

Sycamore Care Limited

Morris Grange Care Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Inadequate



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 4th and 9th February 2015 and was unannounced. This meant the staff and provider did not know we would be visiting.

Morris Grange provides care and accommodation for up to 71 people. On the day of our inspection there were 54 people using the service.

The service had a registered manager in place. They had been in post since July 2014 and registered with the Care Quality Commission since 1st February 2015. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run.

The service was last inspected by CQC on 19th February 2014 and there were breaches identified in regulation 23 Supporting workers.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The provider had a recruitment and selection procedure in place to enable them to carry out relevant checks when they employed staff. We did find that some information around the Disclosure and Barring Service (DBS) checks had not been completed in staff records, such as the

Summary of findings

reference number to prove a DBS had not been obtained. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions and also to minimise the risk of unsuitable people working with children and vulnerable adults.

Investigations had been carried out in response to safeguarding incidents or allegations.

People living at the service received good, kind, attentive care and support that was tailored to meet their individual needs. Staff ensured they were kept safe from abuse. People we spoke with were positive about the care they received and said that they felt safe.

The registered manager had implemented a new form to monitor accidents and incidents each month, to identify any trends. This had just been put in place so we could not see any highlighted trends or the action taken in response at the time of our inspection.

Medicines were stored and administered appropriately and safely.

At the time of our inspection the infection prevention and control nurse was also doing an audit. We identified some issues around the cleanliness of the home and a strong smell of urine in some places. Cleaning schedules were not available to evidence that suitable cleaning systems were in place. The laundry stored clean clothes and linen next to dirty clothes and linen. Mattresses and pressure relieving cushions were unzipped and found to be dirty and did not smell pleasant.

Staff training was not up to date and staff did not receive regular supervisions and appraisals. This meant that staff were not properly supported to provide care to people who used the service. The registered manager was able to show us their training plans and that supervisions had started, but there was not yet evidence of required training being provided and regular supervision taking place appropriately.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are

looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the manager and looked at records. We found the provider was following the requirements in the DoLS.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained some good information setting out how each person should be supported to ensure their needs were met. The care plans included risk assessments for areas such as nutrition, skin integrity, manual handling and other risk areas relevant to the individuals concerned. Some care plans and risk assessments contained vague or unspecific information that was not sufficiently specific to people's individual needs and would benefit from improvement.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

The service employed two activity coordinators and people who used the service told us that games and activities did take place. However, during our visit we did not see many meaningful activities taking place and observed long periods when people were not engaged in meaningful activity.

The provider had a complaints policy and procedure in place. Records showed that complaints were investigated but no outcome was documented.

The provider did not have a robust and effective quality assurance system in place. The registered manager was in the process of implementing a new system, but this had not been fully implemented at the time of our inspection. As a result there was not sufficient evidence of an ongoing, robust and effective quality system being in place.

There was not a robust system in place to identify environmental risks and ensure that appropriate maintenance checks and tasks were being completed routinely. The recording of maintenance and safety checks was incomplete and confusing, and evidence of important safety checks, such as routine hot water temperature checks, was not available.

Summary of findings

We found the provider was breaching a number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People living at the service told us they felt safe. Staff were clear on what constituted as abuse and had a clear understanding of the procedures in place to safeguard vulnerable people and how to raise a safeguarding alert.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The provider had a recruitment and selection procedure in place, however improvements to this was required such as ensuring the required DBS checks had been obtained and evidenced in staff records.

There were issues around the cleanliness of the service and infection prevention and control measures. People didn't always have a clean and pleasant environment to live in and were not adequately protected from the risk of infection.

There were policies and procedures to ensure people received their medicines safely and medicines were stored appropriately.

Requires improvement



Is the service effective?

The service was not effective.

Staff training was not up to date and regular supervisions and appraisals for staff had not been taking place.

People were supported to maintain good health and had access to healthcare professionals and services.

People were provided with food and drink that met their individual needs and preferences. Staff gave assistance with eating and drinking where people needed this, although at times, the way assistance was provided could be improved. Improvements could also be made to some meal time practices to give users and staff a better experience.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Inadequate



Is the service caring?

