

W & S Red Rose Healthcare Limited

# Morley Manor Residential Home

## Inspection report

Brunswick Street  
Morley  
Leeds  
West Yorkshire  
LS27 9DL

Tel: 01132530309






Date of inspection visit:  
05 May 2016

Date of publication:  
20 July 2016

## Ratings

Overall rating for this service

Requires Improvement 

|                            |   |
|----------------------------|---|
| Is the service safe?       | <b>Inadequate</b>            |
| Is the service effective?  | <b>Requires Improvement</b>  |
| Is the service caring?     | <b>Good</b>                  |
| Is the service responsive? | <b>Requires Improvement</b>  |
| Is the service well-led?   | <b>Requires Improvement</b>  |

# Summary of findings

## Overall summary

Our inspection took place on 5 May 2016 and was unannounced. At our last inspection on 30 October 2015 we rated the service as requires improvement and identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not always being treated with dignity and respect, medicines were not always managed safely, infection control practices were not always well managed, staffing levels were not planned to meet the care and support needs of people using the service and we found staff were not supported to be effective through planned training, supervision and appraisal. At this inspection we found the provider had made improvements in these areas in line with their action plan.

Morley Manor is registered to provide care and support for up to 31 people 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. Accommodation is arranged over two floors connected by a lift. There are two communal lounges in use, a dining area and a conservatory. There were 26 people using the service on the day of our visit.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was an inconsistent approach to documenting and managing risks associated with people's care and support needs. Some health monitoring systems such as those designed to assist with the management of pressure sores were out of date or not being used effectively.

Some aspects of people's personal hygiene was not well managed. We saw cloth flannels were used when assisting people to wash their bodies and faces. These were not kept unique to one person or body area. When they were dirty they were sent to laundry and re-used when needed. We asked the provider to stop this practice on the day of our inspection.

We found a fire door was secured with a coded lock to protect people from the risk of falls down the staircase at the other side of the door. Only one member of staff on duty when we arrived knew the code to unlock the door. Three of the four staff on duty when we arrived told us they had not taken part in a fire drill and the fourth said they had not received any evacuation training but had taken part in an evacuation when the fire alarm had been triggered accidentally. Fire extinguisher checks were out of date.

Staff understood their responsibilities in remaining vigilant for and reporting any evidence of abuse. They told us the registered manager would act on what they were told.

We found there were enough staff on duty to meet people's care and support needs. People who used the

service said they were not kept waiting when they needed assistance.

The provider ensured that recruitment of new staff was safe, and we saw evidence checks such as references being taken and checks being made with the Disclosure and Barring Service.

Medicines were managed safely and records were kept up to date. We noted the temperature in the medicines storage room had occasionally risen above the maximum recommended level to ensure the safe storage of medicines, and asked the provider to take action to prevent this happening again.

We found that consideration was not always given to whether people who used the service needed a Deprivation of Liberty Safeguard. We found a lack of structure in the approach to assessing people's capacity to make decisions, and evidence that staff did not always understand these processes thoroughly.

Staff files showed there was an induction programme in place; however staff were not always confident this had been thorough. Staff we spoke with told us many of the assessments to measure their competence in key areas were in the form of workbooks which they completed at home.

We saw there was a plan in place to ensure staff had regular supervision meetings and appraisals with line managers to discuss their performance and training needs.

People gave good feedback about the meals provided at the home, and we saw the lunchtime service was relaxed and enjoyable. Staff had time to support people effectively, and knew people's likes and dislikes.

People who used the service told us they had a good relationship with the staff. We saw staff practice relating to people's privacy and dignity was good and we observed people were given reassurance when they were upset and staff were patient and caring when giving assistance.

Reviews of care plans did not always evidence the service was responsive to changes in people's care and support needs. Some changes in risk were not documented in care plans. Some people did not have care plans for up to eight weeks after moving to Morley Manor.

We saw improvement in the activities on offer to people, with evidence a varied programme was led by the activities co-ordinator.

The provider had policies and procedures in place to ensure any complaints or concerns raised were well managed.

Staff we spoke with told us there had been improvements in the home since our last inspection. They said they felt less pressured and enjoyed working in the service.

The registered manager did not have effective supervision in place, and the provider agreed during the inspection to seek a registered manager from another service who could provide this support. A new post had been created to support the registered manager but we found their role was not clearly defined.

