

W & S Red Rose Healthcare Limited

Morley Manor Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

This comprehensive inspection took place on 23 August 2017 was unannounced. At the last inspection in January 2017 we rated the service as 'inadequate'. We identified breaches in Regulations 10, 11, 12, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Morley Manor Residential Home on our website at www.cqc.org.uk

Morley Manor Residential Home is registered to provide care and support for up to 31 people, some of whom are living with dementia. Nursing care is not provided. The home is situated on the outskirts of Morley, within reach of the town centre and local amenities. At this inspection there were 24 people at the service.

At this inspection we found the provider had made significant improvements and was no longer in breach of the Regulations. However, further improvement was required to make sure new work practices were embedded and sustainable.

At the time of our inspection, there was not a registered manager in place. However, the manager became registered shortly after the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe at the service. Staff were confident about how to protect people from harm and what they would do if they had any safeguarding concerns. Risks to people had been assessed and plans put in place to keep risks to a minimum. Improvements had been made to the environment to make it safe and this work was planned to continue.

The systems in place to make sure that people were supported to take medicines safely were more robust, but needed further improvement to become safe.

There were a sufficient number of staff on duty to make sure people's needs were met. Recruitment procedures made sure that staff had the required skills and were of suitable character and background. Staff were supported by a comprehensive training programme and supervisions to help them carry out their roles effectively. Staff were led by an open and accessible management team.

The manager and staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are put in place to protect people where their freedom of

movement is restricted and they lack capacity to make their own decisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were provided with sufficient amounts of food and drink. Where people required support with eating or drinking, this was appropriately provided, taking into account people's likes and dislikes.

People told us that staff were caring and that their privacy and dignity were respected. Care plans had been rewritten and showed that individual preferences were taken into account. Care plans were up to date and gave clear directions to staff about the support people required to have their needs met. People's needs were regularly reviewed and appropriate changes were made to the support people received. People were supported to maintain their health and had access to health services if needed.

People were encouraged to follow their interests and take part in a range of activities.

People had opportunities to make comments about the service and how it could be improved. A complaints procedure was in place and people told us they knew how to raise a concern if needed.

The manager had good oversight of the service and there was a clear ethos of care. The manager had made improvements at the service since they started in post. However, some aspects of service provision, such as medicines administration, required closer monitoring. There were systems in place to look at the quality of the service provided and action was taken where shortfalls were identified.

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 required further improvement to be safe.

The management of medicines had improved but needed further review to make the system robust.

Staff were aware of safeguarding procedures in order to protect people from harm.

Risks to people had been assessed and plans put in place to keep risks to a minimum.

There were sufficient numbers of staff to meet people's needs. Recruitment procedures made sure that staff were of suitable character and background.

Is the service effective?

Requires Improvement 

The service required improvement to be effective.

Although improvements were found, further work was needed to make sure the improvements are sustainable.

People were supported by staff who had the knowledge and skills necessary to carry out their roles effectively.

Staff followed the requirements of the Mental Capacity Act 2005. Relevant legislative requirements were followed where people's freedom of movement was restricted.

People were supported to maintain good health and were supported to access relevant services such as a doctor or other professionals as needed.

People were provided with sufficient amounts of freshly cooked food and drink.

Is the service caring?

Good 

The service was caring.

People told us that they were looked after by caring staff.

People were treated with dignity and respect whilst being supported with personal care.

People and their relatives, if necessary, were involved in making decisions about their care and treatment.

Is the service responsive?

Good ●

The service was responsive.

People received care which was responsive to their needs. Care and support plans were up to date, regularly reviewed and reflected people's current needs and preferences.

People could take part in a range of activities.

People knew how to make a complaint or compliment about the service.

Is the service well-led?

Requires Improvement ●

The service required further improvement to be well-led.

The manager and staff team had worked hard to make improvements at the service. However, further work was needed to embed practice and ensure sustainability.

There was a positive, caring culture at the service.

There were systems in place to look at the quality of the service provided and action was taken where shortfalls were identified.

There were opportunities for people to feed back their views about the service.