The service was caring

People told us that staff were kind and caring. We saw that staff treated people with dignity and respect.

It was clear from our observations and from speaking with staff that they had a good understanding of people's care and support needs and knew people well.

Good



Summary of findings

There was little evidence in people's care records to show people were involved in making decisions about their care or to show how independence was promoted.

Is the service responsive?

This service was not always responsive.

People's care plans were mostly reviewed on a monthly basis and systems were in place to identify if someone's needs had changed.

We did not see any evidence to show people were supported to access the local community. However the registered manager had acquired some quotes for appropriate transport to support this in the future.

Complaints and concerns were acknowledged and documented, although there was no evidence of the outcome recorded to show that the complaints process had been followed to a suitable conclusion. People who used the service knew how to make a complaint and said that they felt that staff and the registered manager listened to them.

Requires improvement



Is the service well-led?

The service was not always well led.

The registered manager had identified where improvements were needed at the service. They were open and transparent about where the service was and where they wanted it to be. The registered manager was already in discussions with the provider about their proposals for improvement and how these could be implemented.

The provider did not have a robust and effective quality assurance and governance system in place at the time of our inspection. However we saw plans were in place to implement one.

People who used the service, relatives and staff told us the registered manager was approachable and open to suggestions.

Requires improvement



Morris Grange Care 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 4th and 9th February 2015 and was unannounced. This meant the staff and provider did not know we would be visiting.

The inspection team consisted of two adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in caring for older people.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised with us about the service since the last inspection.

The provider was not asked to complete a provider information return (PIR) before our visit. 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.

During our inspection we spoke with 12 people who used the service and two family members. We also spoke with the registered manager and 14 members of staff.

We also spoke with two healthcare professionals, one social care assessor and one safeguarding team manager to gain feedback on their experiences of the service.

We looked at the personal care or treatment records of five people who used the service and observed how people were being cared for. We also looked at the personnel files for nine members of staff and a selection of policies and records relating to the general management of the service.

Is the service safe?

Our findings

All of the people we spoke with said they felt safe living at the service. One person said, “I use my call bell at night and don’t have to wait long for staff to come.” Another person said, “I feel safe enough here.” One relative we spoke with said, “I feel my wife is safe.”

Staff we spoke with said that they felt people were safe and cared for. For example, one staff member said, “People are as safe as they can be.”

We spoke with five members of staff about safeguarding and the steps they would take if they suspected or witnessed abuse. We asked staff to tell us about their understanding of the safeguarding process. Staff demonstrated an awareness of the different types of abuse and how to report any concerns they had to the person in charge. Staff also knew how to take concerns further if need be, for example to the local authority safeguarding team. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation’s whistle blowing (telling someone) and safeguarding procedures. We did see evidence that any safeguardings were dealt with appropriately.

We saw evidence of individual risk assessments in people’s care records and people were supported by individualised plans which detailed how to manage identified risks. Some risk assessments were quite general, for example one individual’s risk assessment for aspiration stated ‘vary placement of food in person’s mouth according to type of deficit’ rather than specifying what was needed for that particular individual’s needs. One care plan said ‘attempt to identify triggers for anxious/resistive behaviours’ but did not go on to give any information about the triggers or care responses that were relevant for this individual and the safe and effective management of their behaviours. It is important that risks are assessed and managed in a way that is specific to each individual’s personal needs.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people

who cannot safely get themselves out of a building unaided during an emergency. Each individual PEEP was reviewed every three months to ensure they were up to date and reflected people’s needs.

There was no evidence of a robust system for monitoring accidents and incidents and taking appropriate action to avoid unnecessary re-occurrence had been in place until very recently. However, the manager was able to demonstrate that accidents and incidents were starting to be managed appropriately. At the end of every month all accidents and incidents were now reviewed to see if any themes or patterns emerged. At the time of our inspection the registered manager said, “Previously all that was recorded were falls, I have now implemented a system to cover every accident and incident. I will be looking at everything, such as times they occur, whether it shows if people may be coming down with an illness.” This showed the registered manager had taken appropriate action to improve and when fully implemented this new process will help to ensure that risks are identified and prevented from reoccurring wherever possible.

