

Four Seasons (No 7) Limited

Morecambe Bay Care Home

Inspection report

Gleaneagles Drive
Off St Andrews Grove
Morecambe
Lancashire
LA4 5BN

Tel: 01524400255
Website: www.fshc.co.uk






Date of inspection visit:
29 February 2016
02 March 2016

Date of publication:
10 May 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on the 29 February and 02 March 2016 and was unannounced.

Morecambe Bay Care Home consists of four self-contained units, catering for a range of people with differing abilities. The service caters for people living with disabilities, older people with nursing care needs, older people living with dementia and people who require short term rehabilitation therapy. At the time of the inspection there were 70 people living at the home.

The last inspection of Morecambe Bay Care Home was carried out in September 2015 and the service was rated as 'requires improvement' overall, with 'requires improvement' ratings in two of the key questions and an 'inadequate' rating in place for 'is the service safe.' The registered provider did not meet the requirements of the regulations during that inspection as breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. We identified a breach in Regulation 12 (Safe care and treatment). We found medicines were not managed safely. We also identified a breach in Regulation 13 (Safeguarding service users from abuse and improper treatment.)

The home is managed by a registered manager. A registered manager has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager sent us an action plan explaining what they were going to do to rectify these breaches. The action plan demonstrated that all legal requirements would be met by September 2015.

During this inspection in February and March 2016 we found improvements had been made in relation to safeguarding service users from abuse and improper treatment. We saw evidence safeguarding referrals were made to the safeguarding authorities as required.

We found some improvements had been made in the safe management of medicines, but some areas of medicines handling remained to be addressed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 (Safe care and treatment.) You can see the action we told the provider to take at the full version of the report.

People told us they were happy living at Morecambe Bay Care Home and the care met their individual needs. People told us they liked staff. One person described staff as "lovely." We found staffing was arranged in advance to ensure sufficient staff were available to meet people's needs. Staff we spoke with told us they were busy but they had sufficient time to support people safely.

There were systems in place to protect people at risk of harm and abuse. Staff were able to define abuse and the actions to take if they suspected people were being abused.

We found individual risk assessments were carried out and care plans were developed to document the measures required to reduce risk. Staff were knowledgeable of the measures in place and we observed these

were followed these to ensure people's safety was maintained.

We saw appropriate recruitment checks were carried out to ensure suitable people were employed to work at the home and there were sufficient staff to meet people's needs. People told us staff were busy but they were supported in a prompt manner.

Staff received regular support from the management team to ensure training needs were identified. We found staff received appropriate training to enable them to meet peoples' needs.

Processes were in place to ensure people's freedom was not inappropriately restricted and staff told us they would report any concerns to the registered manager.

We found people were offered a variety of foods and people told us they liked the meals at Morecambe Bay Care Home.

People were referred to other health professionals for further advice and support when assessed needs indicated this was appropriate.

We saw staff treated people with respect and kindness and people told us they were involved in their care planning.

Staff knew the likes and dislikes of people who lived at the home and delivered care and support in accordance with people's expressed wishes. During the inspection we saw people were supported to carry out activities which were meaningful to them.

There was a complaints policy in place, which was understood by staff. Information on the complaints procedure was available in the reception of the home.

The registered provider monitored the quality of service by carrying out quality assurance checks and we found systems were in place to identify if improvements were required.

Communication at the home was not always effective. We noted occasions when information was not passed to members of the management team. We have made a recommendation regarding this.

People who lived at the home were offered the opportunity to participate in an annual survey. There was also an electronic and paper based system in place to enable people to give feedback. People also told us they could discuss their views with staff or the registered manager if they wished to do so. However one person and two relatives told us they felt there could be improvements made in the relationship they had with the management at the home. We have made a recommendation regarding this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not safe.

People could not be assured they would receive their medicines safely.

Assessments were undertaken to ensure risks to people who used the service were identified. Written plans were in place to manage these risks.

Safe recruitment checks were carried out. The staffing provision was arranged in advance to ensure people were supported in an individual manner.