Morley Manor Residential 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 took place on 23 August 2017 and was unannounced. The inspection was carried out by two adult social care inspectors, a specialist advisor 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. The expert by experience for this inspection had experience of supporting someone living with dementia.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also sought feedback from Leeds County Council Quality Monitoring Team, and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During this inspection we looked around the premises, spent time with people in their rooms and in communal areas. We looked at records which related to people's individual care. We looked at seven people's care planning documentation and other records associated with running a care service. This included recruitment records, the staff rota, notifications and records of meetings.

We spoke with 12 people who received a service and five relatives. We met with the registered provider,

manager and deputy manager. We also spoke with six care staff, a chef and the maintenance person.

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.

Is the service safe?

Our findings

At our last inspection we rated this domain 'inadequate' and identified that the provider remained in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Safe Care and Treatment. We found the provider was not always ensuring people's care and support needs were safely met, risk assessments were not robust and risks related to the environment and fire safety had not been adequately assessed or mitigated. We also found the recruitment of new staff was not managed safely which was breach of Regulation 19 Fit and Proper Persons Employed. At this inspection we found the improvements had been made. Although the provider was no longer in breach of Regulations, we found further improvement was needed to make sure medicines management was robust.

People told us it was a safe service. Comments included, "I'm safe because the nurses and attendants can't do enough for you" and "Staff look after you and if I ring my buzzer they come quickly". One person, when asked if they felt safe told us, "I do. There are no stairs to climb as everything is on the ground floor". They also said they felt very safe with the staff. We identified no concerns with the response time of staff to answer call bells.

We looked at the procedures for the administration of medicines. We observed a medicines round and saw there was good support for people to take their medicines. The member of staff responsible explained what the medicines were for and offered a drink to help with swallowing them down. They were patient and observed the person had taken the tablets before they signed the Medicines Administration Records (MARs). Where people used 'as required' medicines, such as pain killers, the staff member asked if they needed them or if they had any pain.

People told us they felt they were generally supported well with their medicines. One person said, "The staff bring my medicines every day. It depends who brings them if they stay 'til I have taken them." Another person told us, "The girls do my medicines in the mornings and at tea time."

MARs were correctly completed with no gaps. MARs also contained prescribing information prepared by the pharmacist, information relating to any allergies the person may have and a photograph to aid identification. Each person has a patient information chart which included a picture of each prescribed tablet to assist staff with identification.

There were clear protocols in place for the administration of 'as required' or PRN medicines. We noted that some MARs showed PRN medicines as a regular, prescribed dose, rather than 'as required'. However, the MAR had been signed only when the medicine had been given, with an explanation of why it had been required. Although we found no errors had occurred because of this there was the potential for medicines to be given incorrectly. We discussed this with the manager who was aware of the issue and explained it was a problem with the pharmacy which they were trying to resolve.

Medicines were securely stored in a clean and well-ordered room. There were daily checks on the temperature of the medicines fridge; however, there were no temperature records for the room. The

thermometer showed a temperature of 24.9C which was above the recommended level for the storage of some medicines. The manager looked into this and told us that there was an air conditioner in the room which kept it cool, but it had been switched off. They confirmed that there was no daily record of room temperatures and said they would implement this straight away.

Some medicines contain drugs which require additional secure storage. These are also known as 'controlled drugs'. We found these were appropriately stored, stocks matched records and the controlled drugs book was kept in good order.

There were up to date safeguarding policies and procedures in place which detailed the action to be taken where abuse or harm was suspected. Staff had received training in keeping people safe, and they told us they were confident about identifying and responding to any concerns about people's safety or well-being.

Records showed that any incidents or accidents were recorded and appropriate action taken in response. Each incident was also logged on an overview spreadsheet which was checked at the end of the month to identify any trends or patterns. The manager told us they would also complete a six month overview, in order to identify longer term trends.

Most serious incidents or concerns had been reported to other authorities, such as CQC or the local safeguarding team, as necessary. However, we identified one concern which, although investigated by the manager, had not been reported to the local safeguarding team or the CQC. We discussed this with the manager who agreed, on reflection, that it should have been reported. They contacted the local safeguarding team during our inspection, who advised that they were satisfied with the manager's investigation and would not take any further action.

The care planning process included the completion of risk assessments, which detailed the risks to each person and the action to be taken to reduce them. Risk assessments were completed for areas such as moving and handling, dietary intake and skin integrity. The provider used recognised risk assessment tools, such as the Waterlow pressure ulcer risk assessment and Malnutrition Universal Screening Tool (MUST) to complete individual risk assessments. Risk assessments were up to date and included a timescale for review, to make sure they reflected changing needs.