We spoke to the registered manager about staffing levels and how they ensured that enough staff were on duty to meet people’s needs. They confirmed that staffing was based on people’s needs and other relevant factors. We viewed the staffing rota for two weeks before and one week during the inspection. This showed that there were always enough staff on duty. People who used the service said that staff were available when needed. Staff we spoke with told us that they thought there were enough staff available to meet people’s needs. Comments made by staff we spoke with included, “There are enough staff but it can be busy sometimes depending on people’s behaviours.” One relative we spoke with said, “There are enough staff, the place is swarming with them.” The service did use agency staff to help maintain staffing levels, due to some difficulties recruiting staff. The registered manager explained, “We have struggled to employ nurses, the agency nurses we use are long term and two have decided to work full time for us.” Due to the service being quite remote the provider provided transport to pick staff up and drop them off, to help maintain appropriate staffing. The provider was taking appropriate steps to ensure that there were enough staff employed and available to meet people’s needs.

Is the service safe?

We looked at the recruitment records for nine members of staff, three of which had been recruited in the last five months. We saw evidence that at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates along with work permits for staff who were not British citizens. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

We saw that Disclosure and Barring Service (DBS) disclosures were not always checked or relevant information recorded before staff started work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions and also to minimise the risk of unsuitable people working with children and vulnerable adults. On the first day of our inspection we saw that one member of staff who started in October 2014 had no DBS number or record of the DBS check's outcome on their file. When we asked about this, we were told that the staff member had forgotten to bring in their DBS check. On the second inspection day this number had been recorded on their file. On the second inspection day we saw another staff member's file with no DBS information recorded. The registered manager was looking into this for us. Staff should not start work until the provider had satisfied themselves that a suitable DBS disclosure had been obtained and checked for any information relevant to the staff members employment, for example, relevant convictions or inclusion on the barred list. This meant that although the provider had a recruitment and selection procedure in place and carried out relevant checks when they employed staff, evidence of the required DBS checks was sometimes missing.

It is good practice to reapply for DBS checks every three years and the registered manager told us that they were keen to implement this. At the time of our inspection DBS checks were not routinely renewed.

We looked through a selection of medication administration records (MARs) and it was clear all medicines had been administered and recorded correctly, with full explanations if they had been refused. The medicines trolley was stored safely when not in use and the

temperature was checked and recorded daily. At the time of our visit the service did not have any medicines liable to misuse called controlled drugs. The service had no individual protocols for when required medicines (PRN), explaining why and how each PRN should be administered and when to be repeated. This information is important, to ensure that staff can make safe decisions about when PRN medicines are needed and how they should be used.

The home had three units which specialised in nursing care, dementia care and care for people with behaviour that challenges. On the unit for people with behaviour that challenges there were signs to remind staff to always wear their emergency 'buzzers'. On the first day of inspection we asked three members of staff on this unit if they had their emergency 'buzzers' on, and found that each staff member said no. We asked why they had to wear the emergency 'buzzer' and one staff member said, "We need to wear them in case of an emergency where either ourselves or a person who used the service is at risk." The buzzers allowed staff to call for assistance and it was concerning that staff were not implementing something that was so safety critical. On the second day of inspection we checked again to see if staff were wearing their buzzers and found that all staff were now wearing their emergency buzzers.

During our visit we identified concerns around cleanliness and infection control. We observed the laundry and noticed clean linen and clothes were stored close to dirty linen and clothes, with no evidence of designated clean and dirty areas being in use. We discussed with the registered manager that this represented a risk of cross infection. We also found that some rooms and areas of the home had a strong malodour and did not smell fresh and clean. In two peoples bedrooms we noticed a strong and unpleasant smell of urine. We asked to see the cleaning schedule, for evidence of the regular cleaning that took place, but there wasn't one available.

Rooms used for storage of cleaning products and a room saying bathroom, which was out of use with part of the floor dug up, were not locked. The registered manager made sure that both rooms were locked when we brought this to their attention and we checked this again on the second day of our inspection. The service's only sluice facility, located on the nursing unit, was out of action and according to the registered manager had been for a number of years.