There were systems in place to monitor and improve quality in the service; however some audits were not always sufficiently robust and we discussed improvements with the registered manager during the inspection. Staff had opportunity to contribute to the running of the home through regular meetings, and we saw plans in place to improve engagement with people who used the service and their relatives.

The rating for the 'Safe' domain was inadequate at our last inspection, and remains inadequate after this inspection. This means the service has been placed in special measures.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement or there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

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

During the inspection we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not always safe.

Risks to people associated with their care and support needs was inconsistently documented risk assessments did not always contain up to date information to assist staff in providing safe care and treatment. Health screening tools were not always used effectively.

Night staff had not undertaken a fire evacuation drill and did not all know the codes to unlock internal doors. Fire extinguisher checks were not up to date.

People's medicines were being managed safely. We found records were up to date and all stocks of medicines we checked were correct.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

People's capacity to make decisions was not consistently assessed and documented in line with the Mental Capacity Act 2005. People were not screened effectively to ensure Deprivation of Liberty Safeguards were applied for when necessary and staff understanding of these protocols was inconsistent.

Records showed the provider had an induction process and training plan in place, however staff questioned the effectiveness of some of the training they had received. They did not always get feedback as to whether they had achieved the required standards.

Staff had regular opportunities to discuss their performance and training needs in supervision meetings and annual appraisals.

### Is the service caring?

**Good** ●

The service was caring.

People and their relatives told us they liked the staff and had a good relationship with them. Care plans contained information

to help staff build meaningful relationships with people.

Staff understood ways in which they could be mindful of people's privacy and dignity, and we observed good practice during our inspection. The provider told us they would provide staff with a workstation to improve confidentiality of information.

### **Is the service responsive?**

The service was not always responsive.

Changes in risks associated with people's care and support were not always reflected in their care plans. Some people did not have care plans for up to eight weeks after they started using the service.

We saw evidence activities in the home had improved since our last inspection. The provider had recruited a dedicated activities coordinator and people told us they enjoyed many of the activities.

The provider had policies and procedures in place to ensure concerns and complaints were well managed. The complaints procedure was made available in communal areas of the home.

**Requires Improvement** 

### **Is the service well-led?**

The service was not always well-led.

Staff told us there had been improvements in the service since our last inspection. They told us they liked working in the service and said the registered manager was supportive.

The registered manager did not have sufficient support from the provider through regular supervision. The provider had recruited someone to assist the manager, however, we found their role was not clearly defined.

There were audits in place to enable the registered manager to monitor the service, however we found these were not always planned to ensure thorough monitoring.

**Requires Improvement** 

# 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.

Our inspection took place on 5 May 2016 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist advisor with a background in nursing and an expert by experience with experience of caring for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service. This included past inspection reports and notifications made to us by the provider. We did not send a provider information return before the inspection. This 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 contacted the local authority and Healthwatch to ask if they had any information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They did not provide any information of concern.

During the inspection we looked at six people's care plans, and reviewed documentation relating to care provided and the running of the service. We spoke with the provider, the registered manager, the deputy manager and six members of staff including the cook and one visiting health professional. We also spoke with five people who used the service and two visiting relatives. We spoke with two relatives by phone during the inspection.

# Is the service safe?

## Our findings

At our last inspection in October 2015 we rated this domain as inadequate. At this inspection we found the provider had followed their action plan to address shortfalls in relation to Regulation 18 (Staffing), and Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However we identified new breaches of Regulation 12 (Safe Care and Treatment).

We looked at six people's care plans and saw an inconsistent approach to assessing, documenting and reducing risks associated with people's care and support needs. For example we saw two people who had been resident at Morley Manor since April 2015 had no risk assessments in their care plans. The registered manager told there was a period of eight weeks between a person starting to use the service and a care plan being written.

One care plan we looked at stated the person used a thickening agent to assist with swallowing liquids, however there was no risk assessment in place to show how risks to the person associated with choking were being managed and prevented. Another care plan showed the person would be at risk from challenging behaviours associated with their care and support needs including moving and handling by hoist, however there was no risk assessment or guidance for staff to ensure the risk was managed or reduced.