Each person had a Personal Emergency Evacuation Plan (PEEP) in case of an emergency. These were very detailed and gave specific information about how to support individuals if, for example, the building needed to be evacuated. Information included how a person's mobility may impact on any evacuation. There was also information about how best to communicate, such as 'speak in the left ear' or the use of signs.

Regular checks were carried out on the environment and equipment to make sure it was safe. These included checks on fire doors, bed rails, hoists and wheelchairs. There were up to date test certificates in place for electrical wiring, gas safety and lifts. We spoke with the staff member responsible for maintenance. They explained they checked the repairs log each day and any repairs were carried out promptly. They added that there were sufficient funds for them to carry out repairs as necessary.

The procedures for fire safety had improved since the last inspection and were now more robust. A fire risk assessment was carried out in July 2017. Actions identified in the assessment had been carried out to make sure the environment was safe. A new fire system was to be installed in the near future.

There were regular tests of fire call points and emergency lighting to make sure they operated effectively. Each member of staff had received one to one fire training and there had been two fire drills since our last

inspection. The maintenance staff member explained these had been carried out in line with people's PEEPs and they had used a simulated fire in a part of the building. This meant people and staff would be more familiar with the evacuation routine should an emergency occur.

There was a robust system in place to make sure new staff had the right qualities to care for older people. We reviewed staff recruitment files and saw that applicants had completed an application form which was discussed at interview. References were sought prior to employment and checks were carried out on each applicant's suitability for the position. A criminal background check was provided by the Disclosure and Barring Service (DBS). The DBS is a national agency that holds information about criminal records. We saw that where there were any concerns identified through the DBS, a risk assessment was in place which showed the manager had spoken with the applicant and agreed their suitability. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

There were sufficient numbers of staff to meet people's needs and keep them safe. The care staff on duty were supported by ancillary staff who included cooks, domestics and maintenance personnel. The manager explained they had employed some new staff since the last inspection, but still relied on occasional agency staff to cover shifts. On the day of our inspection there were no agency staff on duty. The manager told us they used the same agency and tried to get agency staff who knew the service. Regular agency staff were asked to come in to shadow permanent staff on a weekend so they could get to know the people and their routines. There was a comprehensive dependency tool which was used to check staffing levels were sufficient. This was updated weekly to reflect any changes in needs or occupancy. The manager told us that staffing levels matched the dependency tool and were often higher.

The people and relatives we spoke with raised no concerns about staffing levels and told us they didn't have to wait long for attention. One person told us, "Yes, there is always someone around".

The service followed infection control guidance. The people and relatives we spoke with told us Morley Manor Residential Home was kept clean and tidy. We observed domestic staff cleaning throughout the day and there were no unpleasant odours. We noted staff used personal protective equipment (PPE), such as gloves and aprons, as necessary. The people we spoke with told us that staff always wore PPE when assisting with personal care needs. We found no issues with the cleanliness of the service.

Is the service effective?

Our findings

At our last inspection we rated this domain inadequate and identified two breaches of regulations. We found the provider was not adequately assessing people's capacity to make decisions or recording decisions made on people's behalf. We also found a lack of training for staff to support them in effectively meeting people's needs. At this inspection we found improvements had been made and the provider was meeting the regulations. However, we have rated this domain as 'requires improvement', as we need to make sure the improvements are sustainable.

People who used the service and their relatives told us staff were effective. A relative commented that staff were, "Very competent" and added, "They know my mum and her family". One person told us, "The staff are very good from what I see of them".

The staff we spoke with told us they were supported in their roles. One care assistant said, "I get the training I need and have supervision". A senior staff member told us, "We have lots of training. Much more than before".

Training records showed that staff had undertaken a range of different courses since the last inspection. These included fire safety, safeguarding, mental capacity and falls awareness. We saw that staff were working towards the Care Certificate, which is a nationally recognised standard for care workers. The manager used a training matrix to give an overview of the training each member of staff had undertaken as well as training planned for the future. This also highlighted when training was due for renewal so that it could be booked in a timely manner.

