Care Quality Commission

Sycamore Care Limited

Morris Grange Care Home

Inspection report

Great North Road
Middleton Tyas,
Richmond,
DL10 6NX
Tel: 01748826266
Website: NA

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Ratings

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

Overall summary

This inspection took place on 20 October 2015 and was a re-rating inspection carried out to provide a new rating for the service under the Care Act 2014 and to see if the registered provider and registered manager had made the improvements we required during our last inspection. In February 2015 we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to premises and equipment, staffing and good governance. The provider submitted an action plan which stated what action they were going to take to improve in these areas. They stated that the actions and improvements would be completed by July 2015.

Morris Grange is registered to provide residential and nursing care and accommodation for up to a maximum of 71 people. On the day of our inspection there were 49 people using the service. The service was made up of

Summary of findings

three distinct units. One providing nursing care, one providing care for people living with a dementia and one providing care for people who experience distress which manifests itself as aggression or anxiety.

The service had a registered manager in place. They had been in post since July 2014 and registered with the Care Quality Commission since 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.

Some maintenance work had been completed since our last visit, but general standards of maintenance at the service remained poor. Old or damaged fixtures, fittings and equipment made it difficult to maintain good hygiene standards. Following our visit the provider reviewed their maintenance plan and started to make changes to their maintenance team to help deal with these issues more effectively.

People using the service and relatives told us they received a safe and reliable service. Staff knew how to report any concerns about people's welfare and had confidence that senior staff would taking appropriate action. People had individual risk assessments in place, to help ensure staff were aware of the risks relevant to people's individual care.

Staff were recruited safely and the service had an on-going recruitment campaign in place. There were staff vacancies, but the provider was safely covering these with the existing staff team and use of agency staff. There were enough staff on duty to meet people's needs, but the service's management structure was depleted.

Medicines were managed, stored and administered safely.

Staff were provided with appropriate, relevant training and support. The registered manager monitored staff performance through individual and group supervision.

The service was following the principles of the Mental Capacity Act 2005 and used the deprivation of liberty safeguards (DoLS) when needed.

Parts of the service did not meet current guidelines on providing a good, enabling environment for people living with a dementia. **We have recommended that the registered person incorporates the NICE Guidelines "Dementia: Supporting people with dementia and their carers in health and social care" into its plan for the on-going maintenance and renewal of the service.**

People's nutritional needs were assessed and monitored. Regular meals, snacks and drinks were provided, including suitable special diets and catering for people's preferences. Input from health professionals was sought when needed, including the doctor, dietician and speech and language therapist.

People told us that they were cared for by staff who treated them with dignity and respect. Staff were able to explain how they protected people's privacy and dignity.

People had their care needs assessed, planned and reviewed, with people and their relatives being involved appropriately. The staff we spoke with were able to describe people's needs and people who used the service told us that staff were kind and caring in their approach.

Information about the complaints process was displayed. People we spoke with felt able to raise any concerns and said that staff and the registered manager responded well.

Three activities coordinators provided support to the service throughout the week. People confirmed that activities, entertainers and events took place, but some people felt that more could be done to meet people's individual social needs.

People we spoke with told us that the staff, including the registered manager, were open and approachable. There were audits taking place and people using the service, relatives and staff were asked for their feedback.

The service had two unit manager vacancies, meaning that the service did not have its full, permanent management structure in place and had not done for some time. **We have recommended that the registered provider looks at ways of providing additional management support until the full management structure at the service is restored and in place.**

Summary of findings

We found a repeated breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Premises and equipment). You can see the action we have taken in the full inspection 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?

Requires improvement

The service was not consistently safe.

General standards of maintenance at the service remained poor. Old or damaged fixtures, fittings and equipment made it difficult to maintain good hygiene standards.

Staff had been recruited safely and there were enough staff on duty to keep people safe. However, the service had difficulty recruiting nursing staff. There had been a depleted management structure for some time and the service regularly used agency staff to cover shifts.

Staff knew how to recognise and report abuse. The service had risk assessments in place to identify risks and help support people safely. Medicines were managed, stored and administered safely.

Is the service effective?

Requires improvement

The service was not always effective.

Parts of the service did not meet current guidelines on providing a good, enabling environment for people living with a dementia.

