

Medingate Limited

# Morningside Rest Home

## Inspection report

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## 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>Requires Improvement</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

We inspected this service on 6 and 7 July 2016 and this was an unannounced inspection.

Morningside is registered to provide personal care for up to 31 older people. The home is in a residential area of Winsford and is close to a range of shops and other local amenities. There are car parking facilities to the front of the premises. At the time of this inspection there were 28 people living at the home.

There was a registered manager in place at this service, who has been registered for twenty-two months since September 2014. 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.

At the last inspection on 30 June 2015 we found that a number of improvements were required. These were in relation to medication administration and staff awareness of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and notifications of significant incidents and events that affected people or the running of the service. We asked the registered provider to take action to address these issues.

After the inspection the registered provider wrote to us to say what they would do to meet the legal requirements in relation to the breeches identified. They informed us that they would meet all the relevant legal requirements by the end of December 2015. However, whilst the registered provider had made improvements they had not fully met their own action plan.

During our visit we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the back of the full version of the report.

People did not always receive their medication as prescribed. People's medication records had not been appropriately signed at the time of administration and errors were found in the medication records. Medication was not always stored in a safe and secure way.

The home was not always clean. Some shower and bath rooms were dirty and there was a risk of cross contamination where fittings and equipment were chipped and damaged. The management of infection control was poor.

Although some refurbishment and redecoration had taken place within the home, some communal areas had damaged walls and door frames and furniture was in need of replacement. Externally the garden was overgrown with weeds, window frames had bare wood exposed and peeling paint visible.

Staff recruitment processes were in place which included a Disclosure and Barring Service check. Two

references were undertaken, however, most references we saw did not ensure that references were robust or gave an impartial view of a prospective employee's character. We have made a recommendation about accessing suitable references.

The quality assurance system in place failed to monitor the quality of the service provided. The systems did not always identify areas of concern or where improvements were required. Policies and procedures were not up to date and did not reflect current legislation or guidance.

Some staff had completed a range of training courses, however, concerns remain that many staff had not completed all the training required to maintain and develop their knowledge and skill base. Training records indicated that many courses had not been completed by the staff team and a recommendation was made to ensure that all training was brought up to date.

People told us that they were happy with the care they received at the service. People said they staff were kind, friendly and caring towards them and that they supported them to meet their needs.

People said they felt safe at the home with the staff team. Staff had been trained to recognise and report any signs of abuse. Safeguarding issues that had arisen at the service since the last inspection had been appropriately reported and actioned.

Care plans were person-centred and risk assessments were completed and were up to date.

The staffing levels were good and sufficient staff were observed on the days the inspection took place. Good support was given to staff by senior management and meetings and supervision sessions were undertaken.

People told us the food was good and that they had access to drinks whenever they wanted them. Care plans showed that a nutritious diet was encouraged.

## 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 safe.

Medication was not safely stored or managed within the service which left people living at the home at risk of not receiving their medication as prescribed.

The service was not clean and infection control was poorly managed.

Staff were trained and aware of how to protect people from abuse and harm. They knew how to report any concerns.

Risk assessments were centred around the individual and their specific needs. There were sufficient staff on duty to meet the needs of people.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff did not have up to date training to maintain and develop their knowledge and understanding of their role.

The registered manager understood the principles of the Mental Capacity Act (MCA) 2005 and how to apply these. However, most staff had not received training on the MCA 2005.

People told us the food was good and that they could have food and drinks whenever they wished.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

People's feedback about the caring approach of staff was positive and was described as "Good". People's changing needs and wishes were taken into account which meant that people were supported and cared for in the way they wanted to be.

Staff showed kindness and were friendly towards people who lived at the home.

### Is the service responsive?

Good 

The service was responsive.

Staff delivered people's care in a person-centred way and encouraged them to make choices about their daily lives. However, records with regard to nutrition and hydration did not always meet people's needs.

People told us they didn't have any complaints about the service. A complaints policy and procedure was in place for people to use if they wished to make a complaint.

### Is the service well-led?

Requires Improvement 

The service was not always well led.

The quality assurance systems in place failed to monitor the quality of the service provided. These systems did not always identify areas of concern or where improvements were required.

Policies, procedures and other documents were not up to date or reflect changes in current processes, the law and legislation.

There was a clear management structure and lines of accountability in place.

# Morningside Rest 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 6 and 7 July 2016 and was unannounced. The inspection team consisted of an adult social care inspector and a pharmacist inspector who attended on the first day of the inspection.

