Care Quality Commission

# Morleigh Limited

# St.Theresa's Nursing Home

## Inspection report

St Therese Close
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## Ratings

| Overall rating for this service | Requires Improvement |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Requires Improvement |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Requires Improvement |

## Overall summary

St Theresa's Nursing Home is a care home that provides nursing care for up to 45 older people. On the day of the inspection there were 28 people living in the home. Some of the people at the time of our visit had mental frailty due to a diagnosis of dementia.

The service is required to have a registered manager and at the time of our inspection a registered manager was not in post. The provider advised us that a new manager had been recently recruited and was due to start in post on 16 February 2015. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

We carried out this unannounced inspection of St Theresa's Nursing Home on 3 February 2015. At this visit we checked what action the provider had taken in relation to concerns raised at our last inspection on 9 September 2014. At that time we found the provider had not fully implemented an effective system to regularly assess and monitor the quality of service that people

# Summary of findings

received. At this inspection we found the manager had implemented a quality assurance system to identify areas of the service that required improvement. However, there was no system in place to monitor the quality of the service provided at the provider level by using an auditing process external to the home. You can see what action we told the provider to take at the back of the full version of the report.

Staff were not consistently supervised, supported and trained to carry out their roles. Records showed that 57% of staff had not had a one-to-one supervision or appraisal since 2013. All staff told us it had been several months since they last had a supervision meeting. One staff member told us, "supervision is not happening". Training records showed that not all staff had received relevant training for their role and refresher training was not up-to-date. You can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe living at the home. Comments included; "nice here, you can't fault it", "very good here, just right", "home is very good indeed" and "the quality of the care is perfect…the carers are good, not one bad one" . A relative told us, "I am happy to leave my Mother here".

Staff interacted with people in a friendly and respectful way and people were encouraged and supported to maintain their independence. They made choices about their day to day lives which were respected by staff. Where people did not have the capacity to make certain decisions the home acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards

Staff had received training in safeguarding adults and were aware of the home's safeguarding and whistleblowing policies. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures.

We observed the support people received during the lunchtime period. People had a choice of eating their meals in the dining room, their bedroom or one of the lounges. People told us they enjoyed their meals and they were able to choose what they wanted each day. Comments included, "food is very good, too much but not worried about waste because I ask for less", **"**they know I like sausages", "food is OK, warm and nicely presented", "the cook is very good, I have a choice and I talk to the cook", "food is all home cooked, perfect and good choice", "the food is alright, I am given a choice so I have mash not chips".

People told us staff treated them with care and compassion. Comments included, **"**very good, if you want anything they [staff] will try to get it", "if you are in pain they [staff] will ease you...the highest praise" , "no matter who they are they get good care", "the staff are fine – no trouble" and "very good I like the staff".

People received care and support that was responsive to their needs and their privacy was respected. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in communal areas or in private.

People told us they knew how to complain and would be happy to speak with the acting manager or nurse in charge if they had any concerns.

# 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?**

Good

The service was safe. People told us they felt safe living at the home and with the staff who supported them.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

**Is the service effective?**

Requires Improvement

The service was not effective. Staff had not received appropriate training and support so they did not have the skills and knowledge to provide effective care to people.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

The manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

**Is the service caring?**

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People were able to make choices about their daily living and how they spent their time.

People's privacy was respected.

**Is the service responsive?**

Good

The service was responsive. People received personalised care and support that was responsive to their changing needs.

People were able to take part in a range of activities facilitated by staff in the home.

People told us they knew how to complain and would be happy to speak with the acting manager or nurse in charge if they had any concerns.

**Is the service well-led?**

Requires Improvement

The service was not well led. Management in the home carried out a range of audits to monitor the quality of the care provided. However, there was no system in place for the quality of the service provided to be monitored at the provider level by an auditing process external to the home.

Staff said they were not supported by the management and they were not asked for their views of the service.

# St.Theresa's 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 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 3 February 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service. The expert's area of expertise was dementia care and care for older people.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the home and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with eleven people who were able to express their views of living in the home, three relatives and a visiting General Practitioner (GP). We looked around the premises and observed care practices on the day of our visit. 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 also spoke with seven care staff, the nurse in charge, the cook, the acting manager and the provider. We looked at four records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the home.

Good

# Is the service safe?

## Our findings

People told us they felt safe living at the home. Comments included; “nice here, you can’t fault it”, “very good here, just right”, “home is very good indeed” and “the quality of the care is perfect…the carers are good, not one bad one” . A relative told us, “I am happy to leave my Mother here”.

Staff had received training in safeguarding adults and were aware of the home’s safeguarding and whistleblowing policies. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us they would have no hesitation in reporting any concerns to managers as they were confident appropriate action would be taken to make sure people were safe.