Is the service safe?

On the second day of inspection the infection prevention and control nurse came to do an audit. They also identified concerns about cleanliness, unpleasant odours and the risk of cross infection. For example they found mattresses and pressure relieving cushions that were dirty and did not smell pleasant. We asked if there was an audit to cover the mattresses and cushions to make sure they were checked regularly and cleaned or replaced as necessary, but the registered manager said there were no such audits currently in place.

This was a breach of Regulation 12 (Cleanliness and infection control), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our inspection there were no environmental risk assessments available, despite asking the manager and maintenance personnel for these. On the first day of inspection we found a bare wire coming out of the wall. We alerted the registered manager and saw this was taped up on our second inspection day. We also noted several trip hazards throughout the service, such as ridges between corridors and conservatories, which also prevented anyone with a wheelchair accessing them. There were small ramps, not noticeable by eye that could cause trips. Two of these were on the dementia unit, where people could be expected to experience disruption to their spatial awareness and be at increased risk of falls due to their dementia.

There was no evidence that hot water temperature checks had been carried out for all rooms and bathrooms, to show they were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health

and Safety in Care Homes 2014. There was also no evidence that taps and showerheads, especially in vacant rooms, were flushed through weekly. Regular flushing is important, as lapses have been shown to cause a critical increase in legionella.

Maintenance personnel carried out a monthly safety inspection of the premises and we saw records of these. On the 6th January 2015 it stated 'Found the majority of thermostatic radiator valves not functioning properly, heat compensators are not connected to the boiler so no back up in the event of boiler failure.' We discussed this with the registered manager who said they had passed a request to the provider for this work to be carried out. However, at the time of our visits on 4th and 9th February there was no evidence that the necessary remedial works had been completed.

This was a breach of Regulation 10 (1(b)) (Assessing and monitoring the quality of service provision), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Portable Appliance Testing (PAT), gas servicing and equipment servicing records were all up to date. However the weighing scales had last been calibrated in 2010. This meant that the provider could not be sure that the scales provided a true measurement of people's weight and that people may be at risk due to the use of uncalibrated equipment. Fire drills had taken place every six months; although we noted that the service's standard operating procedure (SOP) said that fire drills took place weekly. We saw that fire doors were closed and not propped open and fire extinguisher checks were up to date.

Is the service effective?

Our findings

People we spoke with who used the service said “Staff are helpful, if you ask for anything they will get it for you.” Another said “If you ring the bell staff usually comes quickly.”

Relatives of people using the service said, “I have no concerns, I am happy with the care, but sometimes I wish they would put a different jumper on or her beads on, but not very often.”

We asked for an up to date copy of the home’s staff training matrix. This was a record showing all the home’s staff and the training they had completed. On this record we saw evidence to show that staff training was not up to date and that some staff had not completed training that was important to their role and people’s safety. For example, one member of staff who started work in October 2014 had only received moving and handling training, with no other training recorded. Another member of staff who started in October 2014 had received all the expected training except moving and handling. A member of staff who started in September 2014 had only received training on dementia, with no other training recorded.

Out of the 73 staff members named on the training matrix, only 37 had received infection control training, no staff had received end of life care training and out of the four staff working in the kitchen only one member had received food safety training. We did not see any evidence of food hygiene certificates for the kitchen staff.

Staff did not receive support through regular formal supervision sessions. The services supervision policy stated ‘staff will be supervised four times per year. One of these supervisions will take the form of an annual appraisal.’ We looked through the supervision file and found only two staff had received four supervisions sessions in the last year. The policy also stated ‘new employees will be appraised once during the induction programme to ensure all is satisfactory and again when the programme is completed.’ The five new staff files we looked at did not contain any evidence of this taking place. We also asked to see evidence of the manager’s supervision arrangements, including records of their formal supervision sessions with their line manager. The manager confirmed that they were visited by the area manager and kept their own notes of

those visits and meetings, which we were shown. However, formal supervision records were not available. This had already been highlighted during the previous inspection of Morris Grange.

This was a breach of Regulation 23 (Supporting workers), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is a continuing breach because a breach of Regulation 23 was highlighted at our last visit and the provider was required to make improvements to the way staff were supported at that time.