Before the inspection the provider completed a Provider Information Return (PIR). 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 used this information to help inform our planning of the inspection. We also reviewed all the information we held about the service. This included looking at any safeguarding referrals received, whether any complaints had been made and any other information from members of the public. We looked at notifications we had received. A notification is information about important events which the service is required to tell us about by law.

We contacted the local authority safeguarding and commissioning teams and Healthwatch for their views on the service. The commissioners and Healthwatch shared their recent reports with us and the safeguarding team raised no concerns about this service. All this information was taken into account during the planning of this inspection.

During the days of our inspection we spoke with seven people who used the service, one visitor, and two visiting professionals. We also spoke with the registered manager and five staff members that included two care staff, domestic assistant, handyman and cook.

We spent time looking at three people's care and support records, three staff recruitment files, staff duty rotas, medication administration and storage, policies and procedures, quality assurance documentation and other records relating to the management of the service.

We used a 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

People told us they felt safe in the home and with the people who cared for them. Visitors confirmed they thought people were kept safe. Comments included "Yes I am safe here" and "The front door is always kept locked" This person said they liked the front door to be locked as it made them feel safe.

At the previous inspection in June 2015 we found that medicines were not managed safely. We found that some improvements had been made in relation to staff signing the Controlled Drugs register and instructions about 'when required' medication. However, further improvements were required so that medicines were handled in a safe way.

We observed people being given their morning medicines and looked at the way medicines were stored, recorded and checked. Senior staff had been trained and assessed as competent to administer medication. However, we found that carers who applied medicated creams had not been trained for this role. The home's medicine policy was well written and guided staff as to how medicines should be handled in the home. Three people living in the home were prescribed a medicine used to thin the blood. The policy contained the national guidelines on the safe use of a medicine used to thin the blood.

We watched a senior member of staff giving people their morning medicines. These were given in a friendly and respectful way, however, we found on one occasion that staff did not follow the home's policy of watching a person take their medicines before signing the medication administration record (MAR). The staff member signed the MAR prior to administering the medication to the person. This increased the risk of the person not getting their medicines if the person administering them was interrupted.

Medicines were handwritten onto people's MAR sheets. We discussed this with the registered manager about the risk of information not always being correctly transferred and that it being checked and signed by a second member of staff would be good practice. The registered manager agreed to implement this. It was agreed that this would reduce the chance of a mistake. The handwritten MARs we saw were not signed by a second staff member. We reviewed 20 out of 28 medicine charts and we found nine errors in administration records. One person had not been given their morning medicines before going out on a Sunday morning and this might have had a detrimental effect on their health.

Carers signed a specific chart which was kept in people's bedrooms, when they applied a person's cream. We looked at people's cream charts and saw that five people's creams were not applied as often as they were prescribed. This meant that creams for people's skin or pain relief was not always used.

People were prescribed medicines such as pain-killers and laxatives, to be taken 'when required'. Every person prescribed one or more medicines 'when required' had an additional information sheet (protocol) about how each medicine should be administered. However, the protocols were not detailed enough for staff to be sure of the doctor's reason for prescribing the medicine. This meant that the staff were not always fully aware of what the medication was for or how and when it should be taken.



We saw that medicines were not kept safely at all times because eye drops and creams were left out of the medicine trolley during the morning medicine 'round'. This meant that people could take, use or remove these items which could put them at risk of harm.

On one occasion during the day we saw that the medicine keys were left unattended on the trolley. People living in the home are at risk of harm if they can access and take other people's medicines.

The temperature of the medicine refrigerator was not monitored properly because the maximum temperature recorded was much too high. Therefore records did not show that medicines in the fridge were safe to use.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 as the provider did not have proper and safe arrangements for the management of medicines in place.

One person told us they received their medication regularly and we saw that medicine storage facilities were clean and tidy. Medicines that are controlled drugs (drugs subject to tighter legal controls because of the risk of misuse) were stored, recorded and disposed of in the correct way.

We found concerns with the prevention and control of infection within the home. The hoist in the bathroom was dusty and the bath panel and edge was damaged and dirty. The frame around the toilet was rusty and chipped. In the 'new' shower room upstairs the shower room tray had moved and there was a gap around the base which needed to be sealed. Also tiling was missing in this room and needed to be completed. Chairs in the communal area had chipped varnish on the arms and legs and some looked stained and dirty. Door frames and walls in the communal areas were damaged.