The home held money for people to enable them to make purchases for personal items and to pay for appointments such as the visiting hairdresser and chiropodist. We looked at the records and checked the monies held for two people and found these to be correct.

Risks were identified and assessments of how risks could be minimised were recorded. For example how staff should support people when using equipment, reducing the risks of falls, the use of bed rails and reducing the risk of pressure ulcers. If people needed assistance from staff to mobilise their records included a manual handling plan. This plan provided a clear summary of how staff should assist people and how many staff would be required for each activity. Staff assisted people to move from one area of the home to another using the correct handling techniques and equipment such as walking frames or hoists as appropriate to the individual person.

Wheelchairs were available for staff to assist people to move around the home and between rooms. People and staff told us wheelchairs were uncomfortable and had not been adequately maintained. For example types were flat which made the wheelchairs difficult to use. We advised the provider of this and we were told they were checked the day after our visit and any repairs carried out.

There were enough staff on duty to help ensure the safety of people who lived at the home. Staffing numbers were determined using a dependency tool, and were regularly reviewed. A dependency tool is used to identify the numbers of staff required by assessing the level of people’s needs. On the day of our inspection there were seven care staff and a nurse on duty in the morning and five care staff and one nurse in the afternoon to meet the needs of 28 people. We looked at the staff rotas for the current week and the previous three weeks. Records showed the number of staff on duty each day was in line with the dependency levels of people living in the home at that time.

Two people told us there had been a weekend recently when there had not been any domestic or laundry staff on duty. This had meant bins were left un-emptied and some unwashed sheets were left in corridors. The acting manager told us there had been a weekend when they was no cover due to staff sickness but this was a one off situation that had not re-occurred. Rotas we looked at for the current week and previous three weeks confirmed there had been domestic and laundry staff working.

Staff were seen supporting people in a timely manner in the communal areas and in people’s rooms. People had a call bell to alert staff if they required any assistance when in their own room or sitting in communal areas of the home. Since our last inspection the provider had installed a new call bell system. Staff told us this system was much better than the previous one as it identified the room people were calling from, rather than the area of the building, and this enabled them to respond quickly. People told us call bells were answered promptly. Comments from people included, “they [staff] come when I use the bell”, “I got no trouble if I ring the bell they [staff] come in a reasonable time” and “the call bell is answered within 2-3 minutes”.

Staff had completed a thorough recruitment process to help ensure they had the specialist skills, qualifications and knowledge required to provide the care to meet people’s needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment.

Medicines were stored and administered safely. The home had recently installed lockable medicine cabinets in each person’s room to store their own medicines. Individual Medication Administration Records (MAR) were also kept in people’s rooms The acting manager told us this system had been put in place to give people the opportunity to be involved in taking their medicines. The nurse who gave people their medicines had a master key to open each cabinet in people’s rooms. People were able to have a key to their own cabinets should they wish to and any potential risks in relation to this were assessed for each person. The acting manager and the nurse in charge told us the system was still very new and was taking longer, especially at times

Good

# Is the service safe?

when people were not in their rooms. However, they told us this was a more respectful and individualised way of people having their medicines. It also made ordering repeat medicines easier and had prevented the over ordering of medicines. Where medicines were legally required to be stored more securely or to be refrigerated these medicines were appropriately in the nurse's office.

We observed the nurse in charge giving people their medicines during our inspection. The nurse explained to people what their medicines were for and ensured the person had taken them before signing the MAR chart. MAR charts we looked at had been completed correctly providing a clear record of when people's medicines had been given and the initials of the member of staff who had given them. One person told us, "I get my meds on time".

Incidents and accidents were recorded in the home. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. For example, the acting manager reviewed the control measures in place when people had falls. If individuals had repeated falls appropriate health and social care professionals were involved to check if their health needs had changed or additional equipment was required.

The environment was clean and well maintained. Appropriate fire safety records and maintenance certificates for the premises and equipment were in place. Cornwall fire protection service had carried out a recent check of the home and had made some recommendations. The acting manager told us as a result of this visit weekly checks of the fire alarm system were now taking place. There was a system of health and safety risk assessment of the environment in place, which was annually reviewed.

Requires Improvement

# Is the service effective?

## Our findings

Staff were not consistently supervised, supported and trained to carry out their roles. The provider told us the organisation's policy was for staff to have one-to-one supervision meetings with a manager or nurse 3-4 times a year and an annual appraisal. These meetings provided staff with an opportunity to discuss on-going training and development. However, records showed that 57% of staff had not had a one-to-one supervision or appraisal since 2013. Nine out of 38 staff had received a one-to-one supervision with a manager or nurse in the last three months and seven staff had received one supervision during 2014. Leaving 22 staff who had not had a one-to-one supervision or appraisal for at over a year.