We saw screening tools were not always used safely as means of identifying, reducing and preventing mitigating risk. For example, we saw the Waterlow risk assessment tool being used was out of date and not accompanied by up to date guidance. This is a tool which assesses the risk of pressure ulcers and requires a measurement of a person's body mass index (BMI) for it to be effective. The registered manager told us they had estimated one person's BMI and produced a risk assessment based on this estimation. We saw the BMI score used in this risk assessment did not correspond to the example scores in the Waterlow guidance. This meant the risk assessment was inaccurate and did not adequately protect the person from risks associated with pressure sores.

The provider had not made wipes available to ensure that personal care was always in line with good infection control practice. Staff were using flannels which were then washed in the laundry, however they were not unique to each person and were being used for all areas of people's bodies including their faces. We asked the provider to cease this practice on the day of our inspection.

We arrived when night staff were on duty and conducted a tour of the premises. On the upper floor we found a fire door which had been secured with a key code lock because it led to a staircase. Although people who used the service were being protected from falls, we found only one of the four staff on duty when we arrived knew the code to unlock the door. We also found not all staff on duty during the day knew the code for the door and offered the registered manager advice about this during the inspection.

We asked the four staff on duty at night if they understood the fire evacuation procedures. Two staff said they had never taken part in a fire drill and did not know what the procedures were. One told us they had



heard the fire alarm being checked but had not been trained in fire evacuation. The fourth member of staff said they had taken part in an unplanned evacuation when the alarm had accidentally been triggered. This meant the staff on duty overnight would not be able to safely evacuate people in the event of a fire.

The fire extinguisher checks had not been kept up to date. We saw they should have been checked to in February 2016. We brought this to the attention of the provider and checks were carried out by a contractor during our inspection.

We concluded the above evidence constituted a breach of Regulation 12 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood the principles of safeguarding the people they provided care and support for. They could describe the types of abuse people may be at risk of and were clear in their responsibilities to report any concerns. They told us they were confident the registered manager would act on what they were told. We found one instance where an incident had been reported to safeguarding by the registered manager but not to the CQC as required. In addition an outbreak of illness had not been reported to the CQC. We discussed making improvements to reporting with the registered manager on the day of inspection.

We found the registered manager had acted on the findings in our last inspection in relation to the numbers of staff on duty. They had begun using a tool to measure the dependency level of people using the service and had increased staffing levels as a result. We discussed further improvements to this with the registered manager during the inspection.

Staff told us they felt more able to meet people's needs in a timely way and our observations confirmed this. Staff were visible in communal areas at all times during the inspection and we observed they did not appear rushed, and saw care was delivered in an un-hurried manner. Call bells were not ringing excessively, and the general atmosphere in the home was calm.

One person told us they did not have to wait for assistance if they used their call bell. They said, "If I need them [staff], they're here."

We reviewed the recruitment records of four staff. We saw the provider carried out appropriate pre-employment checks. Files contained application forms and interview notes and we saw references had been sought before people started in their roles. The provider had made checks with the Disclosure and Barring service to ensure potential employees were not barred from working with vulnerable people.

The provider had systems and processes in place to ensure people's medicines were managed safely. We saw storage was clean, secure and well ordered. We noted that although the room temperature was monitored regularly it had, on occasion, risen above the maximum recommended temperature for storage of medicines. There was no means of ventilating the room to reduce the temperature in warmer weather. We discussed this with the provider during the inspection. They told us they would have air conditioning fitted.

We reviewed the medicines administration records (MAR) of ten people. The MARs contained a photograph of the person to assist with correct administration and information relating to the person such as any allergies they may have. We found the records were up to date with no omissions or errors. We observed a medicines round and saw good practice, including the member of staff remaining with the person to ensure medicines had been taken.

Some medicines contained drugs that were liable to misuse; these are called controlled drugs. We found the storage of controlled drugs was secure and records and stocks were in good order.

We looked at all communal areas of the home, the kitchens, laundry, bathrooms and some people's bedrooms. We found the home was mainly kept clean and well maintained, however we noted some areas in the dining room which needed repair and cleaning. We also saw some handrails were loose and doors which required repair to make them safe. The provider arranged for contractors to attend on the day of our inspection and we saw some work was completed before we left. The registered manager showed us they had plans in place to commence health and safety and infection control audits which would ensure that such problems would be identified and actioned sooner in the future.

## Is the service effective?

### Our findings

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 application procedures for this in care homes 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 registered manager told us one person who used the service had an approved DoLS in place. They described the process of applying for DoLS as 'ongoing', however when we asked to see a record of which applications had been made the registered manager was unable to provide this.