Some of the training undertaken by staff was experiential. This meant they put themselves in the position of a person who used the service to experience what it might be like. The training included wearing an incontinence pad, walking with obscured vision and being assisted with eating food. This gave staff an awareness of the importance of supporting people in a dignified way.

New staff received an induction when they started working at the service. This gave them an opportunity to receive essential training and learn about the people who used the service, their needs and preferences. Training included whistleblowing, medicines and managing stress. New starters had a mentor, who was an experienced member of staff. This was someone they could go to for support or guidance to better understand their role. New staff also had two or three days shadowing other staff on shift so they were able to familiarise themselves with routines.

Staff received a regular performance review meeting with a manager to discuss work issues and development. The meeting included a discussion about strengths, weaknesses and work experience. From this, a staff development and learning plan was agreed which included objectives and actions. This was reviewed every three months.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The staff team had a general awareness of provisions of the MCA and DoLS and had received training in the topic. One member of staff explained, "You ask for consent for everything".

Where there was uncertainty about a person's capacity to make important decisions, such as staying at the service, a mental capacity assessment had been completed. This showed why the person lacked capacity and explained why a decision would need to be made on their behalf. Some people had decisions made on their behalf by a Lasting Power of Attorney, who was a legally authorised representative. For those people who did not have an authorised representative, a best interest decision had been made. This was a decision made by others closely involved with the person, such as relatives, social worker or health professionals.

At the time of our inspection there were four people who had an authorised DoLS in place and 13 people waiting for responses from the local authority.

People received adequate amounts of food and liquids. People we spoke with gave mainly positive feedback about the meals served at Morley Manor Residential Home. One person told us, "It suits me fine. We get a choice and I usually get something I like". Another person said, "It's nice. We get a choice and there is plenty to eat and if I want more I can ask for it. I have enough to drink and I can have a drink whenever I want one". One person who did not eat a particular meat explained, "They (cooks) know that and they make me something else."

We observed the meal time experience. People seemed happy with the food they were offered and the meals looked appealing. Healthy options were available if people wanted. Staff were attentive to people's needs and offered support where needed. People were offered a choice of drinks and staff made sure to check with people if they wanted more during the meal. Overall, it was a sociable and relaxed experience.

The chef had a good understanding around people's specific dietary requirements. There was a four week, repeating menu in place. The chef maintained a list of each person's nutritional requirements so that people received the food they needed. They told us, "When we mash or blend food, we use moulds to make sure it is presentable. We make separate meals for people who need a special diet, like diabetics. To find out more about people's preferences the chef explained, "I've asked for information about people's previous lifestyles. That may let me know the type of diet they used to have and enjoy, if they can't tell us themselves". They added, "We listen to what people say about the food and we watch when things come back uneaten. It tells us what people didn't enjoy".

A member of the night care staff told us, "People get plenty to eat and drink". They described a recent improvement in supporting people with nutrition. Fortified milkshakes used to be offered to people as part of the tea trolley round. However, staff noticed that people usually wanted tea and no-one wanted the

milkshake. They changed the times so that milkshakes were offered separately in the evening and found people took them.

The service supported people to maintain their health. People told us their health was promoted and they had access to healthcare services. One person said, "All the staff take care when attending to me. They check my health" and another commented, "You can see a doctor when you want one". Other people told us about seeing the optician and chiropodist. Care records confirmed that prompt referrals to other professionals, such as a dietician or physiotherapist, were made when required. People were supported to attend appointments outside of the service.

Records showed that any charts used for the monitoring of people's health were completed properly and reviewed as necessary. These included charts for the monitoring of weight, skin integrity and food and fluid intake.

The manager told us they had started to make improvements to the environment and half of the planned decorating had been completed. They said there had been a lot of repairs carried out to make it more suitable for people who used the service. Some parts of the building had been made better for people living with dementia. Toilet seats were colour contrasting and there was signage around the service, with pictures to assist with orientation. People had photographs on their door to make their room easier to recognise. Some of the walls were bare in corridors, which made them appear stark and some wallpaper had a confusing pattern. However, we noted that environmental improvements were a work in progress.

Is the service caring?

Our findings

At our last inspection we found the service required improvement to become caring. This was because care plans did not have sufficient information to support staff in forming caring relationships with people. At this inspection, we found the necessary improvements had been made.

