

Four Seasons (No 7) Limited

Morecambe Bay Care Home

Inspection report

Gleaneagles Drive
Off St Andrews Grove
Morecambe
Lancashire
LA4 5BN
Tel: 01524 400255
Website: www.fshc.co.uk

Date of inspection visit: 02,03,14,22 September 2015
Date of publication: 17/12/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Good



Is the service caring?

Requires improvement



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place across three dates, 02 September, 03 September and 14 September 2015. The first day of the inspection was unannounced. This means we did not give the provider prior knowledge of our inspection. The second and third day were announced. We also visited the home unannounced on the 22 September to discuss a safeguarding concern with the registered manager.

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.

Morecambe Bay Care Home consists of four self-contained units, catering for a range of people with differing abilities. The service caters for people with

Summary of findings

disabilities, older people with nursing care needs, older people living with dementia and people who require short term rehabilitation therapy. At the time of the inspection there were 81 people living at the home.

The last inspection of Morecambe Bay Care Home was carried out on the 14 July 2014 and the service was rated as 'requires improvement' overall, with 'requires improvement' ratings in four of the key questions and an 'inadequate' rating in place for 'is the service well-led'.

The registered provider did not meet the requirements of the regulations during that inspection as breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were identified. Breaches were identified in diet and nutrition, staffing and quality assurance

The registered manager sent us an action plan explaining what they were going to do to rectify these breaches. The action plan demonstrated that all legal requirements would be met by 31 May 2015.

During this inspection in September 2015 we found the actions had been completed. We saw staff met peoples' needs promptly and the provider had recruited additional staff to work at Morecambe Bay Care Home. Staff participated in training and development activities and received support by regularly meeting with their line manager to discuss their performance.

We viewed documentation that demonstrated necessary recruitment checks were carried out prior to staff starting work at the home, and there was an induction in place to support newly recruited employees.

People were supported in a caring way that met their assessed needs. We saw evidence that people were referred to other health professionals if this was required and care was delivered in accordance with professional recommendations.

We found nutritional assessments were carried out to identify peoples' needs and support was provided to ensure these were met. We observed people were offered a choice of meals and support was given in a dignified and respectful manner if people required this.

We saw the provider had completed a survey to capture peoples' views and had responded to these by making changes when appropriate. In addition we saw people and those important to them were involved in their care planning and there were systems in place for people to give feedback to the manager and the provider.

We found a number of breaches related to the safe management of medicines, and safeguarding people from abuse. People using the service were not protected against the risks associated with the administration, use and management of medicines. People did not always receive their oral and topical medicines at the times they needed them or in a safe way.

Reporting systems within the home were not operated effectively to investigate any allegation of abuse.

We observed staff were caring and spoke respectfully regarding the people they supported, however peoples' privacy was sometimes compromised as bedroom doors were left open while they slept. We have made a recommendation regarding this.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

People could not be assured they would receive their medicines when they needed them, or in a safe way.

Staff were knowledgeable of the procedures to take if they suspected someone was at risk of harm or abuse. However reporting systems were not used effectively to ensure information was shared with appropriate people in a timely manner.

There were sufficient staff available to meet people's needs.

Inadequate



Is the service effective?

The service was effective.

Policies and procedures were in place around the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff had a good understanding of these to ensure peoples' rights were protected.

People were assessed to identify the risks associated with poor nutrition and hydration. Where people were at risk, advice was sought and appropriate measures put in place to reduce the risk.

Staff had access to training and development activities to meet the individual and diverse needs of the people they supported.

Good



Is the service caring?

The service was not always caring.

Peoples' privacy and dignity was not always assured as bedroom doors were left open when people were asleep.

Staff demonstrated a caring attitude when interacting with people and people were treated with kindness and compassion.

Staff knew the preferences and routines of people and delivered care in accordance with their expressed wishes.

Requires improvement



Is the service responsive?

The service was responsive.

People were encouraged to participate in a range of activities that were meaningful to them.

People's needs were regularly assessed and referrals to other health professionals were made if these were required.

Good



Summary of findings

People and those were important to them were enabled to influence their care planning.

Is the service well-led?

The service was not consistently well-led.

Staff and people who used the service told us the registered manager was sometimes unapproachable.

There was a range of audit systems in place to monitor identify, assess and manage risks to the health, safety and welfare of the people who lived at the home. However these had not always been effective as we found areas that required improvement during this inspection.

