

Morleigh Limited

Clinton House Nursing 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?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 20 October 2015 and was an unannounced comprehensive inspection. This scheduled inspection was brought forward in response to anonymous information of concern received.

The last inspection took place on 10 June 2015. The service was meeting the requirements of the regulations at that time, however the overall rating of Requires Improvement from the inspection in December 2014 was not changed as the service needed to demonstrate they were able to maintain the improvements made.

Clinton House is a care home which offers care and support for up to 46 predominantly older people. At the time of the inspection there were 38 people living at the

service. Some of these people were living with dementia. The building is a detached house over two floors with a recently added extension on the ground floor comprising of five new ensuite rooms.

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. The service did not have a registered manager in post. However, there was a manager in post who had applied to become the registered manager.

Summary of findings

We looked at how medicines were managed and administered. We found it was not always possible to establish if people had received their medicines as prescribed. There were gaps in the Medicine Administration Records (MAR) where staff had not always signed to show people had received their prescribed medicines. Handwritten entries made by staff on to the MAR following advice from medical professionals, were not always signed and witnessed. Creams were not dated upon opening. The refrigerator used for the cold storage of medicines was not regularly monitored and was not consistently storing medicines between 2 and 8 degree centigrade. Regular medicines audits were not consistently identifying when errors occurred. This meant people were not protected from the risks associated with unsafe medicines management.

Prior to this inspection we received information of concern relating to when people, who were cared for in bed, were re- positioned. We found people did not always receive the care which they had been assessed as requiring. Care plans did not always contain accurate information relating to people's current needs. Changes that had taken place were not always reviewed and recorded in care plans. Risks were identified and assessed. However, care plans did not always direct and inform staff how to reduce specific risks. Staff were not always clear about the care needs of some people.

Prospective new staff were invited to spend 'taster days' at the service, supervised by experienced staff, before applying for a position at the service. People attending 'taster days' had access to all areas of the service, the people living at the service and their records. One person who had completed such an experience had decided not to take up the position. There were no processes or safeguards in place to ensure these prospective staff would respect people's right to privacy, dignity and confidentiality once they had done the session and left the service.

Accidents and incidents were not always recorded and reported appropriately. This meant the risk of re-occurrence was not reduced.

We walked around the service which appeared clean and comfortable and bedrooms were personalised to reflect people's individual tastes. However, there were malodours throughout the service during the inspection.

A cupboard marked 'keep locked' was found open and contained more than 60 confidential personal care records. Current care files for people living at the service were held in a staff office. The door was open throughout the inspection and was not lockable. This did not protect people's private information. We found many items lying on the floor in corridors such as a handling belt, a TV, part of a bed rail, a mattress pump, unnamed continence pads, a broken call bell, and foam wedges. This did not protect people moving around the service from potential risk. People were cared for by staff who were kind and patient. However, people did not always have their dignity and privacy respected. Moving and handling equipment and underwear, used to secure continence pads, was shared communally. Toilet doors did not have locks.

Complaints made about the service were not always responded to in line with the Complaints policy.

The service had identified the minimum numbers of staff required to meet people's needs and these staffing levels were being met. Staff were supported by a system of induction training, supervision and appraisals. More specialised training specific to the needs of people using the service was being provided. Staff meetings were held. These helped communication between staff and management and allowed staff to air any concerns or suggestions they had regarding the running of the service.

The service had a new chef who was in the process of surveying people for their preferences in order to design a new menu. People were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

Activities were planned and provided. There was a cinema which was used weekly. Some people told us they were 'bored' at the service. Volunteers visited the service to support the staff with some activities.

The manager was supported by a deputy manager, clinical lead and operations manager.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 you can see the action we have asked the provider to take at the end of the full version of this report.

Summary of findings

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 entirely safe. Medicines were not always managed in a safe way.

People told us they felt safe living at the service.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Requires improvement



Is the service effective?

The service was not entirely effective. Unused and broken equipment was found in corridors. Old and worn equipment was being used by staff to wash people.