People told us it was a caring service. Comments included, "The staff are very kind. They listen to you and if you want anything they get it for you", "The staff are very nice to me and they come quickly if I need them" and "The staff are nice. They know what I like and don't like".

The staff we spoke with also felt people were well cared for. One member of staff said, "People are looked after well" and another told us, "I think we need to keep people happy, make them smile. It's easier to look after happy people. We can't really make some people better, but we can at least make them feel comfortable".

We spent time in the communal areas of the home. There was a friendly, positive atmosphere throughout our visit. We saw that people's requests for assistance were answered promptly and politely. Throughout the visit, the interactions we observed between staff and people who used the service were warm, supportive and encouraging. Staff approached people in a sensitive way and engaged people in conversation, which was meaningful and relevant to them.

When people required support, for example, assistance to get to their room, staff explained what they were doing and took time to reassure and go at the person's pace. We observed that when someone became distressed or confused a staff member sat with them to reassure and comfort.

We observed staff treat people with respect and dignity. They made sure that any personal care was carried out behind closed doors in order to maintain people's privacy. Staff knocked on people's doors before entering and spoke with people in a dignified manner, explaining what they needed to do. A senior member of staff commented on this and said, "We have to wait to be invited in. That's important to remember. Knocking is not enough by itself". We noted that staff took time to listen to what people said so that they were included in any discussions.

People were encouraged to make decisions about what they wanted to do during the day. We saw that people were free to go where they wanted in each unit. A member of staff told us, "We help people stay as independent as possible. Do what they can do for themselves. Our job is to keep people safe while they are doing it".

A visiting relative talked about the importance of independence for their mother. They explained their mother did not want to move to the service and was not convinced that she couldn't cope in her own home. She had said she wanted to be independent and be the mother they relied on. She was happy that the staff let her help with tasks such as drying the pots, a simple thing that made her feel she was still useful".

There was useful information in people's care plans about how to communicate and support decision making. This included evidence of good practice in the use of interpreters or family where needed, as well as observation of non-verbal cues to capture how people were feeling. This meant staff had a better understanding of how to involve people in making their own decisions.

Is the service responsive?

Our findings

At our last inspection, we rated this domain as 'requires improvement'. We found people's care was not always responsive to their needs, as there were delays in producing care plans and review of risk assessments was not consistent. This meant the provider was in repeat breach of regulations relating to safe care and treatment. We also identified issues regarding the management of complaints, which contributed to the breach related to good governance.

At this inspection, we found improvements had been made and the provider was now meeting the regulations.

People received person centred care which was responsive to their needs. Person centred care is about treating people as individuals and providing care and support which takes account of their likes, dislikes and preferences. We reviewed people's records and saw they were very detailed and person centred. The information recorded reflected the values associated with the person and their needs.

People and their relatives were supported to visit the service prior to admission. A relative described a positive experience when looking for a suitable local care home. They described how they turned up unannounced at the service and met the provider in the garden. The relative told us, "He showed me round. He didn't hide anything. He showed me the rooms and the lounges, everything. [Provider name] suggested I bring my mother for Sunday lunch with them, and so I took her. My mother liked the home but didn't want to stay. [Provider name] suggested she tried staying for a few nights, which she did, and she liked it so much she never went home."

People's care plans had been rewritten since the last inspection. The care plans had been developed following an assessment of each person's needs. The care plans we looked at were up to date and reviewed as necessary. Areas covered included health, mobility, personal care and diet. There was a clear picture of people's needs and how they were to be met. People and their relatives were involved in assessments and reviews and the service took appropriate action where changes in needs were identified.

Clear efforts had been made to capture people's personal stories prior to, and after admission to the service. The information included their strengths, family and relationships, life history, views, wishes and preferences. This gave staff a better understanding of each person and how to support them as an individual.

Care staff made daily entries on care notes to record how people had been and to confirm that the appropriate support had been given. There were regular reviews of care plans by the deputy manager to make sure the information was still relevant and reflected current needs. Records showed that family members were invited to contribute to reviews.

There was an activities co-ordinator present in the home on five days of the week. We were unable to speak with the coordinator as they were not on duty on the day of our inspection. However, people spoke

positively about them. People talked about the range of activities on offer, such as quizzes, crafts and social events. One person told us they were aware that there was a range of activities, but explained, "I tend to sit and listen to them, rather than take part". One of the most popular activities was an afternoon tea. One person told us, "At afternoon tea, the activities coordinator makes cakes with us and dresses up in costumes of different eras".