The local infection control team had visited the service in April 2016 and had noted damage to walls in the communal areas; furniture that needed replacement; dust in light fittings and redecoration of some areas. Little or no action had been taken to address these concerns and we found similar issues during this inspection. Following the inspection the registered manager submitted an action plan which showed that the areas of concern raised by the local infection control team would be completed by end July 2016.

External window frames needed attention as peeling paint and bare wood could be seen. Gardens were overgrown with weeds which meant that the gardens were not kept up to date for people to look at and walk and sit in.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 as the provider did not ensure that the premises and equipment were kept clean, safe or well maintained.

Throughout the service, fittings and equipment were regularly checked and serviced. We saw that safety checks were in place for the gas and that the fire alarm and nurse call systems were serviced annually. However the electrical hard wiring safety certificate stated that the system was required to be tested by November 2015. The registered manager stated it had been completed but the registered provider had the certificate and a copy was not available within the home. We requested a copy to be forwarded following the inspection and the registered provider sent a copy to CQC after the inspection which showed the system had been checked in November 2015 and was satisfactory. Also we noted that in the report from the health and safety officer in April 2016 that the emergency lighting had not been checked each month as required. Three months later this had not been rectified. This meant that people who lived in the home were not always protected from harm by adequate monitoring of systems. Following the inspection the registered

manager reported that the emergency lighting had been checked and would continue to be checked on a monthly basis.

A copy of the fire procedure and evacuation plan was displayed near the front door. Personal evacuation plans were in place for some people who lived at the home. However, these were generic documents which were not person-centred and did not show information about people's mobility needs, number of staff required to assist them, or whether they had any specific medication which might hinder evacuation from the building such as night sedation. We also found that there were only 24 plans but there were 28 people living in the home. This meant that four people did not have a plan in place and this could put them at risk in the event of a fire as staff may not be aware of how to support them in this situation. Following the inspection the registered manager notified CQC that the outstanding plans had been completed.

Staff told us about how people were kept safe and gave examples of types of abuse that could occur, such as physical, neglect and verbal. The registered provider had safeguarding policies and procedures in place and a copy of the local authority's safeguarding policy was available to the staff team. Staff said they were aware of how to raise concerns and felt confident that they could speak to the senior person on duty or the registered manager. Training records showed that only half the staff team had up to date safeguarding training in place, although 15 staff were booked to attend at the end of July 2016. Staff had access to the whistle blowing policy and they confirmed they were aware of this policy.

We looked at recruitment processes and reviewed staff recruitment files. Staff had completed an application form and attended an interview. A Disclosure and Barring Service (DBS) check had been undertaken to ensure staff were suitable to work at the service. A DBS is undertaken to ensure that staff are suitable to work with people within this type of service. Two references had been requested for each prospective employee. However, we found that one person had two references from the same previous employer; one person had a reference from a family member and friend and one had a reference from their previous employer and the registered manager. Therefore we found that references had not always been provided by the person's previous employer as outlined on their application form. This meant that people's employment history had not always been verified by the registered provider.

We recommend that the registered provider ensure that robust references are undertaken prior to staff being employed at the service.

People told us there was staff about when they needed support and that call bells were answered quickly. Comments included "When I use the bell staff answer it promptly" and "The staff help me when I need them". Staff rotas showed that good levels of care staff and ancillary staff were available to support people's needs.

Care records contained up-to-date risk assessments for areas such as pressure area care, malnutrition, self-medication, manual handling and falls prevention.

The registered provider had a business improvement plan in place. This covered issues such as loss of building, lack of staff, utilities, and telephone. Emergency contact numbers for the utilities and staff were included and a plan of the building. This meant that staff knew who to contact in the event of these types of emergencies occurring.

## Is the service effective?

### Our findings

People told us that they were able to make choices about their needs and that staff were "kind" and "friendly" towards them. One person explained that they decided when they wanted to get up and go to bed and that they could stay in their room if they preferred. Another person said that at mealtimes you could sit where you wanted and they often sat with different people which they liked to do.

During the last inspection in June 2015 we raised concerns about the lack of training and awareness of the staff team about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). We found that most staff had still not received this training.