Requires improvement



Morecambe Bay Care Home

Detailed findings

Background to this inspection

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

This inspection took place across three dates, 02 September, 03 September and 14 September 2015. The first day of the inspection was unannounced. This means we did not give the provider prior knowledge of our inspection. The second and third day were announced. We also visited the home unannounced on the 22 September 2015 to discuss a safeguarding concern with the registered manager.

The first day of the inspection was carried out by a team of three adult social care inspectors, a pharmacist inspector, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert who took part in this inspection had experience of adult social care services. The specialist advisor had experience of dementia care.

Prior to the inspection, we reviewed a variety of information to aid our inspection planning. We reviewed notifications the provider had sent us, and reviewed information provided by the safeguarding authorities. We also received information from the local authority relating to the safe management of medicines.

On this occasion we did not ask the provider to complete 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 used a variety of methods to gather information. We spoke with 20 people who lived at Morecambe Bay Care Home and spent time in all areas of the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with eight relatives and three visiting health professionals to seek their views on the support the home provided.

We also spoke with eighteen staff. This included the deputy manager, the registered manager and the regional manager. The registered manager was not present for the first two days of the inspection, therefore we returned to the home to speak with them.

We looked at seven care records, staff duty rosters, five recruitment files, training records, management audits, medicine records and quality assurance documents. We also viewed minutes of meetings held with staff, relatives and people who lived at the home.

Following the inspection we asked the regional manager to provide us with copies of medicines policies, safe guarding and Deprivation of Liberty Safeguards (DoLS) policies. In addition we requested information relating to staff supervision and training. This was provided promptly.

Is the service safe?

Our findings

People told us they felt safe. One person told us they trusted a staff member and it was nice to have someone to trust. A further person said, “I’ve always felt safe here. They know me and care for me and no one has ever hurt me.” Other comments we received included, “Oh I’m safe, everyone knows me and looks after me.” And, “I have every trust in the staff here. They’re so good to me.”

We looked at how medicines were administered. We found medicines were not always managed safely. We reviewed medicine stocks, Medicine Administration Records (MARs) and other records for 21 people living in three different units within the home and found concerns and/or discrepancies in 19 cases. Medicines were generally managed well on one unit, with most of our concerns being centred on two further units.

Medicine records, including those for Controlled Drugs (strong medicines that have extra storage and recording requirements) were sometimes inaccurate and incomplete. We saw there were signatures on records and it was unclear if medicines had been given or omitted at those times. In the case of Controlled Drugs, records were not consistently double signed by two members of staff as required by law. The quantities of medicine received, brought forward from the previous month and disposed of had not always been accurately recorded and where medicines were prescribed at a variable dose, the actual dose administered had not always been recorded. It was difficult to calculate how much medication should be present and therefore whether or not those medicines had been given correctly. We found that some medicines had been signed for but not actually given, whilst others were missing and unaccounted for. This placed people at risk of receiving care and treatment that did not meet their needs as medicines were not managed safely.

We saw from records that 10 people had missed being given some or all of their medicines including Controlled Drugs. In 5 cases this was because supplies of the medicine(s) had run out and not been replaced, but in the other cases, no reason was stated. Some people spent periods of time away from the home and arrangements were not always in place for them to have their medicines

whilst they were away. This meant that some people missed doses of their medicines. The health and wellbeing of people living in the home is at risk of harm if they are not given their medicines as prescribed.

Records for the application and use of creams and other external preparations were incomplete and unclear meaning that we were unable to tell who had applied these products and whether or not they had been used as prescribed.

We observed nurses and care workers preparing and administering medicines and saw one nurse had prepared medicines for more than one person at the same time, whilst a care worker signed records prior to the medicines being offered. Both these examples are poor practice and contrary to the published best practice guidance, ‘Managing medicines in care homes’ by the National Institute of Clinical Excellence. This increased the risk of mistakes happening and placed people at unnecessary risk of harm.

Some people were prescribed creams and medicines, e.g. painkillers and laxatives that could be given at different doses i.e. one or two tablets or that only needed to be taken or used when required. We found that there was not enough information available to enable nurses and care workers to give these medicines safely. Where information was available, nurses and care workers did not always refer to it. We heard one nurse telling someone they could have strong pain relief every hour if needed, but when we checked, the records clearly stated that doses should be given at least 2 hours apart. It is important that this information is recorded and used to ensure people are given their medicines, including creams, safely, consistently and with regard to their individual needs and preferences at all times. This was of particular concern for those units that supported people with communication difficulties and people living with dementia and also where nurses and care workers had to decide which painkiller to offer or when PRN (“just in case”) medicines needed to be used.

