk of deterioration.

During this inspection we identified that people were not always safe. There were portable heaters in people's bedrooms which were unguarded and well in excess of safe temperature levels. The registered manager had completed a risk assessment around these, however this was poor and did not protect people from the risk of harm. We asked for these to be removed and for alternatives to be sourced.

The registered manager had failed to complete an audit of accidents and incidents for December 2017 and January 2018. This had been highlighted as an issue at the previous inspection in August 2017. This placed people at risk of potential harm and showed poor management of accidents and incidents.

Care was not always provided in a person-centred way. We found that adaptations had not been made to the environment in line with best practice to make it dementia friendly. In one example best practice guidance was not being used to implement positive behaviour plans to improve a people's wellbeing. Action had not been taken to make changes to the meal time experience despite people requesting this. We raised these issues with the registered manager for them to address.

People's confidentiality was not always protected, and personal information was not stored securely. We

observed the registered manager leaving the door to their office open and unlocked, which meant people's personal information was not secure. Mail marked as 'private and confidential' was also being stored at the entrance to the premises in pigeon holes which meant it was accessible to anyone entering the service.

People each had individual care plans in place, some of which contained a good level of detail. However we observed examples where care records did not always reflect the care that was being provided to people. In other examples the daily monitoring records did not contain relevant or all the necessary information. This meant that care records needed to be reviewed to ensure they contained correct information.

We spoke with the local authority who shared information from discussions they had had with staff. Some staff had reported feeling unsupported by the registered manager, and had commented that there was a negative culture within the service which was impacting on staff morale. The local authority had shared this with the registered provider for them to look into.

Quality monitoring processes had failed to identify issues which had been picked up by the inspection process. This showed that they needed to be made more robust. Where improvements had been made these had not been done so over a sustained period of time, so the registered provider could not yet demonstrate that this had been fully embedded into day-to-day practice.

People were protected from the risk of abuse. Staff had received training in safeguarding vulnerable people and knew how to report their concerns to the local authority.

People were supported to take their medication as prescribed. Medication audits were carried out on a monthly basis by a pharmacist to help identify and address any issues. Medication records were being signed appropriately by staff and controlled drugs were being stored securely as required by law.

Staff had received the training they needed to carry out their role effectively. New staff were supported to gain the necessary skills and qualifications and shadowed experienced staff to gain knowledge of the role.

We observed positive interactions between people and staff using the service. People and their family members commented positively on staff and told us they felt at ease in their company and found them to be welcoming.

The overall rating for this service is 'Requires improvement'. We are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement

action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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.

Portable heaters were unguarded and identified as being well in excess of safe temperature ranges and posed a risk of scalds to people. The risk assessment process in relation to this was poor and had not identified this as an issue.

Accidents and incidents had been responded to appropriately, however an audit of these had not been completed from December 2017 and January 2018.

People were supported to take their medication as required by staff who had received appropriate training in this.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Care was not always provided to people in a person centred manner.

Best practice in relation to the provision of care was not always explored or followed.

Staff had received the training they required to carry out their role effectively.

Requires Improvement ●

Is the service caring?

The service was not always caring.

People's confidentiality was not protected and personal information was not stored securely.

Positive relationships had been developed between people using the service and staff.

People told us that staff were quick to respond to their needs when they used their call bell.

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care records did not always contain accurate information about people's care needs.

Daily monitoring records did not always contain relevant information, or the required level of detail.

Activities were in place for people however records showed that these were not being done consistently.

Is the service well-led?

The service was not well led.

The registered provider did not have a clear management structure in place.

Audit systems were not effective or robust.

Whilst some improvements had been made, more time was required to show whether these could be sustained over a longer periods.

Inadequate 

Morningside Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and took place on the 13 February 2018 and was completed by two adult social care inspectors.

Prior to the inspection we contacted Healthwatch, an independent organisation with the power to enter care services and report on their findings. They had not recently visited the service, however they did raise concerns from their previous visit to the service. We also liaised with the local authority who raised concerns regarding the management of the service and staff morale. They also raised concerns around the standard of mental capacity assessments which were being completed.

During the inspection we looked at the care records for four people using the service. We spoke with seven people and four members of staff including the registered manager. We spoke with two people's family members about their experiences of the service. We also reviewed information relating to the day-to-day management of the service, such as management audits and maintenance records.

Is the service safe?

Our findings

People we spoke with commented that they felt safe within the service. Their comments included, "I feel safe and secure living here" and "The staff always respond as promptly as they can to requests for assistance via the call bell".

At the last inspection on the 15 and 22 August 2017 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because appropriate action had not been taken in relation to accidents and incidents, the premises were not safe, risk assessments were not sufficient to protect people from harm and parts of the service posed an infection control risk. At this inspection we found that some improvements had been made, however we identified ongoing issues that meant there remained a continued breach of Regulation 12.

Three bedrooms contained portable heaters, two of which we observed to be turned on. We took the temperature of these two heaters and found one of them was reading 64.7 degrees Celsius, whilst the other was reading at 73.8 degrees Celsius. Guidance issued by the Health and Safety Executive (HSE) states that hot surfaces exceeding 43 degrees Celsius pose a serious risk of scalds. Whilst a risk assessment had been completed by the registered manager regarding the use of portable radiators, these were not effective as they did not include consideration of the temperatures and had failed to mitigate the possible risk of scalds. We asked for the portable radiators to be removed which the registered manager confirmed they had done.

At the last inspection we identified issues in relation to the effective monitoring of accidents and incidents. At this inspection the registered manager stated she had lost the incident analysis for December 2017, and had not yet had time to complete an analysis for January 2018. This practice demonstrates a lack of oversight which is required to ensure appropriate action is taken to prevent incidents from reoccurring. It also enables the registered manager to ensure that appropriate action has been taken in response to incidents. Following the inspection the registered manager completed these and forwarded them to us.

This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

We reviewed the incident forms for December 2017 and January 2018 and found that there had been no significant incidents over this period.

We previously identified that risk assessments were not being adequately completed in relation to people's care needs. At this inspection we found that in a majority of cases this had improved. However, in three examples we observed that staff had failed to include all relevant information with regards to monitoring the risk of malnutrition. For example staff had not documented people's weight gain, loss or body mass index. We looked into this to ensure that this had not impacted upon people's health and found that it had not. We raised this with the registered manager to address, as this is poor practice which can lead to staff not accurately identifying where people are at risk.

At the last inspection we identified that the premises were not safe and secure. At this inspection we identified action had been taken to rectify this. The front door was securely locked, as were other entry and exits points around the building. This helped ensure people were kept safe.

At the last inspection we found that fire prevention procedures were not always being followed as required. At this inspection we identified improvements had been made in relation to this. A fire risk assessment was in place which was up-to-date, and action had been taken in response to recommendations.

At the last inspection we identified that some people's mattresses and carpets were stained. We checked on these and found that action had been taken to address this. We observed people had been given new mattresses and that some parts of the service had been re-carpeted. Other parts of the service were clean, however we pointed out that the fan in the conservatory was thick with dust and the pull cords in the communal toilets were dirty.

Ongoing maintenance to aspects of the service was being carried out. The lift had last been serviced and hoists and slings had also been checked and serviced to ensure they were in working order. A gas safety check had been carried out and electrical devices had also been tested to ensure they were safe.

Checks were being carried out on the water system to ensure it was free from harmful bacteria. Water temperatures were also being monitored on a monthly basis to protect people from the risk of scalds. Appropriate risk assessments were in place regarding the safe maintenance of the water system.

Prior to this inspection we received concerns that there were not sufficient numbers of staff in post to meet people's needs. During the inspection we observed that there were sufficient numbers of staff in post. We reviewed rotas which showed that there were consistent numbers of staff in post.

People were protected from the risk of abuse. Staff had received training in safeguarding vulnerable adults and knew how to report any concerns they may have. The registered provider had a safeguarding policy in place which had been read by staff to ensure they were aware of the processes.

People were supported to take their medicine as prescribed. We look at the quantities of four different medications and found these to be correct. Controlled medicines were stored securely and as required by law, and had been signed by two staff on administration to ensure the correct dosage was given. Medicines were stored at temperatures specified by manufacturer's guidance, however we observed that at times the room temperature was consistently close to the maximum storage temperature. We asked the registered manager to look into a more effective way of regulating the room temperature as this may become an issue in the summer when temperatures are higher. Where medication is not stored at the correct temperature this can impact on the effectiveness of people's medicines.

Is the service effective?

Our findings

At the last inspection we identified a breach of Regulations 18, 13 and 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because staff were not being supervised, the registered provider was not fulfilling their duty to safeguard vulnerable people, and the environment was not suitable for people living with dementia. At this inspection we identified improvements had been made in some of these areas; however we identified an ongoing breach of Regulation 9.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. In a majority of cases we found that they were, however in one example a condition required by a person's DoLS was not being fulfilled. This required that the service put an activity plan in place to ensure the person received enough social stimulation. There was no specific plan in place for this person, and records showed that whilst some activities were being carried out there had been 21 days in January 2018 where they had not been engaged in any activities, and only two days in February up until the 13 February 2018 where activities had been provided. We raised this with the registered manager to rectify.

At the last inspection we identified that the premises had not been adapted to meet the needs of people living with dementia, and that parts of the environment were not safe for people without the capacity to assess risk for themselves. At this inspection we found that changes had been made to make the premises more secure; however there remained some areas where best practice guidance could be applied to enhance the wellbeing of people living with dementia. For example some parts of the building would benefit from placing objects of interest to help people orientate themselves. Some people had photographs on their doors to help them identify their bedrooms, whereas others did not.

Best practice guidance was not always used to provide people with the most effective care. For example staff had been recording incidents where one person had exhibited behaviours that challenge. We looked at these incidents and identified common themes which showed specific triggers which caused this person to behave in a particular way. However, no positive behavioural strategies had been explored or implemented to help improve this person's wellbeing. We raised this with the registered manager and asked them to look into this.

People told us that they liked the food that was available during lunch times. However people also told us

that they were only provided with the option of soup and sandwiches at tea time. People told us that they wanted additional options for their tea time meal such as beans on toast. We spoke with kitchen staff who confirmed that they had been finishing at 2pm which had impacted on tea time options. Resident's meetings showed that people had raised this as an issue in January and February 2018, however no action had been taken to address this. On the day of the inspection a member of the kitchen staff told us they would be working later, however we observed that no changes were made to the tea time meal option.

This is a continuing breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we identified issues regarding staff supervision. Supervision is where staff are able to discuss their training and developmental needs, and any performance related issues can be formally recorded by the registered manager. At this inspection we found that this had been rectified and staff had received supervision.

Staff had received the training they needed to carry out their role. This included training in the MCA, DoLS, moving and handling and first aid. Additional training including NVQ 2 & 3 in Health and Social care had also been provided to staff to support with their development. Regular refresher training was evidenced in staff files, and competency checks had been carried out to ensure staff had the required skills.

An induction was in place to support new members of staff. New starters were required to complete training in key areas through the Care Certificate. This is a national set of minimum standards that health and social care staff are required to meet.

People had been supported to access health care professionals where required, for example their GP or the district nurse. This helped to ensure that people's health and wellbeing were maintained as much as possible.

Is the service caring?

Our findings

People told us that they found staff to be kind and caring. One person told us, "Living here is like having a big family around me." Another person's family members also told us, "Staff are great. They are very supportive."

At the previous inspection in August 2017 we identified a breach of Regulations 10 and 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because people were not always treated with dignity and respect, and people's confidentiality was not always protected. At this inspection we identified some improvements had been made in relation to these areas.

People's confidentiality was not always adequately protected. The registered manager left her office door open and unlocked whilst unattended. We raised this with her so the office could be made secure. This office contained personal and confidential information about people's needs. We also observed that people's mail was kept in pigeon holes at the entrance to the building. Some of this was marked 'private and confidential'. This was not securely stored and was therefore people were at risk of having their confidentiality breached. Other records containing personal information were stored in an unsecured chest in the dining room. These records were accessible to anyone who wanted to access them.

This is a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider did not have a policy in place regarding the accessible information standard. It is a requirement for services to identify ways in which they can ensure important information is accessible to people, for example by providing written documentation in an easy read format or linking in services that can provide support to people with visual or hearing impairments to ensure information is properly communicated. This can be particularly important when people are accessing health care services such as visiting their GP or attending a hospital appointment. The registered manager informed us that there was one person who was unable to read, however we observed that their care record had not been provided in a format that would be accessible to them. We raised this with the registered manager for them to address.

During the previous inspection in August 2017 we observed some very poor interactions by staff towards people using the service. At this inspection we observed staff to be much more polite and kind in their approach. For example, staff went round offering people a choice of drinks and biscuits and spent time having conversations with people whilst doing so. We also observed that one member of staff spent time laughing with people and being very polite throughout the whole day. One person's family member had submitted a compliment which described staff as "compassionate", "approachable" and "caring".

People told us that staff responded to their needs in a timely manner. For example, one person told us that staff responded to their needs quickly, and answered the call bell promptly. We observed staff engaging positively with one person who had dementia, offering reassurance to prevent them from becoming anxious.

People's family members told us they were made to feel welcome when they visited the service, and commented that staff kept them up-to-date on any developments in their relative's care needs. One family member commented, "Information is well communicated here. They are good communicators".

People each had their own bedrooms which they had decorated with their own personal affects. This helped create personalised spaces that looked comfortable and homely. We observed that some people preferred to spend time in their bedrooms rather than in communal areas, and were able to do so. This demonstrated that people had the freedom to choose where to spend their time.

Information on the local advocacy service was available for those people who required support with this. The registered manager demonstrated an understanding of when advocacy services can be used to help support people. Advocates act as an independent source of support for people to ensure they are involved in making decisions about their care needs.

Is the service responsive?

Our findings

People commented positively on staff and told us that they provided them with the support they needed. Their comments included, "It's great here, the staff know what they are doing and work really hard" and "Staff look after people really well."

At the last inspection we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people's care records did not always contain up-to-date or sufficient information regarding their care needs. During this inspection we found that people's care records were much improved, however some further work was required.

People each had an individual care record in place which outlined their needs. However, in some examples we observed that the care being provided did not always reflect what was documented in these. For example, one person's care record stated that staff were required to monitor their continence needs because of a health condition. However we observed that staff were not doing this. We followed up on this with the registered manager who told us this person was independent and able to communicate any issues themselves. In another example, one person's records documented that they required a coloured plate during meal times to support with their eye sight; however during meal time this person was provided with a standard plate.

Staff completed monitoring charts on a daily basis. Some of these were completed to a good standard, however in some examples we observed either the information documented was not necessary or required more detail. For example, an entry in one person's care record stated they had been observed throwing a piece of tissue on the floor. This did not serve any purpose and was not relevant information. In another example an entry described how a person had awoken during the night complaining of a sore mouth; however this did not detail what action was taken in response to this. In other examples entries simply stated, "provided personal care" without any further detail. We raised this with the registered manager and suggested that this be discussed with staff.

People's care records contained personalised information about their life histories and their preferences with regards to their daily routine. For example one person's care record outlined that they enjoyed sewing & cooking, classical music and disliked cards & dominoes. This helped staff become familiar with people using the service, and enabled the development of positive relationships.

During the inspection we observed people doing arts and crafts. However we looked at the activities records and observed periods of time where no activities had been provided to people. We checked to see if there had been instances where people had declined activities, and found that this was not documented. We discussed this with the registered manager as an area where further development in needed.

There was a complaints process in place which people told us they would feel comfortable using. One person told us, "I've got no complaints but I know I could speak to anyone if I had any concerns." We looked at the complaints that had been received by the service and found that the manager had responded to

these in a timely manner. This ensured that action could be taken to address any issues raised.

Is the service well-led?

Our findings

At the last inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because quality monitoring systems were not effective. During this inspection we found that whilst some improvements had been made we identified ongoing issues.

At the time of the inspection there was a registered manager in post, who had been registered with the CQC since September 2014. The registered provider's senior management structure was undergoing some changes. By law the registered provider is required to nominate a person within the organisation to monitor and manage the activities being carried out by the service; however the registered provider did not have a nominated individual in place. This was despite having been reminded of this requirement. This meant that there was no clear leadership, or lines of accountability at registered provider level which left the service vulnerable to poor management and deterioration.

This is a breach of Regulation 6 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Quality monitoring audits had not always picked up on issues that had been identified through the inspection process. Health and safety monitoring audits had failed to identify hazards in relation to portable heaters, and the risk assessment process around this was poor. Care was not always being delivered in a person-centred manner, for example a condition on one person's DoLS was not being met, and in another instance best practice guidance around positive behavioural strategies had not been explored or utilised to improve a person's wellbeing. Care planning audits had not always successfully identified areas that required improvement, for example where staff had not fully completed malnutrition risk assessments. Processes were not always robust enough to ensure people's confidentiality was protected. We raised these issues with the registered manager for them to address.

Accident and incident monitoring audits had not been completed in January 2018. At the last inspection we raised similar issues regarding the lack of robust analysis with the registered manager and registered provider. Despite this consistent action had not been implemented to ensure this was being undertaken. This placed people at potential risk of harm and showed a lack of effective leadership.

Since the last inspection in August 2017 the registered provider had employed an external quality monitoring consultant to help generate improvement within the service. The consultant had successfully identified areas of improvement and had been working with the registered manager and registered provider to implement changes. However, whilst some improvements had been made we identified ongoing issues which showed further improvements were needed. We also had concerns about whether those improvements that had been made would be sustained after the contract with the external consultant came to an end.

During the inspection staff did not raise any concerns with us about the service; however as part of the

inspection planning process we did consider a number of anonymous concerns that raised issues regarding the management of the service. In addition the local authority shared information with us regarding recent discussions they had had with a number of staff that highlighted feelings amongst a number of staff that there was a negative culture within the service. Some staff had reported allegations of bullying, and not feeling supported by the registered manager with regards to this. The local authority confirmed they had shared their concerns with the registered provider to be looked into.

Meetings were held with people using the service to ascertain their views and identify any issues they may be experiencing. However, action was not always taken to address these concerns in a timely manner which made this process ineffective. We raised this as an issue with the registered manager.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider is required by law to display their most recent CQC rating within the service. They are also required to notify the CQC of specific incidents that occur within the service. We identified that both these requirements were being met.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care was not always being provided in a person centred way.

The enforcement action we took:

We issued a notice of decision to cancel the registered provider and registered manager.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments had failed to ensure people were kept safe. Reviews of accidents and incidents were not being consistently carried out to ensure people's safety.

The enforcement action we took:

We issued a notice of decision to cancel the registered provider and registered manager.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audit systems were not robust enough to monitor and maintain the quality of the service being provided. People's documentation was not always stored securely.

The enforcement action we took:

We issued a notice of decision to cancel the registered provider and registered manager.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 6 HSCA RA Regulations 2014 Requirements where the service provider is a body other than a partnership

The registered provider did not have a nominated individual in post as required by law.

The enforcement action we took:

We issued a notice of decision to cancel the registered provider and registered manager.