We asked people whether they knew how to make a complaint. One person told us, "I have never had to complain" and another person said, "The staff listen to me and if I have any worries they will talk to me". A relative explained that they were aware of the complaints procedure and how to raise a concern. They added that they would not hesitate to approach any member of staff or management. We noted there were information leaflets displayed on the resident's noticeboard encouraging people who used the service, and staff, to raise any issues or concerns. Minutes of the relatives meeting in June 2017 showed that the complaints process had been discussed as an agenda item.

A detailed and up to date complaints policy was in place. The manager maintained a record of complaints and this showed that one complaint had been recorded since our last inspection. This had been clearly recorded with a description of the complaint and action taken to resolve it.

Is the service well-led?

Our findings

At our last inspection, we rated this domain as Inadequate. We concluded there was ineffective leadership and governance in the home and the provider remained in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found the provider was not displaying their current overall rating on their website as required. The provider submitted an action plan to show how they would make the improvements.

At this inspection, we found more robust governance of the service. The provider was displaying the last inspection rating on their website. However, although the provider was no longer in breach of regulations, there remained improvements to be made to make sure new practices were embedded and sustainable. We have therefore rated this domain as 'requires improvement'.

There was a new manager in post when we inspected and they were registered with the CQC shortly after the inspection. They talked with us about the work they had been doing at the service since they started in post. They explained, "We are on the right road. An awful lot of work has needed doing. Staff, residents and relatives are aware of the current situation". The manager felt there was a good relationship with the provider and told us, "We have clarified our individual expectations and roles. The provider comes in nearly every day".

People made positive comments about the manager. Comments included, "I feel she does a good job" and "The home is well run. Everyone is satisfied". A person and their visiting relative both thought the manager was approachable and the service was, "Well managed". Relatives told us that they knew the manager and that she was often visible in the service.

The staff we spoke with were also complimentary of the senior management team and we were told they were, "Reachable" and "Approachable".

The manager discussed the ways in which the governance of the service had improved. There was now a weekly meeting with the provider to discuss operational issues such as safeguarding referrals, staff changes, training and discussion of feedback from relatives meetings. The manager maintained an action plan to make sure identified areas for improvement were addressed. This was reviewed with the provider and updated regularly. The manager had kept the CQC informed of the progress of action taken since the last inspection.

A range of audits were completed by the management team in order to monitor the quality of the service provided. These included audits on medicines, incidents and the environment. Where any issues were identified, action was taken to make improvements. For example, a medicines audit in August 2017 found some errors with the recording. This was followed up with the staff members concerned. The provider carried out occasional 'spot checks' of care practice which were recorded. There was continuous assessment of the environment and an improvement plan was in place, which included redecorating to include more dementia friendly décor. There were also plans for a small shop and bar.

Throughout the inspection, all the records we looked at were well maintained and stored securely, where required, to maintain confidentiality

The manager talked about their values and passion for their role. They explained, "I do it for the residents. I feel I'm doing something worthwhile; making people happy. I enjoy the challenge; it's rewarding. The residents are safe and looked after. We let them be individuals and encourage independence". The manager told us these values were discussed with staff in team meetings and supervisions and added, "We had a recent senior team building exercise and will be doing the same with care staff".

Staff told us they were involved in the development of the service and had opportunities to put forward their views. There were team meetings every one or two months and these were used to discuss progress at the service following the last inspection. Comments from staff, included that they felt, "Listened to", "Valued" and "Involved" in the running of Morley Manor Residential Home.

People who used the service and relatives were given opportunities to feed back their views and make suggestions about the service. There were regular resident meetings where relatives were welcome to attend. Since our last inspection, some satisfaction questionnaires had also been sent out to gauge people's views. We saw completed copies of these kept with people's care records. As well as formal meetings we noted there were suggestions boxes in the service where people could place any comments. There was evidence in meeting records that feedback was considered by the manager and provider to look at how to make improvements.

The manager told us they would like to do more to involve relatives as some had expressed an interest in taking more of an active role in the service. The manager added that they were improving the information available about the service, for people and their relatives. They explained that this will include a new brochure.