The manager told us that medicines were audited (checked) regularly, however the audit tools in use had failed to highlight the discrepancies and concerns that we found.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service safe?

We asked staff to give examples of abuse and they were able to describe the types of abuse that may occur, identify the signs and symptoms of abuse and how they would report these. They told us they had received training in this area. Staff said they would immediately report any concerns they had to their line manager, registered manager, regional manager or to the local safeguarding authorities if this was required. Staff told us, "The managers would act on it straight away." And, "I'd report safeguarding to my manager and they would support me. We're encouraged to report anything that puts people at risk. Safeguarding is everyone's business here."

We saw the home had a safeguarding procedure and numbers for the local safeguarding authorities were available to staff, visitors and people who lived at the home. We saw the numbers were displayed on a notice board at the home. The procedures helped ensure staff could report concerns to the appropriate agencies to enable investigations to be carried out if this was necessary.

However we found procedures were not always followed to ensure information was shared with appropriate agencies and relevant persons. We viewed a complaint which raised concerns regarding a person's missing possession. The regional manager and the registered manager told us this had been investigated internally and we saw evidence the complaint had been addressed, however it had not been notified to the safeguarding authorities.

We also saw an unexplained wound had been identified. We saw the person had received treatment and the wound had healed but this had not been reported to the safeguarding authorities, or recorded on the home's electronic reporting system.

During the inspection we also viewed a record which indicated the police had been requested to attend the home and a further incident when a person had not received their medicines. We looked at the home's internal electronic reporting system and could not see the two incidents had been recorded. Incidents should be reported to relevant persons to ensure information is shared and effective investigations can be carried out.

We discussed this with the deputy manager and regional manager. They told us all incidents should be reported through the home's electronic reporting system. They

explained that these would then be viewed by the registered manager, the regional manager and members of senior management who would ensure the correct action had been taken.

The provider had not ensured systems and processes were operated effectively to investigate any allegation of abuse.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safeguarding service users from abuse and improper treatment).

On 21 September 2015 we discussed our concerns with the regional manager and registered manager. They responded to our comments. They told us that since the 14 September 2015 they had amended documentation within the home to ensure all incidents were communicated to the registered manager. They explained 'handover sheets' had been revised to include any incidents that were required to be reported on the home's electronic reporting system. The handover sheets were then given to the registered manager on a daily basis so checks could be carried out. This would help ensure incidents were recorded and reported appropriately. We saw the documentation was being used by staff and we were also provided with minutes of a meeting where the registered manager had discussed effective reporting with staff.

At the inspection carried out on 14 July 2014 we identified a breach in regulation 22 of the Health and Social Care Act 2008 (Staffing). We found there were insufficient numbers of staff deployed to safeguard the health, safety and welfare of service users.

During this inspection we saw improvements had been made. We saw a formal staffing assessment tool had been introduced. The registered manager told us this provided a baseline of the number of staff required to support people but additional staff were provided if there were external appointments or if people required additional support. The registered manager also told us they had implemented robust recruitment procedures and also monitored sickness to identify any trends.

We spoke with staff who confirmed that sickness monitoring took place and new staff were currently being recruited and inducted to the home. We asked staff their opinion on the staffing provision at the home. Staff were open with us and said there had been improvements in the

Is the service safe?

staffing provided. They also said they were able to deliver care and support without feeling pressured and if sickness occurred, the home accessed bank or agency staff to ensure sufficient staff were provided.

We viewed rotas from all four units and discussed the staffing arrangements with the deputy manager, registered manager and regional manager. They told us at times they were reliant on agency staff but they had recruited staff to the home. We saw a 'recruitment tracker' was in place which evidenced this. The registered manager told us they would continue recruiting until the home was fully staffed. During the inspection we saw interviews were taking place and were provided with a list of staff that had started since July 2015. We saw 25 new staff had been employed.