Staff were supported with regular supervision and appraisals.

The management had an understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Requires improvement



Is the service caring?

The service was not entirely caring. People did not always have their dignity and privacy respected.

People who used the service and their relatives were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate. Staff respected people's wishes and provided care and support in line with those wishes

Requires improvement



Is the service responsive?

The service was not responsive. Care plans were not always updated to reflect people's current needs. Care plans were not always followed by care staff. People did not always receive care that met their needs.

Complaints were not always recorded and responded to effectively by the service.

People were able to make choices and have control over the care and support they received.

Requires improvement



Is the service well-led?

The service was not entirely well-led. Peoples confidential personal information was not held securely at the service.

There were quality assurance systems in place to make sure that any areas for improvement were identified and addressed. However, these were not always effective.

Requires improvement



Summary of findings

Staff felt supported by the management team.	
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Clinton House Nursing 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 20 October 2015. The inspection was carried out by two inspectors.

Before the inspection we reviewed the information we held about the home. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection visit to the service we spoke with the manager, the deputy manager, five people who used the service, one nurse, seven staff and a visiting relative. Not everyone we met who was living at Clinton House was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices.

We used the Short Observational Framework Inspection (SOFI) over the lunch time period. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care documentation for four people living at Clinton House, medicines records for 38 people, four staff files, training records and other records relating to the management of the service. Following the inspection visit we spoke with two families of people who lived at the service and two visiting healthcare professionals.

Is the service safe?

Our findings

We checked the medicine administration records (MAR) and it was not clear if people received their medicines as prescribed. There were many gaps in the MAR where staff had not always signed to show people had been given their medicines at the prescribed times. We saw staff had transcribed medicines for people onto the MAR following advice from medical staff. However, these handwritten entries were not signed and witnessed by a second member of staff, despite guidance to this effect being displayed clearly in the medicines room. This meant that there was a risk of potential errors and did not ensure people always received their medicines safely. Some people had been prescribed creams and these had not always been dated upon opening. This meant staff were not aware of the expiration of the item when the cream would no longer be safe to use. Staff were recording on topical cream charts when they applied prescribed creams for people.

The service held medicines that required stricter controls by law. We checked the stock of these medicines against the records held by the service. All but one medicine record was correct. One item had not been clearly recorded when it arrived at the service in August 2015 nor carried over from the old record book to the current one. During the inspection the nurse spent some time trying to find the record for this medicine, which was only to be used if necessary for the person, but was unable to do so. We were also told there was no MAR for this item to be recorded when it had been administered. Following the inspection we were told by the manager that the item had been found recorded in the old record book, but agreed this was not clear. This concern had been addressed immediately. There had been regular audits of these medicines and the MAR and no errors or concerns had been raised. This meant the audit process currently used was not effective.

The service was storing medicines that required cold storage in a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored however, there were many gaps in these recordings. It is important that medicines that require cold storage are stored between 2 and 8 degrees centigrade consistently. The day before the inspection the medicine

refrigerator had a recorded minimum temperature of 0 degrees centigrade. No action had been taken in response to this low reading. This meant the safe storage of these medicines could not be assured.

Care plans contained risk assessments for a range of circumstances including moving and handling and the likelihood of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example there was clear information regarding how many staff should be present and what equipment should be used in order to move someone safely.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other people. Care records contained some information for staff on how to avoid this occurring and what to do when incidents occurred. For example one care file stated; "Some residents trigger (the person's) verbal outbursts, needs to be seated away from them." Further guidance was given to staff to help calm the person such as; "Start a conversation" and "Encourage to make choices." However, the care plan did not inform staff which residents were being referred to as triggers to the behaviour and so did not guide staff how to avoid this risk.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references. People applying to work at the service, who had not done the work previously, were invited to have a 'taster' day at the service, working alongside experienced staff, before formally applying for the post. This helped them to have insight into the role. The people who attended 'taster' days had access to all areas of the service and could work with all the people living there, as well as having access to care files containing people's personal private information. One person, who had done a 'taster' day had fed back to the manager that they did not want to take up the role following the experience. There were no processes or safeguards in place to ensure the people who did these 'taster' days would respect people's right to privacy. This meant there was a potential risk of a breach of confidentiality when the person who had done the 'taster' day left the service.