Staff were aware of the policies and processes in place to raise safeguarding concerns if the need arose.

Is the service effective?

Good 

The service was effective.

People's needs were assessed in accordance with their care plans.

People were enabled to make choices in relation to their food and drink and were encouraged to eat foods that met their needs and preferences.

Referrals were made to other health professionals to ensure care and treatment met people's individual needs.

Training was in place to ensure people were supported by competent staff.

The management demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good 

The service was caring.

Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the development of their care plans and documentation reflected their needs and wishes.

People were able to participate in activities which were meaningful to them.

There was a complaints policy in place to enable people's complaints to be addressed. Staff were aware of the complaints procedures in place.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

We received mixed feedback regarding the management of the home. One person told us they would prefer to raise concerns with staff. Two relatives told us they felt their relationship with the management team could be improved.

Staff told us they were supported by the management team.

Communication between staff and the management at the home was not always effective.

There were quality assurance systems in place to identify if improvements were required.

Morecambe Bay Care Home

Detailed findings

Background to this inspection

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

This inspection was carried out on the 29 February 2016 and 02 March 2016 and was unannounced. The inspection was carried out by a team. On the first day of the inspection the team consisted of two adult social care inspectors, a pharmacist inspector, and a specialist advisor. The specialist advisor had experience of nursing care. An expert by experience was also a member of the inspection team. The expert by experience had experience of adult social care. One adult social care inspector revisited the home on the 02 March 2016.

At the time of the inspection there were 70 people living at Morecambe Bay Care Home.

Prior to the inspection, we reviewed a variety of information to aid our inspection planning. We reviewed notifications the provider had sent us, and reviewed information provided by the safeguarding authorities. We also received feedback from the local authority. This helped us plan our inspection effectively.

During the inspection we used a variety of methods to gather information. We spoke with 10 people who lived at Morecambe Bay Care Home and spent time in all areas of the home. This was so we could observe interactions between people who lived at the home and staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with three relatives to seek their views on the support the home provided.

We also spoke with 21 staff. This included the registered manager, the regional director and a resident experience manager. We also spoke with the chef, five qualified nurses and 12 care staff. In addition we spoke with two external health professionals who were present at the home at the time of the inspection.

We looked at nine care records and two weeks staff duty rosters. We also looked at three recruitment files, training records and management audits. We viewed medicine records and minutes of meetings held with

staff, relatives and people who lived at the home.

Is the service safe?

Our findings

People who lived at the home told us they felt safe. We were told, "Yes, I feel safe enough." And, "I'm safe here, it's a nice home." A relative told us, "[My family member] is very safe here."

At our previous inspection in September 2015 we found a breach of regulation in relation to the management of medicines in the service. This was because medicines policies regarding the storage, administration and recording of medicines were not consistently followed. At this inspection we found that improvements had been made but some areas of medicines handling remained to be addressed.

Regular detailed audits of medicines handling were completed and staff competency in medicines handling had been assessed. Should any incidents occur they were appropriately referred and acted upon. All medicines were administered by qualified nurses or suitably trained care staff. We observed part of the morning medicines rounds across the home. We saw that medicines records were referred to and completed at the time of administration to each person, helping to ensure their accuracy. The medicines records for two people showed their medicines could be crushed, if needed. Staff told us it was not currently necessary to crush their medication. However, care plans and risk assessment had not been updated to reflect this. This increases the risk of inconsistency when administering medicines.

We looked at fifteen medicines records across three areas of the home. These were clearly presented to show the treatment people had received. Individual protocols were in place providing guidance for staff about when medicines prescribed "when required" may be needed. However, the pre-admission assessment for one person did not include any information about when their prescribed oxygen should be used. This resulted in some distress for the patient until it was resolved the next day. We also saw that although advice was being sought, there were delays in resolving problems with a prescribed inhaler. This meant it was not used as prescribed for over two weeks.