The registered manager had a good understanding of the Mental Capacity Act (2005). The Mental Capacity Act (2005) protects people who lack capacity to make a decision for themselves because of permanent or temporary problems such as mental illness, impairment of the brain or a learning disability. They ensured that if a person lacked the capacity to make a decision for themselves, best interest’s guidelines were followed. At the time of the inspection, 52 people who used the service were subject to an application to deprive them of their liberty using a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

We looked at five care files. The care records we looked at included ‘do not attempt cardiopulmonary resuscitation’ (DNACPR) forms. All of these were up to date and showed who had been involved in the decision making process, for example, the person who used the service, family members, GP and staff. However, one person’s file had a DNACPR form, which had been completed without their involvement. There was no specific MCA capacity assessment relating to the DNACPR decision, but there was an MCA capacity assessment for decisions relating to care and welfare later in the person’s care file, which showed the person lacked capacity to make decisions related to their care and welfare. The DNACPR form did not have a review date, with a box ticked to indicate that the decision was valid until the end of life. .

One person’s file contained a DOLS check list with no end date recorded. This checklist said that this person was not being deprived of liberty, but other records showed that the person was actually subject to a DOLS authorisation. The checklists did not reflect current good practice or

Is the service effective?

changes resulting from the Cheshire West high court judgement. It was no longer an accurate tool to help staff judge if people may be being deprived of their liberty or not.

One person's file contained separate MCA capacity assessments for key areas of decision making because the person had a mental impairment. The assessments showed they lacked capacity to make certain decisions for themselves.

There was a form included in people's records to record any power of attorney (POA), guardianships or advanced decisions that were relevant to the person and their care. However, one example we looked at didn't specify exactly which POA was in place, just that a relative had some form of POA. This is important information which impacts on decision making for that individual and the service should be fully aware of it.

Training records showed that no staff had been trained on the MCA or DoLS. One staff member looked confused when we asked what knowledge they have on these subjects and could not demonstrate any awareness. However, another staff member showed some awareness and said, "It is about people making their own decisions and if unable to make their own decisions to ensure what is done is right for them."

Over the two day inspection we observed lunch on the dementia unit and twice on the nursing unit. Lunch seemed quite chaotic on the dementia unit. For example we saw, one staff member feeding two people at once and another was feeding a person but also running about after other people at the same time. On the nursing unit we noted that only five people sat and ate lunch in the dining room. 12 people remained in their chairs from late morning, through lunchtime and well into the afternoon, being assisted with their lunch where they sat. When we asked staff about this they said, "This is easier for people who could not sit at a table or who needed hoisting." Staff sat on stools feeding people and spent time assisting each person on a one to one basis. Assistance was mostly provided in a kindly and caring way, with staff talking with people and using tissues to keep people clean and dignified. However we were concerned to see one person being fed with very large spoonfuls of food. Food kept coming back out of their mouth and was then scooped up with the spoon and put back in their mouth. This person had been assessed as at risk of aspiration and the way they

were fed did not look appropriate to this or dignified. We asked staff about this person and the assistance they needed with feeding. Staff told us that they had tried using smaller spoons but it did not work and that whatever they did food came back out of the person's mouth. We made the registered manager aware of our concerns and suggested that they observe the person at meal times to satisfy themselves that assistance was being given safely and in the most appropriate way for that person.

We also observed that it took a very long time for staff to feed people on the nursing unit. Preparations started at 12:20 pm with protective clothing being put on and by 14:00pm two people were still waiting to be assisted with their meal. On the first inspection day another person who appeared to have no top teeth or dentures was left on their own to eat gammon. A member of staff offered to cut this up for them but went to help another person and did not return. This person eventually gave up trying to eat it and left the dining room without having eaten anything at all. We passed this concern onto the registered manager at the time of our visit.

People who used the service said, "The food is good, you can get alternatives if you don't like what is on offer." And "I like the food; I never go hungry, there is always plenty." Another person who used the service said, "I don't like the food, there is not enough salad or variety, in the evenings they usually make beans on toast, I don't like that, they do make me sandwiches but it's always the same, either cheese or ham. I like fresh fruit and vegetables, they use tinned beans, there is no need for it." Relatives we spoke with said, "The food is very good." On the first inspection day the menu board was not completed, on the second inspection day the menu board was completed showing a choice of main meal.