Is the service safe?

Staff attended a handover at the start of each shift. The nurse giving the handover used a pre printed form containing details of all the people who lived at the service. Some of these forms were not dated so we could not establish which information was handed over on what day. Some staff had updated some people's handover records by hand during the shift to inform the new shift of any changes. Other handover forms were all ticked rather than giving meaningful information. During the inspection we identified confusion amongst the staff about what care some people required. This meant some people did not always receive the care they had been assessed as needing. The handover process was not effective in ensuring each shift knew the current needs of each person using the service.

Accidents and incidents that took place in the service were not always recorded by staff in people's records. An incident had been reported to CQC by a whistle-blower before this inspection. Staff knew of the incident, between two people who lived at the service, but it had not been reported to the manager or formally recorded as an incident. No action had been taken to attempt to reduce the risk of the incident happening again. The manager took immediate action to address this concern following the inspection visit and told us they had passed this information on to the Safeguarding Unit at the local authority. Other events that had been recorded were audited by the manager. This meant that any patterns or trends could be recognised, addressed and the risk of further incidents reduced.

Staff were confident of the action to take, if they had any concerns or if they suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. The safeguarding adults policy did not contain any contact details for the local authority or the Care Quality Commission. This meant staff would not find the information they required should they need to raise concerns outside of the service. Not all staff had received recent training updates on Safeguarding Adults and were not aware that the local authority were the lead organisation for investigating safeguarding concerns in the County. There were "Say no to abuse" leaflets displayed in

the service containing the phone number for the safeguarding unit at Cornwall Council but these had not been effective in informing the staff. It is important action is taken in a timely manner in order to help ensure people are supported from identified risk.

All the above is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People and their families told us they felt safe at the service. Comments included; "I am sure it is quite safe there" and "I feel safe."

Information held at the service identified the action to be taken for each person in the event of an emergency evacuation of the service. Fire risk assessments were regularly reviewed and updated to take account of any changes that may have taken place.

During the inspection we saw people's needs were usually met quickly. We heard bells ringing during the inspection and these were responded to effectively. We saw from the staff rota there were sufficient staff on duty to meet people's needs. The service had bank care staff who worked across the Morleigh group of homes, covering staff sickness and absence. There was a vacancy for a nurse at the service and an agency nurse had been booked to cover this post for most of the month following our visit.

The manager was the infection control lead for the service. The service was generally clean during the inspection visit. However, there were some incontinence odours throughout the service during the inspection. Information of concern received before this inspection was about staff using communally used flannels for people's personal care and face washing. Some staff confirmed this did happen sometimes. Other staff told us there were single use wipes available for personal care. During the inspection we found a used wet flannel and a towel on a window cill in a corridor. A communally used bar of soap was found on a bath. All these communally used items were a potential cross infection control risk.

We recommend that the service consider current guidance regarding infection prevention and control.

Is the service effective?

Our findings

The premises were spacious with plenty of different areas for people to spend their time either quietly or with others. The service appeared clean, however, there were incontinence odours throughout the service during the inspection. Full yellow bags holding used continence pads were found in corridors and in sluices and had not been correctly disposed of. The towels and flannels used by staff to wash people, were very old, frayed and faded. There were few signs or other types of support for people who were living with dementia and needed help to orientate to their surroundings. Bathrooms and toilets were not clearly marked with pictures and bedroom doors held only nameplates and numbers. However, there was a large calendar in the front hall which supported people with orientation to the day, month and year. During our tour of the service we found many items lying on the floor in corridors such as a handling belt, a television, part of a bed rail, a mattress pump, unnamed unused continence pads, a broken call bell, and foam support wedges. We asked the deputy manager who they belonged to on each occasion and they did not know. There was a broken washing machine, two hoovers and a wheelchair stored in the corridor outside the laundry. We were told by the provider these were awaiting disposal. A new washing machine had recently been delivered. Equipment was not stored appropriately, some equipment used was not suitable for purpose and hygiene issues were not adequate.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

During the inspection visit we checked upon the availability of hot water and there was plenty.