The service followed the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff were provided with training relevant to their roles and felt supported by the registered manager. Staff supervision and monitoring systems were in place, although the frequency of these could be improved for some staff.

People's dietary needs were assessed and monitored. Regular meals, snacks and drinks were provided, with special diets and preferences catered for.

The service appropriately sought advice and support from relevant health care professionals.

Is the service caring?

Good

The service was caring.

People using the service and their relatives told us that staff treated them well, were kind and respectful.

Staff understood the important of maintaining privacy and dignity and could explain how they did this.

People were able to maintain relationships, with visitors made welcome.

People were supported to make decisions and choices about their day to day lives, such as daily routines, where they spent their time and what they ate and drank.

Summary of findings

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and reviewed. People had individual care plans in place, which included information about people's needs and preferences.

People were supported to maintain relationships with their families and friends and activities and events took place at the service. However, some people told us that more could be done to meet people's individual social needs.

A complaints procedure was in place and displayed in the service's reception area. Records showed that complaints were investigated and responded to.

Is the service well-led?

Requires improvement

The service was not always well led.

The registered manager was open, transparent and encouraged communication. People who used the service, relatives and staff told us the registered manager was approachable and open to suggestions on how the service could improve.

The service had been without its full management structure for some time, creating a risk of overload and over-reliance on the registered manager.

Quality assurance and governance systems had improved since our last visit and there were arrangements in place to gather feedback from people who used the service, relatives and staff. However, there remain concerns about the effectiveness of quality assurance and governance processes relating to the maintenance and renewal of premises and equipment.

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 look at the overall quality of the service, and to provide a re-rating for the service under the Care Act 2014 and to check if the registered provider and registered manager had made the improvements we required during our last inspection on 4 and 9 February 2015.

This inspection took place on 20 October 2015 and was unannounced. This meant the staff and provider did not know we would be visiting.

The inspection team consisted of one adult social care inspector, who was supported by a specialist professional advisor (SPA) and an expert by experience. A SPA is a health and social care professional with a background relevant to the service being inspected. The SPA for this inspection was a registered nurse with experience of working with people who experience distress which manifests itself as aggression or anxiety. 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 working with and 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 alerts, notifications and complaints.

The provider had completed a provider information return (PIR) before our visit. This had been provided to us in March 2015. A PIR 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 14 people who used the service and 6 relatives. We also spoke with the registered manager and 15 members of staff. We also spent time observing the care and support provided to people, to help us understand how care was provided to people who could not tell us about their experiences.

We spoke with a healthcare professional, local authority team manager and a member of the local authority contracts department to gain feedback on their experiences of the service. We also contacted Healthwatch. Healthwatch represents the views of local people in how their health and social care services are provided.

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

Requires improvement

Is the service safe?

Our findings

During our last visit we identified a breach of regulation which corresponded to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Premises and equipment). The environment people lived in was not always well maintained and hygienic which meant people were not always protected from the risk of infection. The provider and registered manager provided us with an improvement plan, stating that the service would achieve compliance with regulation by 12 June 2015.

Before this inspection on 20 October 2015 we contacted the specialist community infection and control nurse who had been working with the service They provided us with a report from their visit on 8 October 2015, which noted that there had been some improvements, but concerns remained and areas for improvement. This included laundry facilities that did not meet current infection control guidelines, no working sluice facilities, poor standards of maintenance that prevented effective cleaning, incomplete cleaning schedules and parts of the service and equipment that were not maintained in a clean and hygienic condition.

During this inspection we observed the laundry facilities. A plastic curtain had been installed to separate clean and dirty areas as much as possible, but the location of machinery and equipment (for example, the sheet ironing facilities located in the dirty area and a washing machine located in the clean area), meant that the laundry facilities still did not meet best practice guidelines. The service still did not have working sluice/disinfector facilities, although the sluice room had been refurbished and a new disinfector was on order. We found throughout the service areas that could not be effectively cleaned, due to poor maintenance of the fabric of the building and its fixtures and fittings. For example, walls, paintwork, tiles and grouting, taps and wash basins that were marked and damaged. We also found that areas of the service did not smell clean and pleasant. For example, there was a very strong and unpleasant smell on the unit tfor peopleliving with dementia. Despite investigations and additional cleaning the smell was still there and the cause had not been identified. The provider later informed us that the smell "disappeared as mysteriously as it appeared" shortly after our inspection, the cause still unknown.