We reviewed six care plans and found five contained no evidence of screening for DoLS or any structured approach to assessing the person's capacity to make specific decisions. For example in one care plan we saw the capacity assessment recorded as '[Name of person] has a diagnosis of dementia and is unable to understand the difference between a £5 note and a £20 note.' In another we saw no formal capacity assessment but found a statement in the pre admission assessment which referred to capacity. It stated, '[Name of person] is unable to understand the long term implications of a decision. In all decisions about their care, safety and well-being every effort will be made to involve [name of person] in the process.' One person's care plan contained a structured capacity assessment carried out by the assessor who had attended the service to review their DoLS application.

One person was observed on four occasions asking to leave the service and attempting to exit the premises. We saw staff used diversion techniques to re-direct the person and calm their anxiety, however when we looked at their care plan we found there was no DoLS in place. The registered manager told us no application for a DoLS had been made. We told the registered manager an urgent application should be submitted for the person on the day of the inspection.

We asked staff about their understanding of both DoLS and how the MCA impacted on the ways they worked with people. Three staff we spoke with showed little understanding of these principles. When asked about DoLS, one staff member replied, "I can't put it into words - is it about bleach?" Another member of staff told us they did not understand what we meant by MCA or DoLS. When we explained they told us no one had gone through this with them.

Other staff we spoke with did show some understanding. One member of staff told us about how they

gained consent from people. They said, "I always gain consent by asking people what they want, if they can't say I would look for head movements to indicate or some people may shout, I would leave them alone then if they refused."

We concluded the above evidence demonstrated a breach of Regulation 11 Need for Consent of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans we looked at contained evidence people were supported to access other healthcare professionals in a timely way when needed. We saw records relating to contact with dietitians, community psychiatric nurses, district nurses and GPs.

Staff files we looked at contained details of the induction they received, which covered topics such as safeguarding, whistleblowing, moving and handling and fire safety. We saw assessment forms were completed after two and twelve weeks of employment. These were signed by the staff member and assessor. Some staff we spoke with raised concerns about the effectiveness of the induction process. One staff member said, "I came in for four or five hours and I was shown around, the fire exits, read policies and showed where care plans were. I was introduced to residents." They told us they did not receive any training as they had brought training certificates from a previous job, but had been given workbooks to complete. Another staff member said, "I was given some booklets about safeguarding, dementia care and aggression; things like that. I had to take them home and bring them back when I had answered the questions. No one told me how I had done."

We asked to look at records of training carried out and the plan to ensure to all staff this was refreshed at appropriate intervals. We saw there was a plan in place to deliver training throughout 2016, which covered a range of topics including infection control, medication, diet and nutrition, equality and diversity and falls awareness.

The staff we spoke with gave mixed responses about the effectiveness of the training they received. One member of staff told us, "It has got better, some is face to face training and I am doing an NVQ now. My medicines training was a booklet, I had to fill in the answers at home. I'd have liked more detail, and I don't know how I did in that." Another member of staff told us, "Training is often done at home, filling in booklets. You don't get much feedback. It would be nice if they did that."

We discussed the arrangements for training with the registered manager during the inspection and asked them to ensure feedback was always given and discussed reducing reliance on workbooks completed in isolation to further enhance staff's learning.

There was a plan in place to ensure staff received supervision at regular intervals throughout the year, together with an annual appraisal. We saw group supervisions had been held to discuss operational incidents such as failure to inform a hospital that a resident had not wished to attend an appointment. Records of supervisions we looked at showed discussions about the staff member's performance and concerns and were signed by the staff member to confirm they had attended. Appraisals were used to explore a range of issues including what the staff member enjoyed about their job, what barriers they had encountered and how they thought they could improve their performance with learning and development activities. One member of staff told us, "I am supervised three or four times per year, I find it useful if there is a problem we discuss it and discuss how we can develop."

People told us they were given plenty to eat and drink and that their dislikes and preferences were taken into account. Comments included, "Oh, it's good," and "It's lovely, I like the food." We spoke with the chef

who told us they had access to a good budget, and menus had recently been redesigned. The chef was made aware of who needed specialist diets and was knowledgeable about people's preferences, for example they told us they would always make chips for one person who did not like mashed potato.