Medicines included controlled drugs were safely stored. Home Remedies were kept to support the prompt treatment of minor ailments. Records of controlled drugs handling were clearly maintained. However, we saw one example where a controlled drug painkilling patch was replaced one day late. The reason for this was unclear, and increased the risk that pain would not be well controlled. A second person was not given their complete dose of painkillers on three occasions. Records showed this person did not suffer any breakthrough pain, but there was no reason for withholding the correct dose as supplies were available in the home.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. (Safe care and treatment) as medicines were not managed safely. This placed people at risk of avoidable harm.

We viewed nine care records to look how risks were identified and managed. Individualised risk assessments were carried out and reviewed appropriate to people's needs. Care documentation contained instruction for staff to ensure risks were minimised. For example we noted one person had been assessed as requiring

specific equipment to ensure their safety. We saw the person's care had been reviewed and when the equipment was no longer required it was removed. This evidenced risks were identified and control measures were reviewed. We observed people being supported to mobilise safely. For example we saw wheelchairs were used if required. We noted staff checked the chairs were safe before use and footplates were in place to minimise the risk of injury occurring. We observed one staff member noted when a person moved their foot to the edge of the footplate. The staff member supported the person to place their foot back on the footplate before continuing to support their mobility. This minimised the risk of harm occurring.

At the inspection carried out in September 2015 we identified a breach in regulation 13 of the Health and Social Care Act 2014 (Safeguarding service users from abuse and improper treatment.) We found systems and processes were not operated effectively to investigate any allegation of abuse. During this inspection we found improvements had been made. We found evidence that any allegations of abuse were reported to the local authority for further investigation if required. We also saw appropriate notifications had been made to the Care Quality Commission by the registered provider as required.

We asked the registered provider how they monitored accidents and incidents within the home. We were told all incidents and accidents were reported using the registered providers reporting system. This information was then reviewed by the registered provider. We viewed the documentation provided and saw evidence this took place.

Staff told us they had received training to deal with safeguarding matters. We asked staff to give examples of abuse. Staff were able to explain the signs and symptoms of abuse and how they would report these. Staff told us they would immediately report any concerns they had to their line manager, the registered manager or the registered provider. One staff member told us, "I wouldn't have to report to safeguarding because [the registered manager] would do it. [The registered manager] acts quickly." A further member of staff said, "We are reminded to raise issues as part of keeping people safe."

We asked the registered manager how they ensured sufficient numbers of staff were available to meet peoples' needs. They told us they reviewed the needs of people who lived at the home using a dependency assessment tool. This is a tool that helps inform the number of staff required to meet people's needs. We were informed if people's needs changed, extra staff were made available to ensure people received care and support that met their needs. The staff we spoke with confirmed this took place. Staff told us they considered the management response to staff sickness had improved. Staff said the registered manager monitored any sickness leave taken and as a result the sickness rate had decreased. We also saw documentation that evidenced monitoring took place.

The registered manager told us they monitored sickness to identify any trends and to explore if additional measures were required to support staff. They further explained sickness was monitored to ensure the use of agency staff was minimised as far as possible so people were supported by staff who knew their needs. We spoke with one staff member who told us they had a meeting arranged to discuss this. This evidenced unplanned leave was monitored and action taken to minimise the use of staff who were unfamiliar with people's needs.

The registered manager told us they monitored the turnover of staff and recruited in advance to ensure sufficient staff were available to meet people's needs. We asked the registered manager how the home currently covered any shortfalls in the staffing provided. They told us they used agency staff to provide some registered nurse night cover. They also explained if this could not be obtained they would utilise the qualified clinical leads (who were registered nurses) or attend the home themselves. We discussed this with

a clinical lead who confirmed this. In addition the registered manager told us staff were deployed to different areas of the home if this was required. The registered manager said this helped ensure people were supported by staff who were familiar with people's needs and with the systems in place at Morecambe Bay Care Home.

Staff we spoke with told us they were contacted if extra cover was required due to unplanned leave being taken. They told us they were busy but felt they had the time to provide care safely. They told us they did not have to rush people. We observed people being supported in a prompt way. We timed three call bells during busy times at the home and found these were answered in less than one minute.