The people we spoke with gave us mixed feedback about the staffing provision at the home. We asked six people if they were happy with the response from staff if they required support. Three people told us there were times when they felt the staff were busy and there were not enough staff and three people told us they received a prompt response from staff. Two relatives we spoke with also gave feedback regarding staffing at the home. One relative was happy with the provision of staff and a further relative said they felt the home was short of staff in the evening. We discussed this with the registered manager who assured us they would address this. They informed us they intended to employ a "floating" staff member who would be utilised across the home. They explained this would be in addition to the existing staff provision and would minimise any delay if staff were busy.

During the inspection we saw people's needs were met promptly. We saw numerous occasions when people were supported at their request. We saw one person wanted help to make their own bed and this was provided. We also saw a further person was supported to sit in an enclosed garden and drink their cup of tea. The atmosphere within the home was calm and relaxed.

We saw individual risks were assessed to ensure people's safety was maintained. We saw individual assessments were in place if people were identified at risk of falls, malnutrition or skin integrity concerns. During the inspection staff were able to describe the assessments in place and told us they would report any concerns to their manager. They told us the assessment would then be reviewed. This helped ensure risks were identified and people received care that helped maintain their safety.

We saw health and safety checks were carried out to ensure people were protected from the risk of harm. We saw water temperatures were checked regularly to ensure the risk of burns and scalds was minimised. We spoke with the maintenance person and they demonstrated a good understanding of the reasons for these checks. They told us they monitored the water temperature and also descaled showerheads to ensure the risk of legionella was reduced. We saw documentation that also evidenced these checks were performed.

Is the service effective?

Our findings

People told us they were happy at the home and considered the care to be good. Comments we received included, “Good. Couldn’t ask for better, they look after me really well, we have a good laugh.” And, “It’s marvellous. I couldn’t ask for better.” Also, “Marvellous place. I couldn’t fault it. They have looked after me so well.”

Relatives also made positive comments regarding the service provided. Comments we received included, “[My family member] has full capacity so tells us what’s going on. We think this is a very good home.” Also, “Our [family member] is new in here from home. Our [family member] is always clean and neat and had trouble with their nails for years but now they are lovely.” And, “This place is wonderful. They cannot do enough for you.” The relative went on to describe the support their family member had received to promote their family member’s health and wellbeing.

At the inspection carried out on 14 July 2014 we identified a breach in regulation 14 of the Health and Social Care Act 2008 (Meeting nutritional needs). We found people who lived at Morecambe Bay Care Home were not protected from the risks of inadequate nutrition.

During this inspection we saw improvements had been made. We saw evidence in the care records that peoples’ nutritional needs were assessed and referrals made to dietitians and speech and language therapists if required. Care records reflected the advice from other health professionals and we observed people being supported to eat in accordance with their assessed needs.

We observed lunch being served in an organised and relaxed manner. People were able to choose where they wanted to eat their meal and this was provided promptly. Staff offered people a choice of meals and we saw if people requested an alternative, this was also provided.

The atmosphere was positive and we saw people enjoyed the lunch time experience. We saw people were smiling and talking whilst they ate. We also noted people enjoyed the background music that was playing. We observed people tapping their fingers in time to the music and humming. People were supported to eat with dignity and protective clothing was offered to those would benefit from this. The dining areas were well staffed and people were

encouraged to eat by gentle reminders from staff. Those people who required additional support were assisted by staff that engaged with them throughout lunch and were respectful in their interactions.

We saw if people finished their meal, they were offered second portions and hot and cold drinks were available throughout the meal. We also noted specific equipment was provided. We saw specialist cups and plates were used if people required these.

During the inspection we saw hot and cold drinks and snacks were provided throughout the day and fresh fruit was provided in dining areas. We saw people accessed this as they wished.

Peoples’ opinions on the food provided at the home was variable. Comments we received included, “The food is ok, no problem at all.” Also, “The food is good.” And, “The food is a bit hit and miss, it could be better.” During the inspection we were made aware there were forthcoming changes to the catering provision. We were told the catering provision was to be provided by an external catering service. People told us they had not been consulted. We discussed this with the registered manager who told us a meeting had been arranged with people who lived at the home; however this had been cancelled by the external catering service. The registered manager told us they were currently rearranging the meeting to ensure peoples’ opinions and views were sought.

We saw evidence in the care documentation that peoples’ healthcare needs were monitored and assessed. We saw referrals were made if people required support from other health professionals. For example we saw care plans included advice from dietitians and speech and language therapists and people attended external specialist clinics if this was required.