We observed the lunchtime meal service during the inspection and saw people were offered a choice of meals which looked appetising. We saw staff knew people's preferences well, meaning they could assist them to make choices suited to their tastes. Staff had time to assist people and we observed the meal service was relaxed.

## Is the service caring?

### Our findings

We saw staff had no designated place where they could read or complete confidential documents relating to people's care and support or take confidential phone calls. We saw some documentation stored in cabinets in the communal hallway, and we found these were not locked when we arrived. Phone calls were often taken in the communal hallway. We discussed the importance of staff having access to an area where they could work in ways which maintained people's confidentiality with the provider and registered manager during the inspection. The provider told us they would take urgent action to rectify this.

People we spoke with said they liked the staff. Comments included, "All the carers are nice," "She is my favourite," and "They are helpful and lovely." A visiting relative told us, "The best thing is the how the staff are towards the residents, they are looked after really good." Another visitor said, "[Name of person] has only been here a few weeks and we all take it in turns every day to visit. I have just seen her room and it is lovely, they are taking good care of her."

We saw staff had a good relationship with people who used the service. They used people's first names and engaged in light hearted conversation which people enjoyed. A member of staff told us "Everyone is friendly. All the girls get on and always seem good with the residents to me. My mum lived in a care home and I feel I see people getting the care my mum got, which was good."

We saw staff reassure and offer comfort to people who were upset; they spoke patiently and caringly to people and diffused any tension between people effectively. One person spent their time walking around in the service and often appeared upset and disorientated. We saw staff monitored them discreetly and were mindful of their safety. We saw on occasions the person became disorientated and upset. Staff offered reassurance and explained to the person where they were. They remained with the person until they became calm again.

Staff we spoke with during the inspection told us about ways in which they were mindful of people's privacy and dignity when providing personal care. One member of staff said, "I make sure no one disturbs us, make sure doors are locked and curtains closed." Another told us, "I let people tell me what they want to wear; I might have to offer them choices to help them, but we take our time and get it right."

We observed good staff practice in this area throughout the inspection. We saw they knocked on doors before entering rooms and spoke with people discreetly about their personal care needs. We saw people who used the service were well presented, with evidence clothing was kept clean and personal care and grooming had been attended to.

Care plans contained information which would assist staff in developing caring relationships with people. This included details of friends and family important to the person and information about previous jobs the person had had.

## Is the service responsive?

### Our findings

Care plans we looked at evidenced health monitoring tools were not being used in a way which enabled the provider to be responsive to changes in people's healthcare needs.

Review of risk assessments in people's care plans was inconsistent, meaning these did not always reflect people's changing levels of risk and care needs. For example in one care plan we saw the falls risk assessment stated the person was at medium risk of falls, however the tool being used to assess this had produced scores in February and March 2016 equating to high risk. The failure to update their care plan meant the person may not have had the appropriate level of support to main safe.

Another care plan contained advice from a district nurse relating to the person's skin integrity. Advice that the person was re-positioned every two to four hours and records made of re-positioning and food and fluid intakes had not been put into the care plan and the person's related risk assessments had not been reviewed.

The registered manager told us they allowed a period of up to eight weeks after a person started using the service before a care plan was written to ensure their care reflected their needs. For example we looked at care records of two people who had used the service since April 2015. This consisted of a pre-admission care assessment and information provided by another service the people had used. The provider had not carried out risk assessments or developed a care plan which reflected their current needs.

We concluded this was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the provider had made improvements in the activities offered in the home. An activities co-ordinator had been recruited and we saw they led a varied programme which included knitting, singers, bingo, film afternoons and a range of games. Some people we spoke with referred to activities in the home and told us they enjoyed them. One member of staff told us, "Activity lady works here and asks what people want to do, films, knitting, music, there is a board on the door in the lounge for each day." Another said, "Some people stay in their rooms, only two at the moment. We visit them, sit and chat and watch TV with them."

On the day of our inspection the activities co-ordinator was not present and we saw a low level of activity. In the morning the television was left on in the lounge, although people did not seem interested in watching and we did not see staff asking people what they would like to watch. In the afternoon music was playing which people enjoyed. We saw one person singing along. There was also a meeting of a church group, although we had not seen any information displayed relating to this meeting having been pre-planned.