We spoke with people who lived at Morecambe Bay Care Home to ascertain their views on the staffing provision at the home. Two people told us staff were busy. Comments we received included, "Yes, use the buzzer they are pretty prompt actually." And, "Staff come to help me if I ring my bell." Also, "I sometimes have to wait a couple of minutes but not long." We discussed this with the regional director who told us they regularly reviewed the staffing provision at the home by using a dependency assessment tool. They told us they were confident in the number of staff provided.

We reviewed documentation which showed safe recruitment checks were carried out before a prospective staff member started work at the home. Staff we spoke with told us they had completed a disclosure and barring check (DBS) prior to being employed. This is a check that helped ensure suitable people were employed. We reviewed the files of four staff who had recently been employed and found the required checks were completed. We noted appropriate references were obtained. This demonstrated safe recruitment checks were carried out.

Checks were in place to ensure the environment was maintained to a safe standard. We saw documentation which evidenced electrical and gas equipment was checked to ensure its safety. We also noted the temperature of the water was monitored to ensure the risk of scalds had been minimised. We found a legionella risk assessment was in place to minimise the risk of legionella developing within the home.

There was a fire risk assessment in place and the staff we spoke with were knowledgeable of this. We saw suitable equipment was in place to support people if emergency evacuation was required.

Is the service effective?

Our findings

People who lived at Morecambe Bay Care Home told us they were supported to seek further medical advice if this was required. One person said, "If I need a doctor they call a doctor out." A further person said, "Oh yes they are good with that. They'll call for a doctor and they come straight away on the same day." We saw documentation which evidenced people were supported to see other health professionals as their assessed needs required. For example we noted people were referred to doctors and district nurses if there was a need to do so.

During the inspection we spoke with two external health professionals who were present at the home. They voiced no concerns with the care and support provided.

Care files evidenced people's nutritional needs were monitored. We found nutritional assessments were carried out and people were weighed in accordance with their assessed needs. Staff told us if they were concerned with people's nutritional intake, they would refer people to other health professionals for further advice. We noted one food and fluid chart had not been completed. We discussed this with the registered manager and prior to the inspection concluding we saw this had been rectified.

We viewed menus which evidenced a wide choice of different foods were available and we found the kitchen was well stocked with fresh fruit, vegetables and dry and tinned supplies. People who lived at the home told us the menu was flexible and they liked the food provided. Comments we received included, "It's good." And, "I had pasta today, ham and cheese mixed up in it and garlic bread with it. It was nice."

We observed the lunch time meal being served on both days of the inspection. We saw people were asked if they wanted to sit at the dining table. We noted one person chose to eat in another communal area and this was accommodated. Staff were seen to be attentive to people's needs. If people required support to eat this was done with compassion and understanding. We saw staff sat with people and gave them their full attention. We also observed people's independence was promoted whenever possible. For example people were asked if they needed help to cut up their food or if they required assistance to pour drinks. During the meal we found drinks were available and were provided for people. These were replenished throughout the meal. We noted one person declined their meal and was offered two alternatives. This demonstrated people were offered different choices to enable them to eat sufficient to meet their needs.

During the inspection we viewed care records which recorded a person required a specific diet. We spoke with the chef who told us they were informed of any changes to people's dietary needs by care staff. We saw a noticeboard was in place to record these. During the inspection we noted the person was provided with a meal in accordance with their assessed care needs. This evidenced people's dietary needs were assessed and accommodated.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We spoke with the registered provider to assess their understanding of their responsibilities regarding making appropriate applications. From our conversations it was clear they understood the processes in place. We were told there were 28 applications in place at the time of our inspection. The registered manager told us they were aware of the processes in place and would ensure these were followed if the need arose.

We asked staff to describe their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how this related to the day to day practice in the home. Staff could give examples of practices which may be considered restrictive and said any concerns would be reported to the registered provider. Staff told us they had received training in this area and would seek further guidance from the registered provider if they had any concerns.

During the inspection we found people's consent was sought before support was provided. We observed people being asked if they required support with personal care, mobility or if they wanted to spend time in other areas of the home. We saw if people declined, their wishes were respected.