We discussed special dietary needs with the cook/kitchen assistant. They said they have a record of all peoples needs and made sure they catered for any particular diet. For example, one person had a digestive condition where they had an adverse reaction to gluten. The cook stated that they made the same food for this person as they did everyone else but used gluten free flour. They said, "I make them gluten free carrot cake or scones."

We also observed that people who needed a soft, pureed diet were catered for, with individual parts of the meal pureed separately, so that their plate of food still looked appealing. Staff were able to tell us how people who

Is the service effective?

needed a sort diet were given their cakes mashed with cream or alternative snacks, such as yoghurts, mashed banana with cream or prescribed food supplements if they were at nutritional risk.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. One GP came in every Wednesday to do a 'ward round.' Another GP visited during the second day of our inspection. Care records contained evidence of visits from external specialists including the speech and language therapist (SALT) and dietician.

We looked around the service, to see if the design and adaptation of the premises was suitable for the needs of the people receiving care. The NICE Guidelines "Dementia:

Supporting people with dementia and their carers in health and social care" states that dementia care environments should be designed and adapted to be enabling and aid orientation. Specific, but not exclusive, attention should be paid to: lighting, colour schemes, floor coverings, assistive technology, signage, garden design, and the access to and safety of the external environment. We found that improvements were needed to ensure that the environment at Morris Grange adequately reflected the needs of the people being looked after. For example, the dementia unit had rooms built inside rooms which were dark and had patterned carpet, these led out to a dark blue carpet, which then had a separating strip onto wood type flooring. Some people with dementia can find it hard to work out what they are seeing when a carpet is highly patterned and changes in carpet and carpet separating strips can be very confusing for some people with dementia, because the change in colour looks like a

change in level. We observed one person walking with their zimmer frame and hesitated when they approached the carpet strip. It took them a while to step over to the dark blue carpet.

One person who was staying at the service temporarily said, "My shower does not work and I have no plug on my washbasin." We viewed, with permission, this person's room. The bath was being used for storage, the wooden bath panel was coming away and there was no plug to enable the person to use the sink. We discussed this with the registered manager and on our second inspection day we noted that the bath panel had been fixed but nothing else had changed.

The ensembles we viewed all contained baths, which the majority of people living at the service would be unable to use. Throughout the home we observed that there were issues with storage space. For example, the baths in some people's ensembles were being used to store large numbers of incontinence pads and the small conservatory area off the nursing lounge was full of wheelchairs, walking frames and the hoist when not in use.

We observed one room that seemed to have its own hallway with a conservatory attached. The hallway to enter this room had a 'baby gate' on it. No one could tell us why that baby gate was there. We noted on our second day of inspection this gate had been removed. We spoke with the person in this room and they said, "Oh come next door to my conservatory." We followed the person to find staff were having their lunch break in there. Although this conservatory was not part of the person's room it still belonged to the people who used the service.

Overall the design and adaptation of the premises did not support people's independence or recognise the specialist's needs of people using the service.

Is the service caring?

Our findings

People we spoke with who used the service said, “They (the staff) are my friends, they are absolutely marvellous, although they do keep changing.” Another person said, “I don’t really know the staff, there are so many of them, there are too many foreigners and we don’t understand each other.” Another person who used the service said, “I know all the girls and they all know me, they’re my pals, I feel okay here but I get fed up sometimes and I get lonely.”

Relatives we spoke with said, “The staff are lovely, I am always made to feel welcome.” And another said, “Staff are good.”

We observed the care between staff and people who used the service. People were treated with kindness and compassion. Staff were attentive and interacted well with people. We observed pleasant interactions between staff and people who used the service. For example, they sat holding people’s hands, chatting and checking that people were alright. One staff member noticed the sun was streaming in on someone’s face and quickly altered the curtain so they were comfortable. Another noticed someone was getting hot sitting next to the window and asked if they would like a blanket removed.