The provider told us some appraisals had been completed in 2014 and because some staff were new to the service their annual appraisal was not yet due. However, it was difficult to be sure from the records given to us if the dates of meetings, as detailed above, related to supervisions or appraisals. All staff told us it had been several months since they last had a supervision meeting. One staff member told us, "supervision is not happening".

Training records showed that not all staff had received relevant training for their role and refresher training was not up-to-date. The provider told us a review of the training programme had taken place to identify gaps in staff training. As a result of this review staff had attended safeguarding adults and Mental Capacity Act training in January 2015. Records confirmed that staff had attended these training sessions. However, not all staff had received other appropriate training identified by the provider as relevant to meet the needs of people and keep them safe. This training included; manual handling, infection control, health and safety, first aid, end of life and dementia care. A few staff had attended training in some of these subjects but numbers were low. For example nine staff had received infection control training, five staff dementia care and none of the staff had received training in health and safety, first aid or end of life.

All staff told us their training was not up-to-date. Staff said they would like to receive training in dementia care to help them understand how to support people who had dementia needs. People could not be assured that staff supporting them had the skills and knowledge to meet their needs.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff confirmed they had completed an induction programme when they commenced employment. Staff told us a senior member of staff explained required working practices, policies and procedures, when they started working at the home. Shadow shifts were also completed with a more experienced member of staff.

Care records confirmed people had access to health care professionals to meet their specific needs. For example the home had worked closely with one person's GP to manage an on-going infection. Staff worked with the community nurses to identify people who were at risk of pressure damage to their skin. Where people were assessed as being at risk, records showed that pressure relieving equipment was in place and they were being seen regularly by the community nursing team. People were confident that a doctor or other health professional would be called if necessary. A visiting GP told us**,** "things have improved since two new nurses have been employed". The provider advised us that there had been nurse vacancies in the home and these had recently been filled.

Each person had their nutritional needs assessed and met. The home monitored people's weight in line with their nutritional assessment. Some people had their food and fluid intake monitored and the relevant records had been completed daily by staff. People were offered drinks and snacks throughout our visit and jugs of squash were readily available.

We observed the support people received during the lunchtime period. People had a choice of eating their meals in the dining room, their bedroom or one of the lounges. People told us they enjoyed their meals and they were able to choose what they wanted each day. The cook was aware of people's choices and preferences and adapted some people's meals in line with their wishes. For example not giving people certain vegetables or serving meals for some people without gravy.

People told us about the meals, "food is very good, too much but not worried about waste because I ask for less", **"**they know I like sausages", "food is OK, warm and nicely presented", "the cook is very good, I have a choice and I talk to the cook", "food is all home cooked, perfect and good choice", "the food is alright, I am given a choice so I have mash not chips".

Requires Improvement

# Is the service effective?

Staff asked people for their verbal consent before they provided care and support. For example before giving people their medicines or assisting people with personal care. People's care plans recorded where they had consented to specific areas of their care. For example where people consented or declined to be checked by staff during the night.

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lacked mental capacity to make particular decisions for themselves.

Where people did not have the capacity to make certain decisions the home acted in accordance with legal requirements. Care plans recorded the daily decisions people could make, sometimes with staff support, and the type of decisions which would need to be made in their 'best interest'. For example a best interest meeting had taken place for one person to decide on the use of bedrails. Records showed the person's family and appropriate health professionals had been involved in this decision.

There was evidence the home 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 is part of the Mental Capacity Act 2005 (MCA) and 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.

The home had not made any recent applications to restrict people's liberty under DoLS. However, the acting manager told us in January 2015 they had carried out assessments for everyone living in the home. These assessments had taken into account a recent court ruling that had widened the criteria for when someone may be considered to be deprived of their liberty.

Good

# Is the service caring?

## Our findings

People told us staff treated them with care and compassion. Comments included, **"**very good, if you want anything they [staff] will try to get it", "if you are in pain they [staff] will ease you...the highest praise" , "no matter who they are they get good care", "the staff are fine – no trouble" and "very good I like the staff".

People were smartly dressed and looked physically well cared for. A visitor told us; "my father likes to wear shirt and tie and staff support him to dress as he chooses".

People were able to make choices about their daily lives. We saw that some people used communal areas of the home and others chose to spend time in their own rooms. People were able to move freely around the home. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. People told us, "my bedroom is quite good...comfortable", "I have a nice bedroom" and "comfy bedroom".

Individual care plans recorded people's choices and preferred routines for assistance with their personal care and daily living. Staff asked people where they wanted to spend their time and what they wanted to eat and drink. People said they chose what time they got up, when they went to bed and how they spent their day. One person told us sometimes they had to wait to go to bed at the time of their choosing, which was between 8.00pm and 8.30pm. However, daily records did not record what time the person went to bed. We discussed this with the provider and we were advised the day after our visit that the way staff completed daily records would be changed to record the times staff supported people.

One person had a notice in their room stating that if they were unconscious they did not want to be admitted to any hospital. The person told us they had discussed this with staff and was "confident that they would meet their wishes".