People living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. We observed care provision, to help us understand the experiences of people who used the service. Staff were available throughout the service to support people with their needs.

Following the inspection we spoke with two families of people who lived at the service. Their comments included; "Very happy with the care" and "(the person) is always clean and staff seem to know what they are doing."

Staff told us they received training. One commented; "We do on line training." Training records showed staff were

provided with a range of training including Fire, Health and Safety and First aid. Some staff were due to have their training updated. The manager told us that training sessions had been arranged. Staff had also undertaken a variety of further training related to people's specific care needs such as dementia care.

Staff received regular supervision and appraisals. They told us they felt well supported by the manager and were able to ask for additional support if they needed it.

Newly employed staff were required to complete an induction before starting work. Plans were in place for any new staff to undertake the new Care Certificate which replaced the Common Induction Standards. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. Some staff told us the training they had done at their previous job was assumed to be adequate for them to work at Clinton House, and they had not attended the induction training at this service. However, senior staff at the service supervised new staff to ensure they were competent before they worked alone.

In care files we saw there was specific guidance provided for staff. For example one person had a specific medical condition and detailed information was held in the person's file to inform staff about this condition and the care needs of the person. This meant staff had easy access to relevant information that supported best practice in the care of individual's needs.

Some people had signed a consent form agreeing to receive care from the service. Staff told us they always asked for people's consent before providing care. Some staff had received training in the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The service considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a

Is the service effective?

recent court ruling the criteria for when someone maybe considered to be deprived of their liberty had changed. Despite the Morleigh Group DoLS policy not having been reviewed to take account of this court ruling, the provider had taken the most recent criteria into account when assessing if people might be deprived of their liberty. Applications had been made to the local authority for authorisation of potentially restrictive care in line with legislative requirements.

Mental capacity assessments had been carried out and where people had been assessed as lacking capacity for certain decisions best interest discussions had been held in line with the requirements of the legislation. For example, one person's file showed such a meeting had taken place to help make a decision on the person's behalf about them going out in to the community with support.

We observed the lunch time period in one of the dining rooms using SOFI. Staff were available to support people with their meals. People had a choice where they ate their meals. The chef was new in post and was in the process of seeking people's views and preferences on what food they would like to see on a new menu. We spoke with the chef who was knowledgeable about people's individual dietary needs. Where possible they tried to cater for individuals' specific preferences.

Staff told us the food was of variable quality and people had mixed views on the food at the service. One staff member told us; "The soft diets always seem to be the same each day."

Care plans indicated when people needed additional support to maintain an adequate diet. Food and fluid charts were kept when this had been deemed necessary for people's well-being. We reviewed the records for people who were unable to communicate their needs easily and found staff were regularly recording their intake. However, one person's care plan stated they were to have their food and fluid intake recorded daily. We asked to see these records. Staff were not recording this person's intake on the day of the inspection, but it had been completed the day before. No records had been made for either the 17 or 18 October 2015. Staff told us they were monitoring the person's intake every day, but the manager told us it was only done occasionally. However the weight of this person was stable and there were no concerns about their food intake; "They eat really well" was the comment of the manager. This meant staff were not following the care plan which stated that the person's food intake should be monitored daily, and the care plan did not reflect the current needs of the person. People's dietary needs were not always being met.

People had adequate access to healthcare professionals including GP's, opticians and social care professionals. Care records contained records of any multi-disciplinary notes.

Is the service caring?

Our findings

Throughout the service there were numerous communally used moving and handling slings and belts, hanging in corridors, used by staff to support people. Some people had been assessed as requiring specially close fitting net pants to help secure their specific continence pads. We saw these pants were shared communally and were not named for each person's individual use. Sharing equipment and underwear does not respect people's dignity.