We asked staff about maintaining people’s privacy and dignity and they explained how they told the person exactly what they were doing when carrying out any type of care, they knocked and gained permission before entering people’s rooms and they ensured that doors were closed when carrying out any personal care. Staff also explained

how they pulled the blinds down over the windows in people’s bedroom doors when providing personal care. However, we observed that staff were not always as discrete as they could be. For example, we observed some loud discussions about what was happening and that they were “going to the toilet” while staff were assisting one person in the lounge.

We also observed that when healthcare professionals came in to examine people in the lounge on the nursing unit, a screen was placed around them, in an effort to protect their privacy. Although other people sitting in the lounge could not see what was going on they could still hear what was being talked about. We discussed with the registered manager that it may be better to provide these examinations in people’s own rooms wherever possible.

We observed people being moved by hoist on two separate occasions by different members of staff. We saw this was done effectively and calmly, reassuring the person throughout with full explanations about what was happening.

The registered manager said they used an advocacy service called Clover Leaf if needed. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them such as their personal care choices.

People’s end of life care wishes had not been documented in their care plans. We discussed this with the registered manager and they said this is something they were aware of that needed implementing.

Is the service responsive?

Our findings

We looked at care plans for five people who used the service.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained some good information setting out how each person should be supported to ensure their needs were met. The care plans included risk assessments for areas such as nutrition, skin integrity, manual handling and other risk areas relevant to the individuals concerned. Some individual choices and preferences were documented in the care plans and they had a system in place for assessing and planning care with regular reviews, although we noticed that the monthly reviews hadn't taken place in December 2014 in some of the records we looked at.

We saw that care plans were starting to become more person-centred, but that this varied across the records, with some being more person-centred than others.

Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. Information included what is important to me, my likes and dislikes. We also saw information on people's past history, including social and medical information.

The staff we spoke with demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person.

The service employed two activity coordinators who worked Monday to Friday 09:00 till 15:00 and people who used the service told us that games and activities did take place. One person we spoke with who used the service said, "We played bingo yesterday." Another person said, "I enjoy playing bingo." Whilst another person who used the service said, "We just sit here all day, its making my legs bad, I like to be up pottering around and doing things, I don't like just sitting." One person who used the service said, "I have no one to talk to."

During our visit we spent time and observed long periods when people were not engaged in meaningful activity. On our first inspection day we saw one activity staff member

walking about with a bag of skittles. It seemed whoever made eye contact with them was asked if they wanted to play or they would just set up the skittles in front of them without much explanation.

We observed that many people on the nursing unit sat in the lounge from mid-morning until mid-afternoon without moving, the television was mounted high up on the wall with some people sat under it where they could not see it. The volume was turned down and there were no subtitles so it was just moving pictures.

On our second day of inspection it was a cold but really sunny day. One person who used the service said they would love to go outside but understood staff were busy. We asked the registered manager if people had the opportunity to go for walks around the grounds, as the service is set in beautiful countryside. The registered manager said they would look into making this happen.

We did observe lots of friendly banter on the dementia unit, one staff member said, "I really like giving people pleasure, making them laugh or smile." Staff did say they would love more accessible outside space, due to safety reasons a lot of the outside space had been fenced off, especially around the pond.

We discussed the lack of structure to activities with the registered manager, who said they were aware that work needed to be done with this. The registered manager showed us a file that one of the activity coordinators had compiled. This documented what activities they had done, what worked well as a one to one or as a group and who enjoyed what. This evidenced that work was starting to be done to tailor activities to each individual need.

We spoke to the hairdresser who had been coming in to the home once a week for six years, and visiting the dementia unit once a month. They said, "I enjoy it, I get to know the people and it's a good feeling that you can make them feel nice, I can spruce them up and it cheers people up, doesn't it." We asked the registered manager why the hairdresser only visits the dementia unit once a month, they explained "On a monthly basis, the hairdresser visits all units where she cuts/trims for those individuals who do not wish to visit the salon (on nursing unit)."

Information on how to make a complaint was on the wall in the reception and also in their standard operations procedure, both were in need of updating due to having out of date information documented.

Is the service responsive?

