

W & S Red Rose Healthcare Limited

Morley Manor Residential Home

Inspection report

Brunswick Street
Morley
Leeds
West Yorkshire
LS27 9DL

Tel: 01132530309

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service

Morley Manor is a residential care home providing personal care for to up to 33 people. At the time of our inspection there were 22 people using the service. The service provides support to people with a range of needs, including those living with dementia.

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

There was no effective leadership or oversight in place to monitor the quality of care delivered. The providers action plan did not support improvements at the service. Quality assurance systems had failed to identify the areas of concern we highlighted during our inspection around management of medicines, recruitment and provision of safe care.

Medicines were not always administered safely as prescribed. The provider had not always followed their medicines management policy to ensure staff administering medicines were competent.

People's risks were not always effectively managed. Risk assessments and guidance in place for people at risk of choking was not always followed by staff. Staff deployment was not effective to ensure people's needs were met in a timely way.

People were supported to make decisions about their care. People living at the home had appropriate DoLS and decision specific best interest decisions in place. Care plans and risk assessments reflected people's needs. Care plans were reviewed regularly to ensure accurate records of people's care was maintained. Relatives were informed about and involved as and when people's care needs changed.

People were supported to have enough to eat and drink. Relatives were positive about the care their loved ones received. People and relatives told us staff were kind and responded well to people's needs and preferences. The provider worked with a variety of health care professionals to help improve and meet people's care needs.

We observed staff interactions between people to be positive and respectful. Communication tools were used to communicate with people where needed.

People were supported to have maximum choice and control of their lives and staff supported /did them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 28 September 2022) and there was breaches of

regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended that the provider reviews their application of the principles of The Mental Capacity Act 2005 (MCA) and applies relevant best practice guidance. At this inspection we found the provider had made improvements in relation to the principles of MCA.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to medicines, risk management, staffing, recruitment and good governance at this inspection.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the 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.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

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The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Morley Manor Residential Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Morley Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Morley Manor is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider had been asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 5 relatives about their experience of the care provided. We gathered feedback from 9 staff members including the nominated individual, director, supporting manager from the providers other home and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, this included 3 peoples care plans, 5 staff files in relation to recruitment and people's medicines records. Following the site visit, we reviewed further information and evidence from the provider. This included policies, training records, meeting minutes and auditing information.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating for this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection we found systems were either not in place or robust enough to demonstrate safe care. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- People's risks were not always effectively managed. We found staff failed to supervise people who were at risk of choking.
- We observed handover and found relevant information was not shared between staff.
- We were not assured incidents and accidents involving people were consistently investigated and learned from. We reviewed accident and incident records and found the provider had failed to take any action to learn from incidents, or implement measures to reduce the risk of reoccurrence and keep people safe.
- Following our last inspection, the Fire Safety Authority served an enforcement notice in relation to fire concerns. Evidence suggested recommendations had not been completed in a timely manner as required, therefore an extension had been granted by the Fire Safety Authority.
- Even though we found some improvements have been made in relation to fire safety concerns, we are unable to comment if the improvements were sufficient to maintain the safety of the premises.
- Other environmental risks identified included loose radiator covers and open sanitary products stored in bathrooms. This had placed people at avoidable risk of harm to their health and well-being.

Systems had not been followed to mitigate risks, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At our last inspection we found medicines were not properly and safely managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not always administered safely as prescribed.
- Systems in place to manage medicine and dose changes failed to ensure that people were always given their medicines safely. Three people were given medicines that had been discontinued, no evidence could be provided that the GP had recommenced them. Staff failed to reduce another person's medicine safely, because they suddenly stopped administering it instead of following the prescribed reduction regime.
- We found a number of people had allergies to certain medicines. This information was not recorded on the MARS.
- Records about medicines demonstrated that medicines were not managed safely. When the stock in the service was compared with the records it showed that more medicine had been signed for than had been given, this meant people missed prescribed doses of their medicines. In some instances, the records showed that a certain number of tablets should be in stock, but there were fewer tablets in stock and the discrepancies could not be explained. The medicines administration record sheets for three people were not in place and evidence could not be provided that these people had not missed doses of their medicines.
- Rotation charts and thickener records were not completed consistently. Records about the applications of emollient creams were inaccurate because the records were signed by staff who had not applied creams.
- Medicines audits were not effective, they failed to identify the concerns found during this inspection.

We found no evidence people were harmed at the time of the inspection, however people were at risk of harm as systems were not in place to ensure the proper and safe management of medicines. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines fridge and room temperature were monitored safely.

Staffing and recruitment

At our last inspection we found systems were either not in place or robust enough to demonstrate safe care. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- Staff deployment was not effective to ensure people's needs were met in a timely way.
- On the day of the inspection, we observed people waiting long periods for food, people were not supervised when needed and senior members of the team were observed supporting people alongside a team of carers.
- Following the last inspection, the provider told us they would review their dependency tool to consider people's needs. At this inspection we found no dependency tool was being used to determine the staffing requirements at the service.

Systems were either not in place or robust enough to demonstrate safe care. This placed people at risk of harm. This was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found recruitment systems were not working effectively, and this placed people at risk. This was a breach of regulation 19 (Fit and proper person's employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- A recently recruited home manager was at the service on the days of the inspection. There was a lack of evidence to confirm if employment checks had been completed before they started.
- The recruitment process had also not been followed effectively when recruiting the quality consultant.

People were at risk of harm as the provider could not evidence persons employed were of good character and had the qualifications, competence and skills necessary to carry out the duties they were employed to perform. This was a continued breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found systems were not working effectively to protect people from abuse and improper treatment. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Safeguarding referrals had been completed and reported to the Local Authority and the provider had completed the appropriate statutory notifications to the Care Quality Commission, where applicable.
- There were no unnecessary restrictions on people's movement.
- Staff had completed safeguarding training and had good knowledge of responding to incidents.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider was working in accordance with the government guidance for visitors. Relatives were able to visit loved ones when they wished.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

At our last inspection we found the provider had not ensured staff had the qualifications, competence, skills and experience to care for people safely. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- The quality consultant administered medicines to people. There was a lack of evidence to confirm if the provider had followed their medicines management policy to ensure the quality consultant was competent in administering medicines.
- On some days the acting manager confirmed that day staff gave medicines at night due to sickness levels, this meant that people could not be given medicines during the night by trained and competent staff.

The provider had not ensured staff had the qualifications, competence, skills and experience to care for people safely. This placed people at risk of harm. This was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care staff had completed appropriate training in moving and handling, safeguarding and fire safety.
- Relatives raised no concerns about the quality of care staff. One relative told us, "[Staff] are pleasant and are quite competent."

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

At our last inspection we recommended the provider reviews their application of the principles of the MCA and applies relevant best practice guidance.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People living at the home had appropriate DoLS in place. Where people had conditions, these were being met.
- The provider had completed decision specific capacity assessments and best interest decisions where people lacked capacity.

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

- We highlighted in our last inspection that some areas of the home required improvement and redecoration. During this inspection we found areas of the home were tired and still in need of redecorating.
- The home was working through an improvement action plan to improve the premises and decoration.
- There was an unpleasant odour in some areas of the home.

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

- Assessments of people's needs had been completed. Care plans and risk assessments reflected people's needs.
- Support was delivered in line with people's choices. One person told us, "I do what I want."
- Relatives felt their loved ones received support in line with their needs. One relative told us, "The care is really good, they've got to know [relative] well. When [relative] first went in, she was scared to walk due to bad knees, but they have encouraged [relative] to walk with a zimmer frame and is now walking much better and with confidence."

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

- People were supported to have enough to eat and drink.
- People were offered drinks and snacks throughout the day. One person told us, "I nearly always have a cooked breakfast. You can have a snack or a drink when you want." Another person told us, "I get well fed, too well fed, I'd just ask if we want a drink. They come round regular with drinks."
- Relatives were positive about the food. One relative told us, "The food is excellent and there are good choices."
- Kitchen staff knew people's dietary needs and preferences. One relative told us, "[Relative] loves the food but is diabetic. [Staff] make sure that deserts and biscuits are suitable for [relative]. The chef is very good."