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 2005. The application 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 2005, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager was aware of the principles of the Act and how to determine people's capacity. The registered provider had up to date policies and procedures in regard to the MCA 2005 and DoLS. The registered manager explained that they had applied for eight DoLS applications for people who lived in the home. Three of these had been approved and the other five were waiting for approval. The registered manager had notified CQC of three that had been approved. They also kept details of these authorisations to ensure they are kept up to date. Most staff had not received training in the MCA 2005, but we saw that they were booked on a course later in July. However, staff told us how they would obtain consent from people and that although formal mental capacity assessments and best interest decisions had not been included in the care plans we saw that when supporting people staff used the least restrictive intervention to achieve the outcome. For example one staff member explained that they had helped a person get up and dressed. During the time they were helping them they spoke with them and explained what they were doing. They asked them which clothes they would like to wear and offered them a choice of two outfits.

Staff told us about the training they received. They said they completed some "mandatory training" which was by e-learning on the computer. One person said that recently a new way of training had been introduced which involved the use of a workbook to look at issues and used distance learning from a college. Workbook courses had included dementia awareness, food safety, care planning and equality and diversity. We spoke with the training facilitator from the college who explained the registered manager had agreed to sign up staff for a range of courses which included fire safety, health and safety, safeguarding and infection control. The training facilitator said they were pleased with the progress staff had made on the current courses and that the registered manager had been supportive. The registered manager explained

that the staff were working through the range of topics and would continue with this until relevant courses had been undertaken.

Staff induction was completed and one member of staff told us that they had found it useful when they were new staff members. The induction consisted four days training on an introduction to the service and personnel, general employee related information, training and development, policies and procedures and other information relating to the staff member's role. The induction was signed by their line manager on completion and copies were seen on staff files.

People said the food was good and that they could have drinks whenever they wanted. People told us "The food is good" and "Drinks are readily available". One person told us that they really enjoyed their breakfast and that they often had a "full English". They said they also enjoyed sausage, beans and tomatoes, which they had that morning. Another person said that they could have whatever they wanted for breakfast and that the staff were very obliging.

The home had a four weekly menu in place which showed that two choices were available at each mealtime. A menu board in the dining room displayed the meal options for each day.

Daily temperature checks were undertaken and recorded on fridges, freezers and hot food prior to it being served. This meant that all foods were stored and served at appropriate temperatures to ensure that risks were minimised. The cook said that people were asked which choice of meal they would like each day by the staff and records confirmed this. This meant that people were offered a choice of meals each day. A cleaning schedule was in place for the kitchen which was signed by the cook and kitchen assistant once completed. We found that the kitchen was clean and tidy during the inspection.

The registered manager explained that staff had the opportunity to discuss their work and training needs through regular supervision and within annual appraisals. Records showed supervisions and appraisals had taken place. The registered manager said that they had received formal supervision from the registered provider in April 2016 and that the directors visited the service every few weeks.

People told us that they could see a GP or other healthcare professionals if needed. They explained that staff would telephone them on their behalf. One visitor said "The GP visits and the staff phone if [name] is not well". They went onto explain that the person in charge would also let the relative know if they had any concerns about the service user. Care records showed that the GP, district nurse, optician, Speech and Language Therapy (SALT) team, mental health doctor, chiropodist and diabetic nurse had visited the home. This meant that people who lived at the home had access to a range of healthcare professionals.

## Is the service caring?

### Our findings

People who used the service and visitors told us how they appreciated the staff and the support they received. Comments about the staff were positive. People told us they were pleased with their care. People commented "The staff are very nice", "I am quite happy" and "[Name] has made friends here". However, we found that the service was not always caring. We found areas of the home were dirty, paint peeling and bare window frames and some garden space that was not accessible to people who lived there.

During discussions with the staff we asked them how they showed dignity and respect to people who used the service. Staff explained how they would ensure that doors were closed before supporting someone with personal care tasks. They confirmed that they would know what people wanted as they would always ask the service user and any changes in needs were discussed during the handover sessions. Observations showed that staff knocked on bedroom doors and waited before entering. We saw that consent was sought where possible prior to care needs being attended to. We saw staff discretely asking people if they wanted to use the toilet and encouraging people to move around the communal areas. One relative commented "Mum is being well looked after here". One staff member said "[Name] likes a cup of tea before getting up in the morning. I make sure they have this and then help them to get washed and dressed".

People were encouraged to be as independent as possible. People could move freely around the building and spend time in their bedrooms, dining room, one of the lounges or the conservatory whenever they wanted to. There was easy access to the raised patio from the conservatory and we saw one person using this area. They chose to have their meal on the patio and staff supported them with this. Parts of the gardens were overgrown which people who used the service could not access that part of the garden safely.