Continence pads were specifically assessed for each person. However we saw many packs of continence pads in bathrooms and corridors which were unnamed and used communally. This meant it could not be ensured that people always had access to their specifically assessed pads as these were being shared throughout the service.

Toilet doors did not have any locks on them. This meant people could not ensure their privacy and dignity when using the toilets. Throughout the inspection visit all bedroom doors were held open and each person was clearly visible from the corridors. We did not see any documentation in people's care plans which showed they had been asked if they wished to have their doors open at all times.

Some people had a preferred name which was different to the formal name on their records. We heard staff use people's preferred name whenever interacting with them, however, bedroom doors were marked with their formal name, not their preferred name.

All the above was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Not everyone at Clinton House was able to verbally tell us about their experiences of living at the service due to their healthcare needs. Relatives told us; "I could not be happier" and "I cannot fault them (the staff)". Relatives told us they felt staff and the manager kept them informed and they felt involved in the care of their family members.

People's life histories were documented in their care plans. This is important as it helps care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people's backgrounds past lives.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. Some women wore jewellery and make up and had their nails painted. During the inspection staff were seen providing care and support in a calm, caring and relaxed manner. Interactions between staff and people at the home were caring with conversations being held in gentle and understanding way. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. We saw people moving freely around the home spending time where they chose to. Staff were available to support people to move to different areas of the service as they wished.

Is the service responsive?

Our findings

Before this inspection we received anonymous information of concern about when people, who were cared for in bed, were re-positioned. We found guidance from assessments recorded in care files was not always followed by care staff. We asked the nurse how often one person should be re-positioned and they told us “two hourly”, however care staff told us; “Think it is three hourly.” The care plan for this person stated they should be re-positioned two hourly and skin bundles should be used. These are records which support staff to check and report on each part of the person’s body for any skin damage at regular intervals. This is done to help ensure any change in the condition of the person’s skin would be noted quickly and addressed. We checked the records for this person and found there were some days when re-positioning was only recorded once or twice in 24 hours. Other days it was not consistently recorded in line with the guidance in the care plan. This meant care was not being provided consistently in accordance with the care plan guidance.

Another person’s file stated; “Monitor skin 2 x daily” and staff were guided to use skin bundles. We did not see any such records in the person’s care file. We visited their room and did not see any such records in use by staff. Staff assured us they had regularly provided care for the person. Staff offered to re-position the person; “So they can have their tea.” We found the person had unrecorded skin damage. The carers were unaware of this person’s skin condition. We asked the nurse what care was being provided for this person. We were told a specifically prescribed cream was being used. This cream was not available in the person’s room. The nurse told us it may have been held at the chemist as it had only recently been prescribed by the GP. However, the nurse then phoned the chemist and found the cream had not been prescribed. This meant the care staff were not clear what care should have been provided to some people and some people’s care needs were not being met. Following the inspection visit we were told a referral had been received by external healthcare professionals stating the person had areas of red skin and was being re-positioned two hourly. We were told this person was to be moved to a room nearer to the staff office so that they could receive closer monitoring. However, we received feedback from a visiting external healthcare professional following their visit to this service 27 October 2015. They told us that this person had not

moved rooms to be nearer to the staff office as we were advised they would be. It was confirmed that this person had sustained skin damage to a number of areas of skin and skin was broken and it had not been covered with a dressing. We were told this person was not being re-positioned in accordance with the guidance in their care plan and that skin bundles were not being completed accurately. We were also advised of two other people who the healthcare professional saw during their visit to the service 27 October 2015. One person was found to have a wound sustained following a fall 21 October 2015 which was not adequately dressed. Staff at the service told the visiting professional that there were no dressings in the service available for use. A second person was seen to have dressings on both legs which were in need of changing. Staff were advised by the healthcare professional that this person needed to have their dressings changed as a matter of urgency due to the risk of infection. Staff were unaware if this person was receiving residential or nursing care from the service and therefore were unsure who should provide their nursing care. The visiting healthcare professional also raised their concerns regarding these three people to the local authority.