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

- People were supported to access routine healthcare services when needed.
- We observed health professionals visiting people to deliver care. One visiting health professional told us, "The service is very proactive and take action fast, especially with skin integrity. They have started to complete skin integrity charts. We have also delivered some training with the team."
- Relatives were positive about the care their loved ones received. One relative told us, "The care? we love it, anything needed is done quickly. [Relative] has trouble with infections, but when any infection is spotted it

gets sorted straightaway. Personal care is very good too."

Is the service caring?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People and relatives told us staff were kind and responded well to people's needs and preferences.
- We observed staff interactions between people to be positive and respectful.
- Relatives felt staff respected their loved ones. One relative told us, "We're so grateful that [relatives] different personalities are respected, the staff ensure that [relative] sits with others of a similar personality. We wouldn't want to put [relatives] anywhere else."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions about their care.
- People received support in a way they wanted and felt listened to by staff. One person told us, "I find it difficult to get out and [staff] take me out when I ask."
- Choices and how people wanted to be supported were recorded in care plans. We saw evidence in care records people were being supported in line with their care plans.

Respecting and promoting people's privacy, dignity and independence

- People received support that promoted their independence and respected their privacy and dignity.
- A dignity audit was completed to ensure people received compassionate and dignified care.
- Staff informed us of how they would provide dignified care. One staff member told us, "Be respectful of their needs and support people in a dignified way, maintaining their privacy."
- Relatives felt their loved ones were treated in a dignified way. One relative told us, "Personal care was also very good, [relative] always had clean clothes and bedding."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection we found care was not always designed or delivered in a way that met people's needs and preferences. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care plans had been updated. Care plans were person centred and covered more details around people's conditions. There were appropriate risk assessments in place.
- People felt they had control of their care. One person told us, "If you want a bath, you just ask." Another person told us, "I go outside when I want. I like reading and wordsearch."
- Activities were offered to people throughout the day. There was a plan in place for when the activity coordinator was not working so activities could still be offered. One relative told us, "[Relative] is very happy with the entertainment and activities. The stimulation they give residents is good". Another relative told us, "I did see [my relative] enjoying a game of bingo in the morning."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Communication tools were used to communicate with people where needed.
- Staff had good knowledge of people's communication needs.

Improving care quality in response to complaints or concerns

- Relatives told us they felt able to raise any concerns, should they have any.
- At the time of our inspection, there were no complaints logged.
- We reviewed resident meeting minutes and found no action was taken when people raised concerns about the service.

End of life care and support

- People's end of life wishes was not always documented in their care records. We discussed this with the provider who assured us they will include this information in care records.
- The provider knew who they would contact for professional advice to meet the needs of people who required end of life care and support.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating for this key question has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

At our last inspection we found systems were either not in place or robust enough to demonstrate effective oversight and management of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvements had been made at this inspection and the provider was still in breach of regulation 17.

- There continued to be no effective leadership or oversight in place to monitor the quality of care delivered. At the time of the inspection there was no registered manager in post. The service was being supported by a manager from the providers other home and nominated individual.
- Quality assurance systems had failed to identify the areas of concern we highlighted during our inspection around management of medicines, recruitment and provision of safe care.
- The provider had action plans in place to help drive improvements at the service, however some action plans lacked detail and actions had not been completed within timescale.
- The local authority had implemented an action plan following monitoring visits to help drive improvements. The provider was making slow progress in completing the actions.

Systems were either not in place or robust enough to demonstrate effective oversight and management of the service. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were involved and encouraged to make suggestions for improvement.
- Relatives were complementary about the care their loved ones received, "There's nothing I would change because it's always so nice."

- Relatives were informed about and involved as and when people's care needs changed. One relative told us, "The care plan is updated as needed and I am kept informed of any changes."

Working in partnership with others

- The management team and staff worked with a variety of health care professionals to help improve and meet people's care needs.
- Care records showed the service worked in partnership with health and social care professionals.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Systems were not in place to ensure staff were recruited safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not effectively deployed to meet the needs of people. Staff were not medically competent before administering medicines.