We asked staff what training they had received to carry out their roles. Staff told us they had received an induction which included training in areas such as moving and handling, safeguarding and medicines management. Staff we spoke with confirmed training was provided to ensure their training needs were identified and training was refreshed. They told us this had been discussed with them at supervision. Supervision is a meeting between a staff member and their line manager where training and staff performance is discussed. We viewed seven supervision records. These evidenced supervisions took place to ensure staff performance was monitored.

We asked the registered manager and registered provider how they ensured registered nurses were able to maintain and update their skills. The registered manager told us they sought advice and guidance from other health professionals in order to inform practice. We discussed training with the registered manager and the regional director. They told us they had identified areas where additional training was required and training in some of these areas had commenced. For example we saw three registered nurses had commenced training in wound care. We saw training in catheter care had been planned. We were provided with a plan of training which included pain management, diabetes management and basic observations. Staff we spoke with confirmed they were aware additional training was planned.

Is the service caring?

Our findings

People who lived at the home were complimentary of staff. We were told, "There's some good staff here." Also, "I find them all to be lovely." And, "No complaints with the staff here." Relatives we spoke with expressed no concerns regarding the interactions staff had with their family members.

We found staff were caring. For example we observed a staff member sitting with a person holding their hand. We saw the person was stroking the staff member's hand and smiling. We also noted staff took care to ensure people were comfortable. We observed one person appeared to be uncomfortable in their seat. We noted a staff member approached them and asked if they were alright. They adjusted the person's cushions and tucked a blanket around them. We observed the person smiled in response to this and stroked the staff member's face. The person appeared more contented as a result of the staff intervention.

We observed staff being interested in what people were doing. We saw one staff member showing an interest in a person's hobby. The staff member asked the person what they were doing. This led to a conversation which the person appeared to enjoy. They were smiling and demonstrated to the staff member what they were doing.

We saw staff sat with people and spoke with them in a calm and unhurried manner. We noted a staff member asked a person if they could sit with them. The person agreed and the staff member sat with them and asked them how they were. Staff spoke respectfully and gently to people and offered reassurance if people appeared upset. One person appeared worried as they could not find their hanky. The staff member offered reassurance and provided them with some tissues. The person said, "Thank you dear. You're so kind."

Staff spoke affectionately about people who lived at the home. One staff member told us, "All we want is to make people's lives here as happy as they can be." A further staff member said, "It's all about giving the people the respect they deserve."

We asked people who lived at Morecambe Bay Care Home if they felt staff understood them and their individual needs. One person said, "I think they do. They know I don't like fuss and bother. I like to be left alone sometimes and they don't disturb me." A further person told us they liked to spend time in their room watching their choice of television programmes. They said, "I never have to remind them. They always remember to come and help me back to my room."

At the last inspection carried out in September 2015 we noted people's privacy and dignity was not always maintained. We found some bedroom doors were open when people were in their rooms and windows were not always covered when they slept. We made a recommendation regarding this.

During the inspection we saw staff took care to respect peoples' privacy and uphold their dignity. We found care plans had been updated to reflect people's preferences. We also noted signage was displayed in bedrooms to indicate whether doors should be opened or closed. We visited one person in their room and

discussed this with them. They said, "Staff asked me what I wanted and put that sign up. Mind you, they always check anyway. It's awful weather today so I've asked for the curtains to be closed."

During the inspection we observed other examples of how staff maintained people's dignity. We saw a staff member ask a person if they could lower the level of their skirt when they sat down. We noted this was done discreetly and the person was not embarrassed by the staff intervention. They smiled said, "Thanks lovey." We also observed a staff member knock on a person's door and wait for an answer before they entered and a further staff member asked a person to go with them to a private area when they wished to discuss their care. This demonstrated people's privacy and dignity was respected and upheld.

We discussed the provision of advocacy services with the registered provider. We were informed there were no people accessing advocacy services at the time of the inspection; however this would be arranged at peoples' request.

Is the service responsive?