People told us they were involved in making decisions about their life at Morningside and they felt listened to. People said they chose what food they would eat and what time they get up and go to bed. One person said they liked to rise early and go to bed about 9pm. They said that staff knew their preferences and assisted them as needed. Another person explained they enjoyed the activities but had the choice of whether or not to be involved. We observed staff asking people if they were "okay" and responding promptly to people's requests for any assistance. A visiting professional commented on how two people she was supporting had been given time to decide if they wished to make the home their permanent residence. One person had decided and the other person was not sure so they had been given more time to make the decision. They went on to say that the registered manager had been "Understanding and flexible" to help the people decide if they wished to remain at the home.

Staff had an understanding of how people wished to be supported and cared for. Staff described how people had the choice of the time to get up in the morning and go to bed at night. They also explained people could have a lie in if they wanted to. People we spoke with confirmed this. One person said, "I like to go to bed at 9pm, but I like to get up early and the staff know this and help me when I am ready". Information was available with regard to people's needs and care plans showed what support people needed. Staff told us "We also interact with the person and ask them how they want to be supported" and "Care and support a person needs is documented in the care records".

People were encouraged to chat if they wished to and were listened to. Staff smiled and engaged with people. We saw the staff approach was kind and respectful. There was friendly banter between people and staff and people were addressed respectfully and by their preferred name.

Visitors told us they were welcomed at the home. One person said they visited on different days and at different times and they found there was always enough staff about. They said that the staff were very caring and pleasant with everyone.

A staff member explained that religious beliefs were recognised and that leaders from people's own faith could visit the service as people wished. We saw that a monthly religious service was undertaken within the home and were told by the registered manager that the Roman Catholic priest would visit on request.

People had access to information about the home. This included the statement of purpose, service user's guide and a "welcome to Morningside" document. These documents gave information about the registered provider, registered manager, staff team and the services provided by the home. However we noted that some of the information was out of date such as details of the registered manager, Care Quality Commission and staff team. These errors were brought to the attention of the registered manager who said that they would review and amend the documents.

People's care plans were stored in a locked filing cabinet near to the senior care assistant's office. They were accessible to the staff team. Computers were password protected and the registered manager and senior care assistants had access to the computer systems.

## Is the service responsive?

### Our findings

People and their relatives told us that staff treated them as an individual and that staff were "Very nice" and "Staff are very friendly".

Daily notes showed that people had received the care and support they needed throughout the day and night. We saw that people had received support with regard to nutrition and personal care needs. For example "[Name] had been very chatty today and has eaten very well", "Has eaten and drunk well throughout the day", "Spent most of the afternoon on the bed" and "[Name] has had a settled day in the front lounge and had a shower this evening". Other records included dietary and fluid intake which showed what people had eaten and drank throughout the day. For example food and fluid intake monitoring intake charts were completed each day for a number of people. We saw that food and drink amounts were noted and signed by the staff member. However, the information was not added up at the end of the day to ensure an appropriate amount of hydration and nutrition had been taken by each person. Also information was not available on the form to show what the daily amounts for each person should be or what action should be taken if this did not occur. Therefore although the information was available, this was not fully used to the benefit of the person.

We recommend that systems in place identify appropriate monitoring of risks to health and welfare of service users.

People who used the service and their relatives made positive comments about the care and support they received from staff. They expressed how responsive the staff had been to people's needs and they thanked them for all their support. Comments included "Thanks for all your help, advice and care", "We appreciate all the care you have given [name]", "Thank you for all the care and patience you give" and "Thanks for all the love and care you show Mum – much appreciated".

People and relatives told us they were involved in the initial assessment of needs prior to them entering the service and that they signed a consent form to show that information they provided could be shared with staff and relevant others. The initial assessment was completed and used to plan people's care. The assessment took account of information such as people's previous and current medical history. Records included information about people's Next of Kin (NOK), details of other professional's involved and people's religious preferences.

We looked at three people's care plans and associated documents which had been updated during the last two months. Care plans identified people's needs and how they should be met. This included information about personal care needs, moving and handling, management of pressure areas and nutrition. Personalised information around the specific support that people required was included in their care plans. For example "Encourage [name] to rest on the bed in the afternoon". Do Not Attempt Resuscitation (DNAR) authorisations were in place for some people. We noted that people and their families where appropriate had been involved in these authorisations. Staff knew who had a DNAR in place and where these records were kept.