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

People’s care plans contained a great deal of information and guidance, however the guidance and advice did not always reflect the current condition of the person. For example, one care plan stated; “Twice weekly” dressings, and went on to detail the specific dressing to be used by the nurses. The nurses did not record when they changed dressings in a consistent manner. This meant it was difficult to establish when this dressing was last changed. The nurse told us that it had last been changed on 12 October 2015, eight days earlier. The nurse offered to change the dressing during our inspection. Upon examination the nurse found the wound had healed and no dressing was required. This meant the staff were not always aware of people’s current needs.

Care plans had been regularly reviewed but had not always been updated to take account of changes in people’s needs. There was no evidence of involvement of the person or, if appropriate, their families in the reviews of their own care plans. There were no signatures to show the person had agreed to the content of their reviewed care plan.

Is the service responsive?

The CQC had been contacted by the family of a person living at the service who had made a complaint to the provider about an incident that had taken place involving their family member. The relative told us they had not received an adequate response from the provider following their investigation in to the incident. We checked the complaints records held at the service. Details of this formal written complaint were not held at the service. This meant the service was not following its own complaints procedure.

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

We asked people about the staff at the service. One person told us; “They (staff) come when I ring the bell, they are helpful.”

Relatives told us that communication between the service and families was good. Comments included; “They always keep us informed, we live a long way away so can’t visit often, but we know each time the Doctor visits” and “We were contacted for our agreement when they wanted to move (the person) to a room nearer to the staff office.”

People who wished to move into the service had their needs assessed to help ensure the service was able to meet their needs and expectations. Care plans contained some life history of the person which helped staff to understand who the person was today. Such information can be helpful to staff if people are unable to communicate effectively due to dementia, and can support meaningful conversation and activity. Daily notes detailing the care and support

provided to people were completed by both nurses and care staff. Nursing care such as change of dressings was not always consistently recorded in the same place by all nurses.

There was a programme of activities planned. The new manager had supported staff to provide people with manicures if they wished and was planning a new programme of other activities. There was not a specific activity co-ordinator but care staff were supported by volunteers who visited the service regularly. A person visited with their dog so that people could enjoy stroking the dog, there were weekly film shows in the service’s cinema room and visiting musicians. One person used a taxi once a week to enable them to go to a church service. One person, who had an authorised restrictive care plan, had guidance in their care plan from healthcare professionals that stated; “A one person to one carer support enables (the person) to get out on a regular basis every other day if not daily.” We were told by the person and staff that this did not happen. We discussed this with the provider who said healthcare professionals were supposed to support this activity and that they had not arranged this. There were no records to show the service had followed up this planned activity to ensure that it took place.

Some people chose not to take part in organised activities and therefore were at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff checked on people and responded promptly to any call bells. However, we did not see any records of staff providing meaningful activity for people in their rooms. Some people told us they were “Bored.”

Is the service well-led?

Our findings

This service is required to have a registered manager and a registered manager has not been in post since March 2014. A registered manager from another location within the Morleigh group had been managing this service since 30 March 2015 and at the June 2015 inspection they were applying to be the registered manager. This person had now moved in September 2015 to another post within the organisation. At this inspection a new manager was in post and was applying to be the registered manager. They had been in post for seven weeks prior to this inspection.

During the inspection we found a cupboard in the main corridor marked 'keep locked'. This door was unlocked, and we found more than 60 records held in this cupboard, including confidential personal care records relating to people who had lived at the service, and some archived records of people currently living at the service. This information was easily accessible by anyone using the corridor.

The office where people's care records were held and used by staff was open throughout the inspection. The door was not lockable when staff left the room. This meant people's private personal information was not held securely and could be accessed by anyone.

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

Relatives and staff told us the new manager was approachable and friendly. Comments included; "They (the new manager) are very easy to talk to" and "Very good."