Our findings

People who lived at the home told us they felt the care provided met their individual needs. One person said, "They look after me well here. I just wanted to tell you that, it's important you know." And, "I'm looked after well." One person commented, "Staff are very good when you need help, like when I have a shower. The carers stand in with me."

We asked people if they were involved in their care planning. Five of the people we spoke with told us they were involved. Comments we received included, "Yes. I'm involved in it and if there are any changes I'm involved. They update it." And, "They said my care plan was all about me and they do talk to me. Also, "They ask me to be involved but I don't want to be at my age." Another person told us they were discussing their care planning with staff in the coming week. We asked relatives if they were involved in care planning. One relative told us they did not feel they were involved in care planning. They explained they spoke with staff to gain information. A further relative we spoke with told us they were fully involved however they sometimes had to ask staff for information regarding their family member's health.

Within the care documentation we viewed we saw evidence people who lived at the home and those who were important to them were consulted as appropriate. For example we noted one care plan was signed by the person to indicate their agreement. Documentation we viewed also evidenced people and those who were important to them were involved in their care whenever possible. For example, we found peoples' social histories and hobbies and interests were documented. Staff told us they spoke to people and their families to gain this information. This helped ensure important information was recorded to ensure people's backgrounds and wishes were communicated.

We saw an activities programme was displayed in the reception of Morecambe Bay Care Home. This included activities such as board games, movies and skittles. During the inspection we found people were asked if they would like to take part in activities. If people declined their wishes were respected. We observed a game of dominoes taking place. We noted this was enjoyed by those who took part. We saw staff engaged with people and enabled them to participate by offering support. For example we observed a staff member helping a person with restricted motor skills place a domino.

People who lived at the home also told us they enjoyed the activities provided. We were told, "I like a good old film." And, "The exercises are a laugh." People also told us they were informed of the activities in place and if they declined to participate, this was respected. One person said, "Can't be bothered with all that but I think they hope I'll join in one day." This demonstrated people were encouraged to engage in social events to minimise the risk of social isolation.

We found there was a complaints procedure in place which described the response people could expect if they made a complaint. This was displayed on the notice board in the reception of the home. Staff told us if people were unhappy with any aspect of the home they would pass this on to the registered manager. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

We viewed the complaints log at Morecambe Bay Care Home. We viewed one formal complaint and found this had been responded to and records kept. The regional director explained they had received another complaint which was currently being investigated. This demonstrated there was a complaints system in place which was followed if a complaint was made.

People told us if they had any complaints they could complain to staff at the home. One person told us, "I'd talk to staff." A further person commented, "I'd talk to the [registered manager] if I was worried but any of the staff would help." Relatives we spoke with confirmed they had raised concerns with the registered manager. One relative told us they had expressed concerns regarding missing personal clothing. We discussed this with the registered manager who told us this had been discussed at residents and relatives meetings. They explained they would continue to monitor this to ensure improvements were made.

The registered manager informed us they welcomed feedback from people who used the service, and their relatives. The regional director explained they had recently met with a family member to discuss a concern they had raised. They told us that as a result they had implemented whiteboards on each unit. They explained the whiteboards communicated who was on duty and a description of the uniform colour they wore. They explained this would help visitors to identify the number, name and role of staff on the unit. During the inspection we saw the whiteboards had been introduced. This demonstrated the provider responded to comments raised.

Is the service well-led?

Our findings

We received mixed feedback regarding the management of the home. One person said, "[Registered manager] is grand. Do you know she came and helped me to bed the other night? Not many managers would do that in my experience." Another person told us they could talk to the registered manager. A further person said they would choose to speak with staff as they did not want to discuss concerns with the registered manager. Both the relatives we spoke with voiced concerns regarding the working relationships they had with the home.

Staff told us they considered the morale at Morecambe Bay Care Home to have improved since the inspection carried out in September 2015. Comments we received included, "Things have improved here." And, "This is a better place now." Also, "Since the last Care Quality Commission inspection there's been a turnaround."