We saw the complaints and compliments file. This showed the service had received four recent complaints and three recent compliments. Compliments had been received from a relative, thanking staff for making Christmas so special. Another had been received from a visiting healthcare professional, who said they were impressed with the care plans and there was a lovely feel to the place. There was no recorded outcome from the complaints, so we could not

evidence that they had been appropriately investigated or if people were happy with the end result. This meant that comments and complaints were listened to and but not acted on effectively.

Relatives and people who used the service all said they knew how to make a complaint if need be. One relative said, "I can raise an issue if need be and the staff will listen." Another said, "I have not seen anything when visiting to raise a concern."

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place.

During our last visit to this care home staff had raised concerns about the management culture at the service. Both staff and relatives we spoke with during this visit said that things had improved. Many of the people we spoke with said that improvements had taken place since the new registered manager came to work at the home.

Relatives we spoke with said, “The manager is very good, they have their finger on the pulse.” Another said, “I have no issues with the new manager.”

Staff we spoke with said, “I am supported by my unit manager and the new manager is very approachable,” and “The manager has a heart of gold.” Other members of staff said, “The manager is very good, they are hands on,” and “I think the new manager is making good changes.”

One person had been visiting the service for three and a half years to do one to one gentle exercise sessions. They said, “I used to hate coming here, there was a really bad atmosphere, but since the new manager started there has been a massive improvement, they have made a huge difference, I look forward to coming now.”

External healthcare professionals we spoke with said, “There is a new manager who has picked up on a number of issues and appears to be trying to improve the service.” Another said, “Since the new manager has been in post I have found the staff helpful on my visits, they have been helpful in the reviews of care support or when completing continuing health care assessments. Even when I have been walking through the building to other units staff acknowledge me even the ones that don’t know me, from cleaners to care staff, which is much improved from previously.” And “In my view the care setting can always be improved although the atmosphere when you enter the building is very much improved.” Another external healthcare professional we spoke with said, “There had been issues which were addressed.”

We saw that a quality survey for relatives, had been carried out in January 2015. The registered manager was waiting for all the reply’s to be returned before collating the results and devising an action plan where needed.

There wasn’t an effective auditing system in place. There had not been regular audits of things we’d expect, such as infection control and medication. The audits we did see hadn’t always been effective at bringing about improvements. For example, we saw evidence of one in-house infection control audit. This was completed in October 2014, by staff on the dementia unit and stated, ‘as there is no sluice on the dementia unit, we need to use the sluice on the nursing unit.’ However we found that the sluice has been out of action for a number of years. This showed that the audit was not accurate or effective in monitoring and improving infection control arrangements. The registered manager had started to introduce medication audits; we saw evidence of one that had been completed on the dementia unit in November 2014. The registered manager showed us a new audit tool they were planning to implement.

The breaches and suggested improvements identified by us showed that the provider did not have an effective system in place to monitor quality and ensure they were meeting regulatory requirements. Therefore both provider and registered manager could not demonstrate that people benefited from safe and quality care.

This was a breach of Regulation 10 (1(b)) (Monitoring and assessing the performance of the service), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the minutes of staff meetings. Three meetings had taken place since the new registered manager started. Topics discussed at these meetings included dignity in the work place, communication, staff supervision and sickness.

The registered manager informed us that they have now changed the format of staff meetings, to better meet the needs of the service and the three care units. Separate staff meetings would now take place regularly for each unit, these will now be based on units, allowing more focus on each unit’s needs and priorities.

We only saw evidence of one residents meeting in July 2014, which had been set up to introduce the new registered manager. No other residents or relatives meetings were recorded.

The registered manager was able to tell us they had identified areas where improvements were needed and

Is the service well-led?

what they wanted to do about them. They have put proposals for improvements to the provider but at the time of our visit it was too early to see evidence of a sustained period of implementation and improvements.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who use services and others were not protected against the risks of inappropriate or unsafe care because an effective system for monitoring the service was not in place.

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

People who used the service were not in a clean environment or protected from acquiring infections.

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

People were at risk of not being kept safe, or not having their health and welfare needs met because staff are not properly trained, supervised and appraised.