People told us that a range of activities were provided at the home which they could join in with or not as they chose. These included films, quizzes, knit and natter, keep fit, art, bingo, dominoes and other board games, crafts, one to one time with the co-ordinator, manicures and hairdressing. Entertainers were invited to visit the home and these included ukulele players; guide dogs for the blind; trips to the local church for tea; Roberts Bakery band and the Golden Girls. People also went out with their families and friends on a regular basis. A plan for the forthcoming month was available and showed when the activities co-ordinators would be in the building. Individual records were kept of activities that each person undertook.

People who used the service and their relatives told us they didn't have any concerns or complaints about the service. A comments and complaints policy was displayed in the hall near the front door and there were complaints forms available for people to complete should they wish to raise a concern or complaint. No complaints had been received by the registered manager since our last visit. We noted the procedure for dealing with complaints aimed to address them in a timely manner to the satisfaction of the complainant.



## Is the service well-led?

### Our findings

A registered manager was in post that had been registered with the Care Quality Commission (CQC) since September 2014. The registered manager had worked for the registered provider for a number of years in various roles and had experience of caring for people within a care home setting.

There were systems in place to monitor the quality of the service provided however, these were not always effective. The registered manager was responsible for the audits and the overall running of the home. Systems used by the registered manager were not always effectively used or the information provided analysed to maintain or improve a people's wellbeing.

We found that the registered manager had not always followed through on issues about the service that were raised by other professionals. For example they had been advised by health and safety in April 2016 that the emergency lighting had not been checked each month as required. Three months later this had not been rectified. This meant that people who used the service could be put at risk should a fire break out in the home. Following the inspection the registered manager informed us that this was now being checked on a monthly basis.

Another example was the infection control audit in April 2016 where recommendations were made that had not been addressed. This meant that the registered manager had not been pro-active in remedying issues or concerns that were raised by other professionals. Following the inspection the registered manager submitted an action plan which showed the actions that would be taken and that they would be completed by end July 2016.

Internal audits were completed on areas such as accidents and incidents, falls, medication and care plans by the registered manager. However audits were not completed on prevention of infection control or the environment. Records showed that issues with the premises such as cleanliness, infection control and safety hazards had not been identified. This meant that people were put at risk of harm by living in an unsafe environment.

We looked at the service's policies and procedures, service user's guide and welcome to Morningside document. We found that although these documents had been reviewed they did not reflect current law and legislation. Information included was out of date and inaccurate. For example the registered manager's name was incorrect on several documents and she had been in post for 22 months. We found that information about CQC was inaccurate.

The registered manager explained that they kept in regular contact with the registered provider and that the registered provider visited the service every few weeks. She said that she had received formal supervision in April 2016. We noted that the registered provider did not complete any formal quality assurance audits or formally review audits undertaken by the registered manager.

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

2014 as the provider did not ensure that robust systems and processes were in place to assess, monitor and improve the quality and safety of care.

A plan had been produced by the registered manager of some of the work that needed to be undertaken at the service, such as ongoing decorating, all maintenance tasks, improvements around the home such as building a new laundry extension and gardening. We saw that most of the tasks were highlighted for the handyman to be completed. Following the inspection we discussed with the registered manager the amount of work that was required. She said she was prioritising the work to get the most urgent issues completed and that for some of the work she had been told by the registered provider to get some quotes and they would consider these.

We raised concerns at our last inspection that we were not being notified of significant incidents that had occurred within the home. The registered manager now regularly notified CQC as required by law of significant incidents and events that affected people or the running of the service. These were sent shortly after the incidents occurred which meant that we were now being notified in a timely manner.

There was a clear management structure at the service. Staff were aware of the roles of the management team and told us the registered manager was approachable and had a regular presence within the home. Staff said "The manager is good", "She is approachable" and "The manager listens to what the staff said".

Service user surveys were completed between April and May 2016 by people and their families and an analysis of the information had been completed. The analysis included comments from people and an action plan of how to improve where necessary. For example people asked for notices for activities to be written in large print and the action stated that the activities co-ordinators would complete this in future. We saw that large print notices were now being used for information relating to activities. Relatives said that they would highly recommend the home. Additional comments people made in surveys included "Everyone is happy and cheerful", "I have made new friends and I don't feel lonely" and "The staff are kind and respectful".

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider did not ensure that the premises and equipment were kept clean, safe or well maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not ensure that appropriate monitoring of risks to the health and welfare of service users and the provider did not ensure that robust systems and processes were in place to assess, monitor and improve the quality and safety of care.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The proper and safe management of medicines was not in place. People did not receive their medicines as prescribed.

### **The enforcement action we took:**

We issued a warning notice and told the registered provider to be compliant by 10 October 2016