We discussed the management of the home with the regional director and registered manager. The registered manager told us they had recently recruited two clinical leads to work on two of the units. They explained this was to ensure staff received support and direction. In addition to the newly recruited clinical leads, a deputy manager was in place who oversaw the third unit. On the remaining unit we were told a manager was in place. All the staff we spoke with were positive regarding the changes made. Staff told us they welcomed the introduction of the clinical leads. They told us they were approachable and available if they required any support or clarity on any issue. Staff also told us if they wished to do so, they could talk to the registered manager. One staff member described the support they had received from them. They said they found it helpful. A further staff member told us, "Things are good here now."

We asked the registered manager how they maintained an overview of the performance of Morecambe Bay Care Home. We were told audits were completed to identify if improvements were required. We saw evidence of audits in accidents, infection, weight loss and gain and falls. We were told these were provided to the regional director for further discussion if this was required. The registered manager told us they had regular contact with the regional director to discuss incidents or concerns. The regional director confirmed this.

We found other audit systems were in place. We saw documentation which evidenced the registered manager carried out night time checks. The registered manager told us this was to ensure the care provision at the home was monitored at night. We also found 'daily walk rounds' were completed to check areas such as staffing and cleanliness were sufficient. The registered manager told us if issues were identified they would address these immediately. They said they would discuss the findings at the 'Clinical Governance' meetings which were held at the home. We asked the registered manager to give an example of this. They told us they were committed to ensuring people were supported by staff who were known to them. They explained all staff requests to swap shifts were now approved by the unit managers and clinical leads prior to the rota being changed. We viewed minutes of a clinical governance meeting and saw evidence this was discussed.

We found evidence that staff meetings took place. The registered manager told us these were used to pass vital information to staff. We viewed minutes of meetings which evidenced the staff had been informed of the requirement not to swap shifts. This demonstrated there was a system in place to communicate changes in the management of the home. However we noted occasions when communication had not been effective. We noted in one care record, a person had received support from a team of external health professionals. The care record we viewed stated the person had been discharged from the external team. We discussed this with the registered manager who confirmed the person had been discharged. Staff we spoke with also told us the person had been discharged from the external team. We contacted the team of health professionals and were told the discharge had not taken place.

In addition, we noted an incident had occurred involving a person who lived at the home. We discussed this with the registered manager and the deputy manager. They were unaware of the incident. The registered manager told us they should have been informed of this on their return from leave. They explained the incident should have been communicated through the homes internal reporting system.

We asked the registered manager what systems were in place to enable people who lived at the home to give feedback regarding the quality of service provided. The registered manager told us there was an electronic system in place. They explained people who lived at the home, their visitors, other health professionals and staff could access an Ipad. This was a handheld computing device which allowed feedback to be recorded. They told us this was anonymous and was responded to as required. In addition the regional director showed us a 'comments box.' They explained this was in place for people who preferred to leave written feedback.

We asked the registered manager if there were meetings in place to enable people to give verbal feedback on the care and support they received. The registered provider told us meetings were held for people who lived at the home. They also told us relatives could attend if they wished to do so. We saw documentation which confirmed this. We noted people were asked if improvements were required. The documentation recorded people gave feedback. For example we noted a relative had requested staff roles be placed on boards with staff names. During the inspection we found this had been carried out. We also noted feedback was requested at meetings. The records we saw demonstrated feedback had been requested from relatives. This was regarding the timeliness of answering the phone. The minutes showed positive feedback had been given. This demonstrated the provider had systems in place to seek people's opinions and views.

We asked staff how they could obtain further advice or support if a member of the management team were not at the home. We were told there was an on call system in place and contact numbers were available to seek guidance if this was required. We saw there were two on call numbers for staff to contact if the first on call did not respond. This demonstrated there was a system in place to ensure staff could access advice, support or report concerns as required.

We recommend the provider seeks and implements best practice in engagement with stakeholders.

We recommend the provider seeks and implements best practice guidance in relation to effective information sharing.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Medicines were not managed safely. This placed people at risk of avoidable harm.
Treatment of disease, disorder or injury	Regulation 12 (2) b