We looked at the provider's systems and processes for recording and responding to complaints. We saw the complaints policy was displayed in the home, meaning people had open access to information about how to raise a concern or make a complaint. The information on display made clear what responses people

could expect from the provider. No one we spoke with told us they had raised any concerns, and we saw no recorded complaints in the provider's files for 2016. We saw complaints raised in 2015 had been managed in accordance with the provider's policy.



## Is the service well-led?

### Our findings

There was a registered manager in post on the day of the inspection. The provider told us they had recruited another person to work alongside the registered manager, although we found the provider was not clear about what the person's designation and responsibilities were and where they sat in the management structure. For example, the provider told us this person was the administrator, a consultant and a potential second registered manager in the service. We found staff were not clear about what the person's defined role was, for example one staff member said, "I think [name of person] is the administration manager, or something like that." The person was not present on the day of the inspection for us to speak with.

The registered manager was conducting audits to monitor and drive the quality of the service; however some were not sufficiently well controlled. For example we saw there was a care plan audit in place which showed spot checking of files, however there was no system in place to ensure all files were reviewed within a defined period of time. We saw the registered manager identified actions arising from this audit and ensured these were followed up; however the audit had not always spotted items such as risk assessments not being kept up to date. When we reviewed the mattress audit we found that this was also a random spot check rather than a planned and controlled process.

We spoke with the registered manager and provider about their supervision meetings. The registered manager said they did not have formal supervision meetings with the provider, and told us they and the provider had discussed contacting the registered manager of another service to ask if they could offer support and mentoring. When we asked the provider who would be providing supervision for the registered manager they told us, "The administrator." We discussed with the provider whether this was appropriate, and they agreed to contact a registered manager from another service to provide the support that was needed.

We looked at records of staff meetings and saw these were being held monthly. We reviewed minutes of three meetings held in 2016 and saw a range of topics had been discussed including the latest CQC report, infection control, changes in paperwork, care and support of people who used the service and accident reporting. We saw that the person employed to support the manager had discussed this area with staff and was minuted as saying, 'If accidents continue, even more so with bed sensors, staff will be liable to a disciplinary.' The deputy manager told us, "This is just [name of person]'s way. Staff take more notice." We were concerned that the phrasing of this message may dissuade staff from reporting accidents and raised this with the registered manager during the inspection.

We concluded the above evidence constituted a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us they felt the registered manager had made improvements since our last inspection. One member of staff said, "In the past four months we have got better, more staff and less pressure. It has helped us out." Staff said they felt they enjoyed working in the service more, there was a

supportive culture and the registered manager was a positive presence who worked alongside them when needed. A staff member told us, "It is a supportive culture."

The registered manager had improved the spot-checking of staff. We saw records showing the dates and times these had been carried out, observations, feedback from people who used the service, an action plan and confirmation actions had been completed. There was also evidence that these checks on staff were carried out at range of times, meaning the registered manager was also monitoring night staff.

Staff we spoke with told us they attended meetings at which the performance of the service was discussed. One member of staff told us, "We discussed all the changes, some people asked questions. I brought up an idea to [name of registered manager] and we are looking into it." Feedback from staff about meetings was positive, with regular comments that they were 'Useful.'

We saw some evidence people who used the service were consulted and involved. A survey had been sent out in March 2016, however only one had been returned. A meeting had been held with people who used the service and their relatives in March 2016. We saw from the meeting minutes there had been discussions about improving the involvement of families in the running of the home by setting up a committee. We spoke with one relative by phone who told us they were involved in setting up meetings away from the home to encourage people to speak openly and nominate people to provide feedback to the provider.

This section is primarily information for the provider

## Action we have told the provider to take

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

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider was not adequately assessing people's capacity to make decisions as required in the Mental Health Act 2005, or screening people to ensure applications for DoLS were submitted when required. Regulation 11 (Need for Consent) of the Health and Social Care Act 2009 (Regulated Activities) Regulations 2014.</p>  |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The management structure in the service was not clear.</p> <p>The registered manager did not have the appropriate level of support from the provider. Governance processes were not adequately robust to measure and drive quality in the service.</p> <p>Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

This section is primarily information for the provider

## Enforcement actions

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

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was not always ensuring people's care and support needs were being safely met. Risk assessments were not robust, people were at risk from staff not knowing how to evacuate the building in the event of fire, staff did not always know codes to unlock doors, fire equipment servicing was not up to date and there was no environmental risk assessment process in place. Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

### The enforcement action we took:

Warning Notice