The last inspection in June 2015 reported that action had been taken to address breaches of regulation found at the December 2014 inspection. At this inspection however, we found the improvements that had been made in the care plans in June 2015 had not been maintained in a consistent manner. As detailed in the Responsive domain of this report, care plans were not always accurate and current and although they contained detailed guidance and information, staff were not always aware of this guidance and were not always carrying it out. The service held policies and procedures on a range of areas. We found these had been updated in the past and had been due to be reviewed in 2012. These reviews had not taken place.

There were clear lines of accountability and responsibility both within the service and at provider level. The manager was supported by a deputy manager, operations manager and the clinical lead who visited the service regularly. The manager did not have any administration support and told us; "I do everything."

Staff told us they felt well supported through supervision and regular staff meetings. Staff commented; "It is a friendly home," "They (the manager) made me feel confident and went through everything with me" and "Love it." Some staff told us they did not feel supported by the provider who visited regularly. There were systems in place to support all staff. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. For example, staff were reminded to record all care provided at the meeting held in January 2015 and care plans and staff training requirements were discussed in the undated minutes of another meeting. We were told the next staff meeting was planned for 30 October 2015. This meant the manager was encouraging staff to share their views and ideas about the running of the service and any changes that were planned under the new manager.

The manager worked in the service every day providing care and supporting staff; this meant they were aware of the culture of the service at all times. We were told by the manager that there were new processes and plans in development, such as a key worker system where named staff would be responsible for the care of specific people living at the service. The service had applied to take part in a pilot of "Quest 4 Care" which supported nursing homes to self assess and quality assure the service they provided. The pilot would allow the service access to useful resources.

Residents meetings had taken place. The minutes of these meetings contained positive comments and views from people who lived at the service. Peoples views were recorded about things they would like to do such as a Karaoke session or indoor bowling. There were systems in place to monitor the quality of the service provided. The service was in the process of seeking the views and experiences of the service provided by Clinton House and had sent out a survey. Audits were carried out over a range of areas, for example, mattresses were regularly checked to help ensure they were working well. We saw some defects had been identified with mattresses and reported to

Is the service well-led?

maintenance staff. The defect reporting book showed these issues had been rectified in a timely manner. A regular audit of all the wheelchairs used at the service was carried out, however, we found two wheelchairs during our visit that were not safe to use, one with flat tyres and one with bald tyres. We were assured these would be repaired. Two new wheelchairs had recently been ordered by the service. The medicines audit and the wheelchair audit had not identified the concerns raised at this inspection. This meant some of the audit processes used were not effective.

Equipment such as fire alarms and doors and moving and handling aids were regularly serviced to ensure they were safe to use. There was a maintenance person who repaired any defects and carried out any renovations that were required. We saw this person working in the home during this inspection visit. The manager told us they responded to the service when issues were reported.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

All premises and equipment used by the service provider must be, suitable for the purpose for which they are being used, and appropriately located for the purpose for which they are being used. Regulation 15 (1) (c) (f)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Care and treatment must be provided in a safe way for service users. The provider must do all that is reasonably practicable to assess risks and mitigate any such risks; including the proper and safe management of medicines. Regulation 12 (1) (2) (a) (b) (g)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Service users must be treated with dignity and respect, ensuring the privacy of the service user. Regulation 10 (1) (2) (a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems and processes must be established and operated effectively to ensure compliance with the requirements in particular to, acting on feedback from relevant persons and other persons on the services

This section is primarily information for the provider

Action we have told the provider to take

provided in the carrying on of the regulated activity. The provider must maintain securely an accurate, complete and contemporaneous record in respect of each service user. Regulation 17 (1) (2) (c) (e)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The care and treatment of service users must meet their needs. Regulation 9 (1) (b)

The enforcement action we took:

We issued a warning notice under Section 29 of the Health and Social Care Act 2008 for failing to comply with Regulation 9

(1) (b) on 17 November 2015. Morleigh Limited is required to become compliant with this regulation, at the location Clinton House Nursing Home, by 28 December 2015.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services <Provide Judgement Summary>

The enforcement action we took: