

W & S Red Rose Healthcare Limited

Morley Manor Residential Home

Inspection report

Brunswick Street
Morley
Leeds
West Yorkshire
LS27 9DL

Tel: 01132530309

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12 January 2017

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We carried out this inspection on 10 and 12 January 2017. Both visits were unannounced. At our last inspection on 5 May 2016 we rated the service as 'requires improvement' and identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not always receive safe care and treatment, people's capacity to make decisions was not being assessed in accordance with the Mental Capacity Act 2005 and we found there was poor leadership and governance. As the service is rated 'inadequate' overall, we placed the service into special measures. This gives the provider six months to make significant improvements, and we informed the provider that if improvements were not made we would take action in line with our enforcement procedures.

At this inspection we found the provider had not made sufficient improvements, and remained in breach of the three regulations identified at the last inspection. In addition we identified further breaches.

Morley Manor is registered to provide care and support for up to 31 people living with dementia. The home is situated on the outskirts of Morley, within reach of the town centre and local amenities. There was a manager in post when we inspected. They had not applied to register with us. 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.

We found risks associated with peoples' care and support was not always robustly assessed. In addition we found there were no environmental risk assessments in place. We had raised this with the provider at our last inspection.

There was a lack of training in place to ensure staff were clear about how to evacuate the building in the event of a fire.

Recruitment of staff was not always carried out safely. We saw some files contained only one or no employment references. We did see checks had been made with the Disclosure and Barring Service, however.

People told us they felt safe, and that staff were present in sufficient numbers to meet people's needs. We saw the manager used a dependency tool to calculate the numbers of staff required to meet people's needs, however this was not being used correctly or kept up to date. In addition we found staffing rotas did not always accurately reflect the number of staff on duty.

Most staff we spoke with understood the principles of safeguarding and said they had received training in this area. We saw 15 out of 24 staff had received training, meaning we could not be sure all staff had the knowledge necessary to keep people safe from the risks of abuse.

People's medicines were managed and stored safely, and we saw records relating to the administration of medicines were up to date and correctly completed. Staff practice with medicines was observed to be good, however we received some conflicting information about whether one person received medicines without their knowledge

We saw the provider had made improvements to the décor of the home, and we saw certificates showing maintenance of fixtures and fittings was kept up to date. We saw large amounts of people's clothing waiting in the laundry which had not been returned to people. We found the sink unit in the dining room still required attention relating to cleanliness and repair..

We found people's capacity to make decisions was still not being assessed in accordance with the Mental Capacity Act 2005. Care plans lacked evidence of best interest decisions and consent to care and support, although people told us they were asked for consent before receiving assistance from staff.

We found levels of training received by staff was often low, and this impacted on their ability to provide effective care for people.

People gave good feedback about meals served at Morley Manor, and we saw people were offered choice. Staff had good understanding of people's dietary requirements, and we saw the chef was actively getting feedback from people about the food so that new menus could be devised.

Information which personalised people's care plans had been removed since our last inspection, and we did not see evidence that people had been involved in writing them.

We observed good staff practice throughout the inspection, and saw there was a caring approach to providing care and support to people. We saw staff reassured and encouraged people when this was needed, and dealt effectively with situations when people were upset or annoyed by others.

Although the provider was assessing people's needs before they started using the service, this information was not always used to produce care plans in a timely way. In addition we found that changes in people's care and support needs were not always documented in their care plans.

There was a lack of information in the home about the provider's complaints procedure. Although we saw some evidence complaints had been responded to, the manager could not locate all the information relating to complaints received.

People had opportunities to participate in a range of daily activities.

There was a manager in post; however they had not applied to register with the CQC. We found a lack of clear delegation and leadership in the home.

The provider was not providing formal supervision for the manager, although we had asked them to take action about this at our last inspection. We saw evidence some management meetings had taken place; however there was no mechanism in place to ensure the manager received support to be effective in their role.

Audit processes were still not robust and well-managed, and information was not always accurate. There was no defined programme of audit in place, and activity was ad hoc.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

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

We identified six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We will report on the action taken in relation to five of these when it is complete. We dealt with the breach related to display of ratings outside of the inspection process.

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.

Care and support was not always planned to ensure it was safe. There were delays in producing care plans which placed people at risk. Risk assessments were not always fully completed and lacked review to ensure they were current..

Recruitment practices were not always safe. The provider's policy was not being followed, and background checks for new staff were not always thorough. There was no controlled process in place for the recruitment of management staff.

Medicines were being managed safely.

Is the service effective?

Inadequate ●

The service was not effective.

Care plans lacked assessments of people's ability to make specific decisions in line with the requirements of the Mental Capacity Act 2005. In addition the provider had failed to document best interest decisions and people's consent.

We saw there was a lack of training provided to ensure staff were effective in their roles.

People gave good feedback about the meals served in the home, however we found the lunch service lacked atmosphere.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Information which personalised people's care plans had been removed.

There was a lack of evidence of people's involvement in writing their care plans.

We observed caring staff practice during both days of our inspection.

Is the service responsive?

The service was not always responsive.

Care plans and risk assessments were not regularly reviewed to ensure care and support was responsive to any changes in people's need. One care plan was not updated following an accident which changed the person's support needs.

Pre-assessments carried out to ensure the provider could meet people's care and support needs were not always used to write care plans in a timely way.

There was a lack of information in the home to tell people how to make complaints. We found there was a lack of structured approach to the management of complaints records, although we saw some evidence complaints had been responded to appropriately.

Requires Improvement 

Is the service well-led?

The service was not well-led.

There was a lack of clear delegation, control and monitoring of the service. Staff gave good feedback about the manager.

Information management in the home was not under control. Information had been removed from care plans, supervision records were chaotic and there was a lack of structure to the management of complaints. The provider was not displaying their current CQC rating on their website.

The manager was still not receiving adequate formal support from the provider.

Inadequate 

Morley Manor Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 10 and 12 January 2017, and both visits were unannounced. On the first day the inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of care service. On the second day the team consisted of two adult social care inspectors.

To prepare for the inspection we reviewed all information we held about the provider including notifications they had made, previous inspection reports, action plans submitted by the provider and feedback from the local authority. We also spoke with the local safeguarding team. 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

During the inspection we made observations around the home including in all communal areas, bathrooms, the kitchen, the laundry and some people's rooms. We spoke with nine people who used the service and seven visiting relatives. In addition we spoke with the provider, the manager, the deputy manager, three care staff, the chef and the maintenance man. We looked in detail at three people's care plans, six staff files, the medicines records and stocks for three people and other records relating to the running of the home.

Is the service safe?

Our findings

At our last inspection we rated this domain 'inadequate' and identified the provider remained in breach of Regulation 12 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the provider was not always ensuring people's care and support needs were safely met, risk assessments were not robust, there was no environmental risk assessment in place and staff did not adequately understand fire evacuation procedures. We issued a warning notice and asked the provider to make improvements. At this inspection we found the provider had not taken sufficient action and remained in breach of this regulation. In addition we identified another breach of regulations.

Risk was not robustly assessed. People's care plans contained a range of risk assessments including those for falls, moving and handling, nutritional risks and skin integrity. In one care plan we looked at we saw risk assessments were dated in November 2016, however care plans containing guidance for staff to ensure these risks were minimised were dated in January 2017. This meant people were at risk of receiving unsafe care because staff did not have access to guidance to show how care and support should be provided.

Another care plan contained risk assessments which were not completed in a way which showed the nature of the risk. For example, a score of '4' was for the person's build. Guidance notes on the assessment showed this score should be used for both recent weight loss and obesity, with a tick box to show the exact nature of the risk relating to that person. This had not been completed, meaning it was unclear whether the person was losing weight or at risk from obesity. We asked the manager about the risk assessment and they told us, "Name of person is obese." When we looked at the person's weight recording chart we saw they had lost almost five percent of their body weight, however their weight had not been recorded between September 2016 and November 2016. There was a handwritten note stating, 'Weight loss due to proper medication management, GP informed', although there were no records of contact with the person's GP in their care plan. The weight chart had been amended with an undated note added by the acting deputy manager stating, 'Re-written with weights from audit due to weight error.' We asked the manager to explain this. They told us they did not know what the weight error was. This meant information relating to risk was not well managed, which could result in unsafe care and risk management.

At our last inspection we found there were no environmental risk assessments in place, and told the provider this needed to be addressed. At this inspection we found this work had not been done, meaning the provider had still not assessed their premises, identified risks and taken action to ensure any risks were minimised. At our last inspection, we also identified the sink unit in the dining room needed attention; there was a build-up of food debris in the cupboards and the seal between the work surface and tiles was dirty and worn, meaning cleaning would not be effective. We found no action had been taken in relation to this; at this inspection cupboards contained food debris and the seal was stained and broken. We told the provider about this during the inspection. We saw other areas of the home had been decorated, and saw maintenance was generally well managed. One resident said, "I can't find fault with it, I've got a lovely room upstairs, good food, when you look at this place the walls are clean and the floors are all clean."

At our last inspection we found a lack of awareness amongst staff about how to evacuate the building in the

event of a fire. At this inspection, staff we spoke with were able to tell us what they would do in the event of a fire, but were not able to tell us when they had last taken part in a simulated fire evacuation. Staff training records showed 13 of 23 staff had attended fire training, with the most recent being July 2016. We asked the manager what this had entailed. They told us this had been a classroom session covering principles and procedures, but had not included a simulated evacuation. This meant the provider had not taken robust action to ensure staff would have the experience required to keep people safe in the event of a fire.

We saw written advice from the fire inspection officer from West Yorkshire Fire and Rescue Service, and from the provider's fire risk assessor, that more staff should take part in simulated evacuations. We contacted the West Yorkshire Fire and Rescue Service to ask whether the required improvements had been made. They told us they had, however stated, 'Due to the complexity of the building, the issues regarding evacuation and staff training will need to be continually managed at all times in the future. The most recent fire risk assessment was dated 19 July 2016 and stated, 'It is recommended a fire drill is undertaken soon to ensure all staff are familiar with their roles and responsibilities.' We looked at the records of fire evacuation drills and saw only one had taken place since the risk assessment was written. This was carried out on 9 November 2016 and only included two staff

Three staff we spoke with told us they had completed safeguarding training. A member of staff who had worked at the home for seven weeks told us they had not completed the training but confirmed it was booked for a week after the inspection. Safeguarding training equips staff with the knowledge around types of abuse people may experience and how to identify signs of abuse, therefore we could not be sure staff who had not received the training would be able to fulfil their responsibilities for keeping people safe. Every member of staff said they would report any concerns to the manager and were confident they would act appropriately and promptly. We reviewed the staff training matrix and saw 15 of 24 staff had completed the training.

We concluded the provider remained in breach of Regulation 12 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment of staff was not being managed safely. We looked at the recruitment records of six staff, and reviewed the provider's recruitment policy, which stated there should be, 'Two work related work references.' This policy was dated 15 September 2016. Although we saw checks had been made with the Disclosure and Barring Service (DBS) to ensure new staff were not barred from working with vulnerable people, one file we looked at contained no references. The manager told us they had seen them, but could not locate them. Three files contained only one reference, which meant the provider's policy was not being followed. The manager was not able to explain this. One person's reference stated, 'Only worked for us for two days so can't comment.' The member of staff had no other references on file. We saw some staff had recent experience of working in care homes, however had given referees for personal rather than work related references. We asked the manager if they had asked the staff members why they did not want previous employers to be contacted. They told us, "With hindsight that's maybe something I should have done." In addition we saw several instances where gaps in employment had not been explored at interview. Exploring gaps in employment records and taking work related references helps employers demonstrate that appropriate employment decisions are being made.

When we arrived on the first day of inspection we were told the deputy manager had left the service in December 2016, and a senior carer had been promoted to the position. When we asked to see evidence of a formal application and interview, we were told these did not exist. The manager told us they had resigned before our inspection, and the acting deputy manager had been offered and accepted the post. The acting deputy manager confirmed this. We asked to see evidence of a formal process leading to this appointment

and were told this did not exist. The provider was not following their own policy, which stated, 'All applicants (regardless of position) must be provided with an application form and this must be completed before further consideration can be given to their application. No formal interview will take place without the interviewer being in possession of, and having reviewed, the application form.'

We concluded the provider was not adhering to their own policy and was in breach of Regulation 19 Fit and Proper Persons Employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with said they felt safe living at Morley Manor. One person told us, "Yes I feel safe, the girls are all lovely here." A visiting relative said, "Yes, [name of person] is safe, she's well looked after here." Another person said they felt the home had, "A family atmosphere."

Staff we spoke with said there were enough staff to meet people's needs. They said there were sufficient staff to provide support to people at the time they needed it and people did not usually have to wait. A member of the management team discussed the staffing arrangements which they said was a minimum of five care workers, including a senior, during the day and a minimum of four care workers, including a senior, during the night. The manager had identified that one person required additional support due to their complex needs and told us they were liaising with the funding authority to arrange additional staffing. They said this was sometimes impacting on the staffing arrangements but did not feel the staffing levels were unsafe. One member of staff said sometimes they did not have five workers during the day so staff were very busy but did not result in unsafe staffing arrangements.

The manager said they tried where possible to meet the minimum requirements but had recently struggled because of turnover of staff and levels of sickness. The manager said they used agency staff, but this was not always possible. Most people we spoke with felt staffing levels were adequate to meet people's needs. One relative told us, "There are always enough staff, weekends are a bit thinner."

We saw that some information on the staffing rota was not accurate. One member of staff was recorded as working on the staffing rota but recorded as 'sick' on another record that had been used for payroll. Another member stated they had been employed in a more senior role for four weeks but the rota did not reflect this.

The manager told us they used a dependency assessment tool to help determine staffing levels. We saw each person's level of need had been assessed in September, October, and November 2016 and an outcome of low, medium or high was recorded. There was no assessment for December 2016. Following the individual assessment no further work had been carried out to help calculate the staffing requirements. We concluded the manager had not used a formal system to help determine the staffing requirements. We concluded staffing levels were appropriate, but asked the provider to ensure this was monitored more robustly in future.

People told us they felt they were generally supported well with their medicines. One person said, "The staff bring my medicines every day. It depends who brings them if they stay 'til I have taken them." Another person told us, "The girls do my medicines in the mornings and at tea time."

We found medicines were managed safely. We observed two medicines rounds, and saw people were supported well to take their medicines. Staff gave people explanations, were patient and observed people take their medication before updating the Medicines Administration Records (MARs). We looked at the MARs of six people and saw these were correctly completed with no gaps. MARs also contained prescribing information prepared by the pharmacist, information relating to any allergies the person may have and a

photograph to aid identification.

Most medicines for people were delivered in pre-dispensed blister packs, also known as 'dosette boxes'. We checked three of these and found the contents matched the MARs, and concluded these medicines had been administered correctly. Some medicines were provided in boxes. We checked the stocks of these for three people, and found the stocks matched the MARs. Medicines were securely stored in a clean and well-ordered room. Regular temperature checks were taken and we were able to see that storage had always been at a safe temperature. Some medicines contain drugs which require additional secure storage. These are also known as 'controlled drugs'. We found these were appropriately stored, stocks matched records and the controlled drugs book was kept in good order. We found staff had good knowledge about medicines prescribed for 'as and when' use, such as those for pain relief. One member of staff told us, "Everyone here at the moment can say if they are in pain, but you have an idea from changes in their body language or general mood."

We reviewed a range of servicing and safety certification which showed maintenance of the home was kept up to date. This covered areas including gas safety, electrical systems, lift servicing and fire safety equipment servicing.

Is the service effective?

Our findings

At our last inspection we rated this domain 'requires improvement', and identified one breach of regulations. We found the provider was not adequately assessing people's capacity to make decisions, or screening people to ensure applications for Deprivation of Liberty Safeguards (DoLS) when required. The provider submitted an action plan showing how they intended to improve in this area. At this inspection we found DoLS had been applied for where required, however concluded the provider remained in breach as care plans lacked decision specific capacity assessments and records of best interest decisions.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Care plans we looked at contained statements such as, 'This care plan was assessed in the reasonable belief that [name of person] does not have capacity and was written in their best interest.' The acting deputy manager told us they had written the care plans, and said they believed this was enough information, and said, "Best interests is just a phrase – what is it you would expect to see?" We found a lack of evidence decision specific capacity assessments had been carried out. For example, one care plan contained a capacity assessment which gave the decision as, 'Front door locked, coded access to get out.' There were no capacity assessments to test the person's ability to make other decisions such as have medicines administered by staff. The acting deputy manager told us, "We would get a multi-disciplinary team to assess people's capacity, we don't have the skills."

Care plans we looked at lacked any evidence best interests decisions had been made when people lacked capacity to make a decision for themselves.

People told us the staff asked for their consent before providing any care or support, however care plans we looked at did not contain evidence of consent for any part of people's lives at Morley Manor including consent to live at the home, to have medicines administered, for assistance with personal care or for the presence of CCTV in the home.

We concluded the provider remained in breach of Regulation 11 Need for Consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the records of applications relating to DoLS and saw action had been taken since our last inspection. The manager told us applications had been made for 25 of the 29 people using the service, and that the four remaining people had capacity and therefore no application was required.

One member of staff who had not previously worked in the health and social care field and only worked at the home for seven weeks told us they felt very well supported by the management team and colleagues. They described their experience as "great" and said they were "really looking forward to their future" at Morley Manor. They told us they had shadowed experienced members of staff and completed a 'checklist' on their first day at work. We saw they were working unsupervised and were included in the staffing numbers; however, they had only completed three training sessions- manual handling, diabetes and food hygiene. They said they were not undertaking the 'Care Certificate' but had been told they would be doing an NVQ qualification. The 'Care Certificate' is an identified set of standards that workers adhere to in their daily working life.

People we spoke with gave a variety of responses when we asked how the staff provided care and support. One person said, "There are three or four staff who are excellent, the rest are rubbish." We looked at the record of training received by staff and saw there were a large number of areas in which the staff had not had the required support to be effective in their roles. For example, only two of 23 staff listed staff had a record of dementia training, two had received training in falls management and only six had a record of training in moving and handling. Two care plans we looked at showed the people were both diabetic and could exhibit behaviours that challenge. We saw only two staff had received training in the management of challenging behaviours, and only five had received training in diabetes in January 2017, meaning staff did not receive timely training to help them meet people's needs effectively.

This was a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they received support to remain effective in their roles through regular supervision and appraisal meetings. One member of staff said, "I had my last supervision with [name of manager], and about every three months. We discussed how we can improve." Another staff member told us, "I've been supported; made to feel welcome."

We asked to look at the records relating to staff supervision and appraisal. The manager told us they had a tracker which would show when these had been scheduled and when these had taken place. This could not be located, however. When we asked to see supervision and appraisal records for individual members of staff we found these had not been filed in any meaningful order. It was not possible for us to establish which staff had had supervision and appraisal meetings, or the frequency of these.

People we spoke with gave mainly positive feedback about the meals served at Morley Manor. One person told us, "I get some lovely dinners. If you don't like your dinner they'll take it away and get you something else. They never leave you without anything". Another person said, "The food is reasonable there's plenty of choice they bring you menus every night after evening meals."

We reviewed the food records, which showed people were offered varied meals, for example, recent meals included, roast dinners, curry and rice, steak pie and chips, fish and potato pie, peas and parsley sauce; however, the food records did not match the home's menus. The chef said the menus were being revised because the menu options available did not always meet people preferences. The chef said catering staff had been chatting to people individually but these discussions were not recorded. The manager said they had developed a draft menu and over the next couple of weeks they would be trialling this to make sure it

was popular with people who used the service.

We found the chef had a good understanding around people's specific dietary requirements, for example, different textured meals for people who had difficulty chewing or swallowing. Staff told us the quality and range of meals was good.

We observed the lunchtime meal service and saw this was a relaxed and unrushed experience for people, although it was lacking in atmosphere. One person received a meal suitable for their dietary needs, and we saw staff explain this to the person. Another person received assistance with their meal, and we saw the staff member provided the assistance in a kind and caring manner.

We saw the chef assisted with serving food and stayed throughout the lunch and teatime meal. The chef said they assisted and observed meals three times a day which enabled them to establish if people enjoyed the food. They told us feedback from people was positive.

Is the service caring?

Our findings

At our last inspection we found some confidential documentation was stored in an unlocked cabinet in the communal hallway, and the provider told us they would take action to ensure there was adequate secure storage and a place where staff could make phone calls about people's care and support that was not public. On this inspection we found records relating to people's care were kept in cabinets in a secure room.

In the PIR the provider told us, 'The service we provide is caring. The staff are aware of being courteous towards all service users and their family and friends. This quality comes from within and shows in the way service users respond to the staff. This is the service users' home and not just a place of work.'

At our last inspection we saw information about important friendships, family connections and the person's life history had been included in the care plans, however at this inspection we found care plans now contained little information about people which staff could use to help form relationships with them. This information often includes details of the person's childhood, career, significant events, important relationships and cherished memories. In addition there was a lack of evidence people had been involved in the writing and review of their care plans. One relative told us, "We were involved in an assessment when [Name of person] came in one year and four months ago." The manager said the provider and acting deputy manager had discussed making changes which they had not agreed with. They said they had asked for files to be reviewed again, but had not ensured this had been completed.

Staff we spoke with were confident the service was caring. One member of staff said, "Residents feel relaxed, comfortable. It's 100% care." Another member of staff said, "People get good care."

People we spoke with told us the staff were caring. One visiting relative told us, "[Staff] comforted [name of person] when their sister died recently. They let me know she was upset."

Staff told us how they ensured people's privacy and dignity was respected, which included knocking on people's door before entering and making sure doors were closed before providing personal care.

We observed the support provided by staff and saw this was carried out in a caring way. Staff spoke kindly to people and gave reassurance and encouragement when this was needed..

On the second day of the inspection we observed four people having lunch in the upstairs dining room. During the meal, one person was upset because two others were shouting and swearing. Two staff were present and managed the situation well. They prevented the situation escalating and spent time reassuring the person who was upset. Throughout both staff were calm, caring and communicated effectively with everyone in the room.

Is the service responsive?

Our findings

At our last inspection we rated this domain as 'requires improvement' and identified a breach of regulations. We found people's care was not always safe as there were delays in producing care plans and review of risk assessments was not consistent. At this inspection we found similar issues and concluded the provider remained in breach of regulations relating to safe care and treatment, and identified a further breach.

We saw care plans contained assessments of people carried out before they started using the service; however these were not always used to produce care plans in a timely way. One person began using the service on 7 November 2016; however their care plans were dated 2 January 2017. This meant there had been no guidance for staff to follow to ensure they understood the person's care and support needs and met these safely. The manager and acting deputy manager told us they had been informed by hospital staff that the person had epilepsy, following admission for an unrelated incident after they had started living at Morley Manor. However, we saw the pre-assessment dated 7 November 2016 listed this as an existing condition. We asked the manager why they had told us they did not know about the person's epilepsy when they began to use the service, and why the care plan for the condition was dated 2 January 2017. The manager did not know. We asked the manager why the care plans had not been written when the person began using the service. They could not tell us why there had been a delay. This meant the person's care and support needs had not been adequately planned, placing the person at increased risk.

We saw a person had fallen on 11 December 2016, and the accident report had been completed with information relating to required changes to their support needs. This stated, '[Name of person] has been advised not to walk without a carer. Because of behavioural issues he refuses to call for assistance.' We looked at the person's mobility care plan, dated 21 October 2016. This stated, '[Name of person] can mobilise independently using his walking frame over short distances. [Name of person] can inform carers when he needs assistance.' This meant the care plan had not been updated, and staff did not have access to updated information they needed to ensure the person was supported appropriately to remain safe.

We found risk assessments and care plans were not reviewed or updated regularly to ensure people's care was responsive to any changes in their levels of need. This meant people may not be supported or cared for in appropriate ways.

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

We asked people whether they were aware of the provider's complaints procedure. One person told us, "If I had a complaint I'd talk to the manager or whoever is in charge on the day."

The manager told us they had dealt with two formal complaints between August 2016 and the first day of the inspection, and they thought the provider had dealt with one. We asked to look at records relating to the complaints but were told the information was not held in one place. The manager found some information but not all responses. We saw from records one of the complaints was investigated and responded to appropriately. The manager discussed the other complaints and said these had been resolved.

When we looked around the service there was no information displayed about how to make a complaint of people were unhappy with the service. Prior to the inspection we contacted Healthwatch who told us a concern was raised with them in May 2015 because the complaints procedure was not available at the time. The provider agreed to make sure the complaints procedure was displayed in the home.

We concluded the unstructured approach to the management of complaints contributed to the breach of regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was an activities co-ordinator present in the home on six days of the week, and we saw the programme offered bingo, crafts, games, armchair exercises, one to one chatting and reminiscing. The co-ordinator told us they changed the times of the activities on a daily basis based on what people wanted. One person told us, "we dance in the day room and do sing along songs from the 40's and war songs. We play bingo. At Christmas we made Christmas cards. They take us up to the park in wheelchairs." Another person said, "I don't do activities personal choice I prefer to stay in my room watch my TV".

During the first day of the inspection we observed people playing bingo in one of the lounges, and saw people enjoying the activity. Later in the day there was a visit from a church group. We observed a member of staff putting a newspaper on a residents knee saying, "There's today's paper for you pass it round when you've finished." The member of staff did not ask the person if they wanted the newspaper, and we did not see them read it.

Is the service well-led?

Our findings

At our last inspection we identified a breach of regulations and rated this domain as 'requires improvement'. We found the management structure unclear and poor support from the provider. Audit processes necessary to monitor and improve quality were not robust. We asked the provider to send an action plan to show how they would make improvements to these areas. At this inspection we found poor leadership in the service, and a lack of improvement to the audit processes. We found the provider's website was not displaying the current rating for the home, which is a regulatory requirement. We concluded the provider remained in breach of regulation relating to governance.

When we visited the home's website as part of the inspection planning activities, the Provider was not displaying their current overall rating on their website as required. This was a breach of Regulation 20a Requirement as to Display of Performance Assets of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a manager in post when we inspected, however they had not applied to register with the CQC since their appointment in August 2016. At the start of the inspection they told us they had resigned from their post and would be leaving the service before the end of the month. We found since our last inspection the operations manager and deputy manager had also left the service. The reasons they had left were not clear, and there were no records such as exit interviews we could review.

At the start of the first day of our inspection we were told the acting deputy manager had been appointed to the post of manager, however at the end of the day the provider told us this was now not the case. On the second day of our inspection we were told a candidate was attending for interview for the post. When we asked the provider to show us an application form and interview notes from this meeting we were told it had not been a formal interview and the application was no longer under consideration. This meant the planning for future leadership of the service was unstructured.

At our last inspection we found the provider was not meeting formally with the registered manager to discuss their performance and support needs, and we told them they needed to ensure this took place. At this inspection the manager told us they had arranged a supervision meeting with the owner of another home, however this had only happened once and had not been effective as the provider had also attended. No other meetings had been arranged to ensure the manager was receiving formal support to be effective in their role. This meant there was still no supervisory support of the manager to help them remain effective in their role.

We received positive feedback from staff about the manager. They described them as supportive and approachable. Staff also told us the provider spent a large amount of time at the home, and said they were asked by the provider if they felt happy working there. Throughout the inspection we observed tensions between the manager and provider, which had an impact on leadership in the home. For example, we received contradictory answers from them to questions about the home, and found each held the other accountable for things that had not been done, or done in ways which did not evidence good practice. We

did see evidence of management meetings in the home. We saw minutes of meetings which had taken place in October and November 2016 where matters including the home's action plan, staff responsibilities, activities, meals and audits had been discussed.

There was a lack of improvement to the audit activity in the home. During the inspection we reviewed a range of monitoring records and saw that a range of areas were being reviewed, however there was no systematic approach, which resulted in some ad-hoc monitoring of the service. For example, an unannounced spot check was carried out in September and October 2016 but there had been no spot checks recorded after October.

A range of audits were completed by the management team, however, when we looked at the audits records we saw they were not always effective. For example, an environmental audit completed in November 2016 identified areas that required attention such as repair to a radiator cover and food cupboard needed cleaning. We checked and found these areas had not been actioned. A 'home manager audit' used a scoring system to evidence the level of compliance that was being achieved, however, we reviewed the last audit from November 2016 and saw the scoring system had not been completed; the audit had set headings such as home presentation, medication, care documentation, complaints and staffing. Several comments had been made under the headings; however, when we reviewed the information we found it was not accurate. For example, it was recorded that the home's statement of purpose was displayed and up to date but we found this contained details of the registered manager who left the home in August 2016. It was recorded that a staff supervision tracker was in place and up to date, however, when we asked to see it the manager could not locate it.

We asked the manager how they planned the monitoring of the service. They told us they did not have a programme in place for auditing because they had prioritised two areas, health and safety and infection control. We saw these audits were carried out however, as with other audits the health and safety audit did not contain accurate information. The manager had recorded that specific risk assessments, such as for all hazardous substances used in the kitchen, laundry and housekeeping, had been completed but when we asked to look at these we were told they were not available.

We found information was not always kept in an order which enabled the manager and provider to demonstrate adequate control over the service. The supervision tracker could not be located, and records of meetings were filed in a haphazard fashion. Information relating to complaints was not printed and filed. References for staff could not be located, and there was no documentation relating to the appointments to two management posts.

In the PIR the manager told us, 'I find by delegating tasks to team members this makes them feel like they are contributing to the support the service users require.'

The manager told us the acting deputy manager had removed information from care plans against their wishes, including documents which would have shown the history of people's care. They told us the decision to remove the information was made by the provider and the acting deputy manager. The lack of this information meant it was not possible to assess whether changes had been made accurately. We showed the manager one care plan which lacked information we had expected to see. They told us, "We had a difference of opinion over what should be left in. [Name of provider] is interfering too much. I felt totally undermined and it has caused conflict between us." We asked the manager what they had done to ensure this and all other care plans were complete once they had become aware documents had been removed. They told us, "The acting deputy manager removed documentation, I identified this and asked for it to be put back. With hindsight I should have asked for them [all care plans] to be checked, but with everything I

had on I didn't do it."

We concluded there was ineffective leadership and governance in the home, and the provider remained in breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they felt the service had improved since the last inspection and was continuing to make further improvements. This included environmental improvements, staff support and communication. Staff said they had not completed any questionnaire or surveys but were asked informally about their views of the service and ideas to drive improvement. Some staff had not attended staff meetings although they said they were aware these were sometimes held. We looked at staff meeting minutes and saw the last meeting was held in October 2016 and discussion topics included medication, menus, communication, CCTV, confidentiality and record keeping. At a night staff meeting in September 2016 they had discussed accident/incident reporting, personal care and cleanliness. A member of the management team said they were planning on holding further staff meetings in the future.

The provider had sent our surveys to a range of people since the last inspection. We saw four health professional, three family and friends, and one service user survey had been returned. We looked at the survey responses and saw feedback was positive.

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 11 HSCA RA Regulations 2014 Need for consent The provider was not adequately assessing peoples' abilities to make specific decisions, and recording consent in line with the Mental Capacity Act 2005.

The enforcement action we took:

We took enforcement action but this did not proceed as sufficient improvements were made at the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment care and support was not always planned to make sure it was safe. Risk was not robustly assessed, and lacked reviews. There were inadequate arrangements made to ensure staff knew how to keep people safe in the event of a fire. There were no environmental risk assessments in place.

The enforcement action we took:

We took enforcement action but this did not proceed as sufficient improvements were made at the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of control of information, and the audit processes in place to monitor and improve quality were not effective. There was poor formal support for the manager, and ineffective leadership in the service.

The enforcement action we took:

We took enforcement action but this did not proceed as sufficient improvements were made at the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Inadequate background checks were made when employing new staff. The provider repeatedly failed to follow their own recruitment policy.

The enforcement action we took:

We took enforcement action but this did not proceed as sufficient improvements were made at the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider was not displaying their up to date rating on their website, as required by regulations.

The enforcement action we took:

We issued a fixed penalty in relation to this breach of regulation.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured staff received sufficient and timely training in order to be effective in their roles.

The enforcement action we took:

We took enforcement action but this did not proceed as sufficient improvements were made at the service.