People who used the service and their relatives told us that the home was clean enough and that their relatives' rooms were kept clean. One person said, "It's clean everywhere." One relative told us the overall cleanliness had improved and that the home had been tidied up a lot. Another relative told us that some grubby chairs had been replaced. People told us that the home would benefit from maintenance and decoration. For example, one relative said "It needs more investment, some TLC." Another said "The place could do with a facelift."

We looked around the service and found that it was generally clean and tidy. Cleaning schedules were available in each room to show when domestic staff had cleaned the rooms and what cleaning tasks had been completed. Overall, although there remained issues with cleanliness and infection control, we found that these issues were closely linked to the poor standard of maintenance of the premises and its fixtures and fittings, rather than a lack of cleaning by the service's staff.

We found that some refurbishment work had been completed. For example, some bedrooms had been redecorated, two bathrooms had been refurbished, new flooring had been laid in a corridor in the unit for people living with a dementia and the lounge in the nursing unit had been decorated. However, many areas were in need of maintenance and renewal. For example, we saw broken bath panels, damaged tiles and grouting, dripping taps and cracked basins in people's en-suite bathrooms. We saw damaged walls and paintwork throughout the service. We also saw items of furniture that were in a poor state of repair. For example, two adjustable tables in use on the dementia unit were damaged and should not have been in use.

We looked at the maintenance records for the service. The formal annual servicing and safety inspections of equipment had taken place and were up to date. For example, we saw the certificates for the annual servicing and testing of fire equipment, Portable Appliance Testing (PAT) and nurse call system. However, the 'monthly safety inspection' that was completed by the service's maintenance personnel had only been completed once [in September] since June 2015. There was also no record of regular checks of other equipment, such as the nurse call bell and wheelchairs. During our inspection we observed staff using a wheelchair with a broken foot plate to move someone. Staff recognised the risk and mitigated it by holding the footplate in place while using the wheelchair.

Requires improvement

Is the service safe?

We discussed this with the registered manager, who was able to describe the work they were currently doing to restructure and improve the service's maintenance department so that it was more effective.

We asked to see the formal maintenance plan for the service but one was not available. The provider informed us that following our inspection that their maintenance manager had reviewed maintenance priorities with the registered manager. This had resulted in a new maintenance plan with timescales.

Overall this was a repeated breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Premises and equipment).

The people we spoke with said they felt safe living at the service. In the specialist unit accommodating people who experience distress which manifests itself as aggression or anxiety, we saw that staff monitored people's distressed reactions and behaviour closely. On the unit for people living with a dementia we observed an incident where a person became aggressive. Staff intervened appropriately, separating the person from other people, offering support and diffusing the situation safely.

Safeguarding policies and procedures were in place and provided guidance and information to staff. The staff we spoke with were able to demonstrate an awareness of abuse and safeguarding procedures. They knew how to report any concerns they had about people's welfare and told us that they had confidence in the registered manager taking appropriate action in response to concerns. Staff also told us they had received training on safeguarding adults and the training records we saw confirmed this. Notifications we had received from the service showed that staff had made safeguarding alerts appropriately when needed.

We saw evidence of individual risk assessments in people's care records. Where staff supported people with distress we saw that care records included relevant risk assessments and management plans. Where appropriate these included information about the use of physical restraint as a last resort, providing staff with information and guidance on the techniques to be used. When restraint had been used this had been recorded and reviewed. Staff we spoke with confirmed that they had been trained on caring for people with distress which manifests itself as aggression or anxiety and the safe use of restraint. They were also able to describe how they always tried none physical interventions first and only used the agreed physical restraint techniques as a last resort.

The service had an up to date fire risk assessment. We saw evidence of Personal Emergency Evacuation Plans (PEEP) for people living at the service, to help ensure that people could be evacuated safely during an emergency.

We looked at the recruitment records for three members of staff, who had been recruited recently. We saw that three written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained, including copies of passports, driving licences and birth certificates, along with work permits for staff who were not British citizens. Disclosure and Barring Service (DBS) disclosures were obtained before staff started work. Overall we found that staff had been recruited safely.