The care we saw provided throughout the inspection was appropriate to people's needs and staff responded to people in a kind and sensitive manner. Staff interacted with people respectfully chatting to them while they provided care and support. For example at lunchtime staff helped people who required assistance with eating their meal. Staff were patient and supported the person at their pace, explaining what they were doing and sitting next to them so they could maintain eye contact.

When one person became anxious about being able to remember what items they needed from where they previously lived, we observed staff helping them to write a list. The person told us staff were taking them back to their house the day after our inspection to collect some belongings.

People's privacy and choice was respected. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

People were supported to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in communal areas or in their own room. People told us, "family made welcome" and "staff help me to talk on the phone to my family".

Good

# Is the service responsive?

## Our findings

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. For example one person's care plan described how they liked to spend their day and what belongings they liked to have beside them. We saw the person had these items with them as detailed in their care plan, including paper and painting materials. During the inspection we observed staff supporting the person to paint.

Care plans were reviewed monthly or as people's needs changed. People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves staff involved family members in writing and reviewing care plans.

People received care and support that was responsive to their needs because staff had a good understanding of the people who lived at the home. Staff were able to tell us detailed information about how people liked to be supported and what was important to them. One care worker told us, "I know all the residents".

The service employed an activities co-ordinator who worked two hours each day Monday to Friday. They arranged a programme of internal and externally sourced group activities covering the morning and afternoon for seven days a week. These activities included; films, visit from a local church, quizzes, exercises and music. People told us, "they bring in music, it's beautiful", "Quite a bit to do, you can choose or relax" and "I like to join in with the exercises and music".

Some people living in the home either chose not to take part in the activities on offer or because of their communication needs were unable to join in group activities. Staff told us they would like to spend more one-to-one time with people who did not join in activities. One care worker told us, "the care [given to people] is great but we need a little more time to sit down with residents". We observed staff spent time talking with people individually during our inspection. One person, who chose to stay in their room, told us, "staff come in to chat to me".

Staff also told us they would like to take people out more. One care worker told us, "there is no facility to take people out....the wheelchairs are dreadful can't go out with them e.g. to take some to a restaurant". As detailed in the safe section of the report we were told by the provider that wheelchairs were repaired the day after our inspection.

People and their families were given information about how to complain. Details of the complaints procedure were displayed in the main entrance to the home. Relatives told us whenever they raised any concerns these were listened to and dealt with promptly.

Requires Improvement

# Is the service well-led?

## Our findings

At our inspection on 9 September 2014 we found the provider had not fully implemented an effective system to regularly assess and monitor the quality of service that people received. We found the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we checked if the provider had made the necessary improvements to comply with the regulation. We found the manager had implemented a quality assurance system to identify areas of the service that required improvement. We found there were a range of audits regularly completed to monitor the quality of the care provided. These included: equipment checks, maintenance checks, infection control, tissue viability, falls, medication, call bells, staff files and care plans.

However, there was no system in place to monitor the quality of the service provided at the provider level. There was no external auditing process or any opportunities to share good practice across the organisation. The provider told us standard policies and procedures had started to be developed across all the Morleigh homes, but these were not all in place at the time of this inspection. This meant there were no standard governance arrangements to help ensure a consistent quality of service across the group's homes.

The service is required to have a registered manager and there had not been a registered manager in post for over nine months. A manager was appointed to manage the home in May 2014. This manager submitted an application to the Care Quality Commission (CQC) to become the registered manager. However, this application was withdrawn in December 2014 because they moved to manage another home in the Morleigh group at the beginning of January 2015. The provider advised us that a new manager had been recently recruited and was due to start in post on 16 February 2015.

Staff told us they did not feel supported to carry out their work and were not involved in changes and development of the service. A lack of staff meetings, formal one-to-one supervision and management changes confirmed there was little opportunity for staff to be involved in the running of the home or consulted about their roles. Staff told us, "our morale is very low", "we need a staff meeting. We haven't got a manager", "we don't know half of what is going on" and "there are no staff meetings this is terrible. If we say anything to a nurse they say there is nothing they can do"

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People and their relatives were asked for their views on the service regularly. We looked at surveys carried out in September 2014 and saw questionnaires were available for people to complete. The previous Care Quality Commission inspection report was on display in reception as well as other useful information for visitors such as the activities programme.

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff<br>How the regulation was not being met: The registered person had not made suitable arrangements to ensure that staff received appropriate training and supervision to enable them to deliver care and treatment to people safely and to an appropriate standard. Regulation 23 (1) (a) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision<br>How the regulation was not being met: The registered person did not have an effective system in place to regularly assess and monitor the quality of service provided and identify, assess and manage risks relating to the health, welfare and safety of people who used the service. Regulation 10 (1) (a)(b) |