Residents and relatives told us that they thought there were sufficient staff and that there was always a staff presence in the main communal areas. People said when they needed help and pressed the call button at night staff responded quickly. One relative told us "There are always enough staff on duty." Staff were clearly visible during our visit and available to people when they needed them.

The registered manager told us they currently had six nursing staff vacancies. This included two unit manager roles, which had been vacant for some time, and meant that the service did not have a full management structure in place. The registered manager told us they they found it difficult to recruit registered nurses. As a result agency staff were used to provide the additional nursing hours needed. The agency staff we spoke with during our visit confirmed that they worked at the service on a regular basis and were able to demonstrate a good understanding of people's needs. We saw staff communicating regularly with each other about what had been done, what needed to be done and ensuring that staff were always available to supervise the communal areas. Staff told us that the manager always made attempts to cover shifts and that sickness was usually covered.

We looked at the arrangements for the management, storage and administration of medicines. Only registered nurses administered the medicines at the service. The home had a generic medication policy along with a policy for controlled drugs, error reporting, 'as required'

Requires improvement

Is the service safe?

medicines and covert medicines. The medicine administration record sheets (MARS) we looked at were clear, included a photograph of the person and details of date of birth and allergies. There was no evidence of any errors or omissions. During the medicines round we observed that nurses took time with the people whilst giving them their medicines and administered medicines in a safe way.

The staff explained how stock checks were completed on a weekly basis to ensure there was an adequate supply of medications and our observations showed there was no uneccessary overstocking of medicines. There were no controlled drugs [drugs liable for misuse and subject to increased control measures] in the service on the day of our visit, but the nurse we spoke with had a clear understanding of how these would be stored, managed and administered if needed.

Some people at the service sometimes needed their medicines giving covertly, to ensure their welfare and safety. Giving medication covertly means medicine is disguised in food or drink so the person is not aware they are receiving it. We saw that where medicines were given covertly information was available in the person's records to show that this had been a multi-agency decision, involving the person relatives and relevant health professionals.

There was a reporting and recording system for accidents and incidents. The registered manager showed us evidence of incident reports, which were kept in the records relating to individual people who used the service. The registered manager was attempting to look at trends within the data on a monthly basis, to highlight good practice and areas that may need developing, but this was in the initial stages of development.

Requires improvement

Is the service effective?

Our findings

During our last visit we identified a breach of regulation which corresponded to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing). People were at risk of not being kept safe, or not having their health and welfare needs met because staff were not properly trained, supervised and appraised. The provider and registered manager provided us with an improvement plan, stating that the service would achieve compliance with the regulation by 30 May 2015.

The people who used the service and relatives we spoke with were complimentary about the staff team and the competency of staff. People described staff as approachable, understanding and said staff understood people's needs and had the skills they needed to look after people. We observed staff treating people well and in ways that demonstrated they had the skills and understanding needed. For example, the way staff dealt pleasantly and effectively with people's behaviour on the unit for people living with dementia and the unit for people who experienced distress.

We looked at the arrangements that were in place for the induction and on-going training of staff. Staff told us that when new staff started they had a two week period before being counted on the staff rota. During this time staff shadowed a more competent staff member and were given time to learn the role. The records we saw for three recently recruited staff showed they had completed a range of relevant training during induction and that the manager had implemented the Care Certificate as part of their induction training. The Care Certificate is a recognised qualification which aims to provide new workers with the introductory skills, knowledge and behaviours they need to provide compassionate, safe and high quality care.

Staff told us that they were up to date with their on-going training, which was mainly provided by video training sessions. The manager was able to provide us with up to date training records, showing all staff and the training they had completed. The training records showed that staff had completed training in subjects such as manual handling, first aid, dementia, mental capacity, safeguarding and whistleblowing, food hygiene and infection control. Staff confirmed that they had received appropriate training on managing behaviour that challenges, including the use of physical restraint techniques that were sometimes used as a last resort. The records evidenced that the majority of staff were appropriately trained and up to date.

Staff told us they felt supported and had supervision with a more senior member of staff, normally on a two or three monthly basis. They also reported being able to approach senior staff, including the registered manager, for support at any time it was needed. Comments made to us included, "We are a real team here, everyone helps each other" and "They look after you here, they pick me up as I don't drive so I can get here."

The registered manager told us formal supervision of staff was greatly improved but, due to unit manager vacancies, providing individual supervision sessions to all staff as frequently as they wanted was "challenging." The registered manager was focusing resources on the supervision of staff where there were issues or concerns about performance and providing additional group supervisions and discussions to ensure that other staff were adequately supervised and supported. Supervision records were detailed, providing good evidence of the discussions that had taken place and showed that staff performance issues were being appropriately addressed.

We looked 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 of people living with a dementia. Some adaptations had been made to make parts of the home more suitable to the people living there. For example, non-slip and easy to clean flooring had been installed in one corridor in the unit for people living with dementia and some assistive technology, such as sensors and alarms, was being used to help staff monitor and respond to people more effectively. In the unit for people who experience distress which manifests itself as aggression or anxiety we saw tactic decorations on the walls, calendars and clocks were on display to help orientate people to the date and time, and people's names were on their doors to help them locate their bedrooms. However, in parts of the service there remained patterned carpets and changes in floor coverings that could confuse people living with a dementia, a lack of clear signage or decoration designed to help orientate

Is the service effective?

people living with a dementia, and a lack of fixtures or fittings designed to make the service a more stimulating and dementia friendly environment. **We recommend that the registered person incorporates the NICE Guidelines "Dementia: Supporting people with dementia and their carers in health and social care" into its plan for the on-going maintenance and renewal of the service.**

People told us that they had access to health professionals and services when needed. The care records showed people were supported in maintaining good health. We saw appropriate referrals to health professionals, including psychiatrist, speech and language specialist, tissue viability nurse and dietician. A regular GP visited the service for a weekly round, but could also be called when needed.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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.

The registered manager demonstrated a good understanding of the principles of the MCA and explained how these were implemented. For example, through the use of capacity assessments and best interests decisions, and the involvement of other relevant professionals and relatives. We saw evidence of this being put into practice and that people's records included information about power of attorney, guardianships and advanced decisions. Staff had a good understanding of the MCA. Staff sought peoples consent while carrying out care. For example, before entering people rooms and when assisting people with medication. The registered manager and staff demonstrated a good understanding of the DoLS. The registered manager had completed DoLS applications for authorisation where appropriate and showed us the records relating to these 10 DoLS authorisations were in place, with a further 34 awaiting assessment by the local authority.

People told us that the food was good. One person said, "The food is excellent" and another said, "The food is good." One person told us the food was a bit repetitive, but that if they asked for anything in particular staff would respond. A relative told us that their relative had become dehydrated when living at home, but that they had never been dehydrated since coming into Morris Grange. People also told us that they had a choice of meals and could eat in either the dining rooms or their own rooms depending on what they preferred.

The inspection team observed lunch and the provision of drinks and snacks on all three units of the service. We saw that people were provided with regular drinks throughout the day and that snacks and fresh fruit were available. At meal times choices were available, and we saw staff trying different things to encourage people to eat. For example one person, who was reluctant to eat, was given a special meal of their favourite food to try and encourage them. Where people needed help and assistance staff fed people patiently, encouraging them to eat in a gentle way. soft and pureed meals were presented pleasantly, with each part of the meal pureed separately to keep the individual colours of the foods. The chef showed us menus, which appeared varied and plentiful. They provided home baking every day, including a diabetic option for people who needed this, and felt it was an essential part of their role to ensure people were eating well.

The care records we looked at included information regarding people's dietary needs, likes and dislikes. There was evidence of the Malnutrition Universal Screening Tool (MUST) being used to identify and reduce the risk of malnutrition and people's weights were monitored regularly.

On the nursing unit eight people remained in their chairs in the lounge, being assisted with their lunch where they sat. This was something we queried at the last inspection, We raised this with the manager again, asking them to review the practice and ensure that the lunch time routines were arranged for the benefit of people living at the service, rather than what was easy or convenient for staff providing their care.

Good

Is the service caring?

Our findings

We looked at the arrangements in place to ensure that the approach of staff was caring and appropriate to the needs of the people using the service. Comments made by people who used the service included "We think it's a lovely place" and "It's a great community. The best home I've ever been in." Relatives of people using the service also said that they were happy with the care and support provided. For example, one relative said, "Mum always looks clean and tidy and is always well-dressed".

Relatives we spoke with told us that staff were kind and caring in their approach. For example, one relative said, "The best thing in this home is the staff. They're kind and fantastic with mum. They care for her and they care about her." Another relative told us, "It's like home. As soon as you come in, they come to talk to you, offer to make you a cup of tea. It's just the atmosphere. We can relax now. We trust the staff completely. It's obvious that they care about her". Other comments made by people's relatives were, "The carers are lovely the way they look after my mother" and "Staff are caring – their attitude."

We observed the care between staff and people who used the service. People were treated well and staff were kind and attentive. We observed pleasant interactions between staff and people who used the service. For example, staff acknowledged people who used the service when passing, often asking if people wanted a drink or checking people were okay. We observed a person being supported by staff to use the hoist. This was done in a kind and patient manner. Staff took their time and explained what they were doing every step of the way. People using the service seemed relaxed in the presence of staff.

We looked at the arrangements in place to protect and uphold people's confidentiality, privacy and dignity. We asked staff how they maintained people's privacy and dignity. Staff were able to tell us how they explained to people what was happening, tried to give people choices about their everyday lives, knocked and gained permission before entering people's rooms and ensured that doors and curtains were closed when carrying out personal care.

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives. People who used the service told us how staff gave them choices, such as asking what they wanted to wear, where they wanted to eat and when they wanted to go to bed. The care records we looked at showed that people and their relatives had been involved in assessments, and care plans included individual information about people's preferences. The staff we spoke with knew people well and could describe people's individual needs.

The registered manager told us that an advocacy service was available 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. Where people were subject to DoLS authorisations arrangements had been made during the DoLS process to identify an appropriate representative or advocate for the person. Information about this was available in the DoLS assessment records.

Good

Is the service responsive?

Our findings

People living at the service were positive about their care and felt they received a responsive service. For example, one person said, "I'm very happy with it. I'm 100% happy." A relative of a person living with a dementia told us that staff knew their relative well and were able to spot any changes in their condition.

We looked at the arrangements in place to ensure that people received person-centred care that had been appropriately assessed, planned and reviewed. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the individual person. People living within the home where involved if they could and wanted to be, and there was evidence that family members and other relevant professionals had been involved in the care planning process. For example, a relative told us that they had been involved in reviewing their loved one's care plan. Another relative told us that they had discussed their relative's care with staff to agree a way forward and had been satisfied with the solution and agreement reached. Another relative told us how staff always kept them informed of changes to their relative's health and that they had confidence in the staff.

We looked at seven people's care records. These showed that each person had their care needs assessed and planned. Risk assessments had also been completed and identified any risks that were relevant to the person and their care. Care plans and risk assessments had been reviewed and evaluated regularly to ensure they were up to date and reflected people's needs. The care records we looked at were individualised and person centred. They included good personal information about people. For example, information about the particular type of dementia the person had and the impact this had on their behaviours, life history information so that staff could better understand the person, and information about people's likes and dislikes or preferred routines.

The staff we spoke with were able to tell us about the individual needs of the people they supported. This information reflected what we saw in people's care records and the care we saw being delivered. People told us that staff knew their needs and preferences.

The provider employed three activity coordinators, who between them worked seven days a week. We spoke with the activity coordinator who was on shift during the inspection, they reported doing a variety of activities including watching films, bingo, skittles, crafts, baking and was open to doing any particular activities that people within the service wanted to do. We observed them taking time to do one lady's nails and give a hand massage. We also saw them facilitating a film shown on the dementia unit, gathering people round the television and handing out sweets, crisps and drinks as people watched the show. A hairdresser visited the home on a weekly basis and one couple told us how they get a newspaper every day. There was a church service every 3 weeks. We also saw that there was a list of events displayed, including dates when singers and entertainers would be visiting. One person told us that they were looking forward to a particular singer coming. Another two people told us how staff sometimes took them for a walk in the grounds and another relative told us that the family had put their mum's favourite music on a DVD which staff play for her.

However, some people told us that they thought there could be improvements made. One person told us that they been in the home for about a year, but had not been out of the home and would like to go out. A relative told us that they wished staff would take their relative out in their wheelchair. Another person told us that they didn't do anything and that living at the service was "Very boring." In the unit for people who experience distress which manifests itself as aggression or anxiety we observed that there was nothing going on and staff were closely monitoring the residents. There seemed to be a tension created by the close monitoring and we wondered if this could be diffused by music or activity of some kind. In the nursing unit, ten people residents sat in the lounge all morning with nothing but the TV on. At least seven of them appeared to be asleep most of the time.

The service had a complaints procedure in place, setting out how complaints could be made and how they would be handled. The people living at the service and relatives we spoke with where aware of who to approach if they had any concerns. For example, one person told us they "Would go to the manager" if they had any concerns. One relative told us that staff responded well if they raised anything. Another relative told us, "If there are any concerns, staff respond positively."

Good

Is the service responsive?

Information about how to make a complaint was displayed in the reception area. This included contact information for the registered provider's representative, local authority safeguarding team and ombudsman, in case people were unhappy with how their initial complaint had been dealt with or needed to raise concerns outside of the service. The manager told us that they were open to complaints and concerns, and wanted people to feel confident that they could approach them and that any concerns would be addressed appropriately. A complaints record was available, providing a record of complaints and what had been done to resolve them. This showed that complaints had been investigated and responded to.

Requires improvement

Is the service well-led?

Our findings

During our last visit we identified a breach of regulation, which corresponded to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance). People who used the service 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. The provider and registered manager provided us with an improvement plan, stating that the service would achieve compliance with this regulation by 30 May 2015.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess and monitor the safety and quality of their services and make any necessary improvements. The registered manager showed us their quality assurance file, which contained records of audits and checks they now completed. We saw evidence of monthly care plan audits and focused audits for the kitchen, medicines, finance, personnel, infection control and pressure care. Overall we found that improvements had been made to quality monitoring and governance processes since our last visit. However, there remain concerns about the effectiveness of quality monitoring and governance systems relating to the maintenance of the premises and equipment, and hygiene and infection control, as discussed earlier in this report.

We asked the registered manager how they gathered feedback from people who used the service and other stake holders as part of their governance processes. The registered manager was able to show us evidence of relatives and staff being asked for their views and experiences through questionnaires. We were shown the results from the most recent questionnaires, which had been sent to staff in February 2015 and relatives in May 2015. The feedback from these surveys was mostly positive, with the actions taken in response to people's feedback recorded. The only negative comments recorded by relatives was in relation to the general standards of maintenance and environment at the service. Results from the relative's survey were displayed in the service's reception area, along with information about the actions taken as a result of the feedback.

People told us that resident and relatives meetings had taken place, but sometimes infrequently. For example, one person told us that they were only aware of two such meetings taking place in the previous two years. However, a record of the last relative's and residents meeting, held on 18 September 2015, was displayed in the service's reception area for people to see. The manager told us they now intended regular meetings to take place.

We looked at the arrangements in place for the management and leadership of the service. At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager had been in post since July 2014 and registered with the Care Quality Commission since 1February 2015.

The registered manager would normally oversee the overall running and management of the service, with specific management duties delegated to three unit managers who each had day to day management responsibility for one of the service's three specialist units. However, at the time of our inspection there were two unit manager vacancies. Despite efforts to recruit staff the unit manager posts had been vacant since early in 2015. This meant that the service had been without its full management structure for some time, creating a risk of overload and over-reliance on the registered manager. **We recommend that the provider looks at ways of providing additional management support until the full management structure at the service is restored and in place.**

We looked at the culture of the service, including if it was open, transparent and accountable. The registered manager was aware of the legal requirement to display the service's CQC rating and we saw that the rating and a copy of the last inspection report were on display in the reception area.

The manager played an active role in the running of Morris Grange. People we spoke with, including people using the service, relatives and staff, told us that the manager was approachable, professional and would respond to any issues brought to their attention. For example, one relative told us "The manager listens and responds." It was evident that the manager knew the people who lived at the service well and encouraged open communication. Staff we spoke with felt that their views would be listened to by the manager and that they were able to contribute towards

Requires improvement

Is the service well-led?

change. Staff told us they enjoyed their jobs. Comments made to us included, “I’ve worked here for years, best job I have ever had,” and “I never want to leave, I really enjoy working here.”

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment A warning notice was issued, which required the provider to comply with the regulation by 30 June 2016. The premises and equipment used by the service provider was not suitable for the purposes for which they were being used, properly maintained, and standards of hygiene appropriate for the purposes for which they were been used had not been maintained. Regulation 15 (1) (a) (c) (e) & (2).