We viewed one care record that showed a person had been prescribed antibiotics. We spoke with the person who told us staff had identified they were unwell quickly and had ensured they had accessed a doctor. They also told us they had been encouraged by staff to drink plenty of fluids as this would aid their recovery. This showed the home had responded to a person’s changing care and support needs and sought timely medical advice as appropriate

The care documentation we viewed was detailed and contained information regarding peoples’ individual preferences. We saw peoples’ food, sleeping and dress

Is the service effective?

preferences were recorded and it was clear from our conversations with staff they knew people well. We asked one staff member to explain their understanding of a person's needs. The staff member was knowledgeable of the support the person required. During the inspection we saw care being delivered in accordance with the persons assessed needs and preferences.

We spoke with three visiting health professionals during the inspection and received positive feedback. One health professional told us they considered staff followed instructions and documentation was very thorough. Another health professional told us they considered the home to be effective in managing weight loss.

At the last inspection carried out on July 2014 we identified a breach of Regulation 23 HSCA 2008 (Supporting Staff). We found staff had not received regular supervision and appraisal to ensure staff were supported in their role and had the skills and knowledge necessary to meet the needs of people who are in their care.

During this inspection we found improvements had been made. The staff we spoke with told us they had received support from their line manager to identify training needs and discuss any areas of their performance that required improvement. We also viewed records which confirmed this. We saw supervision took place and staff were given feedback regarding their training needs. For example we saw specific training had been requested by a staff member and this had been agreed. We asked the registered manager how they ensured staff received support on a regular basis and we were shown a 'tracker'. This document showed when staff had received supervisions and appraisals and the registered manager told us they monitored this to ensure staff performance and skills were reviewed and action taken as required.

Staff told us they had received training in areas such as moving and handling, fire safety and dementia care. We were told this was both e-learning and practical. We discussed the training provision at the home with registered manager who told us staff had started to complete Positively Enriching And Enhancing Residents Lives (PEARL) training. The registered manager explained this was a training programme delivered to staff by the provider and this was on-going. We viewed paper and

electronic records that confirmed staff received training in areas such as Deprivation of Liberty Safeguards (DoLS), safeguarding, The Mental Capacity Act 2005 (MCA), and child protection.

Staff told us an induction was in place to ensure staff joining the service were appropriately supported. Staff were expected to shadow a experienced member of staff during their induction and were provided with practical and e-learning training. Staff were complimentary of the induction and said new staff participated in 'resident's experience' training. We spoke with the internal trainer who told us this was now part of the induction. They explained the aim was to enable staff to understand the experiences of a person living with dementia and to help them understand how staff interactions may affect them. The trainer told us they intended to deliver this training to all staff at the home and they had been allocated supernumerary hours to facilitate this. We discussed this with the registered manager who confirmed this.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivations of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We spoke with the registered manager to assess their understanding of making appropriate applications if they considered a person was being deprived of their liberty. From our conversations it was clear they understood the processes in place. We were informed applications were made as required to the supervisory bodies. We saw evidence applications had been made and the staff we spoke with were knowledgeable of these.

We asked staff to describe their understanding of the MCA and DoLS and how this related to the day to day practice in the home. From our conversations it was clear staff had understanding of the processes in place regarding the MCA and DoLS. Staff could give examples of practices that may

Is the service effective?

be considered restrictive and we saw policies were in place to guide staff if this was required. This meant there were processes in place to protect the rights of people living at the home.

We spent time looking at the environment in which people lived. We saw the home was clean and we noted no odours in any area. We saw aids and adaptations were in place to support people. For example we saw hoists and shower chairs were available in bathrooms to support people with mobility needs. We also noted appropriate signage was displayed on doors to help aid peoples' orientation. There were handrails fitted on corridors to enable people with mobility needs to move independently and people could sit in quiet areas or communal lounges as they wished.

We saw the unit that supported people who were living with dementia had corridors which were decorated in themes. One corridor was decorated with a seaside theme.

We were informed by the registered manager this was because the people who resided there had connections with the local seaside resort. The manager explained themed corridors may help people orientate themselves to the home environment and reduce distress.

We saw the dining area was decorated in a café theme and this led onto an enclosed garden area. During the inspection we noted people looking into the garden and accessing it as they wished. The garden area had pots of scented herbs, tree decorations, wind chimes and bird feeders. We observed one person picking herbs and smiling, we saw a further person walking around the garden touching the plants. They then sat down and watched the tree decorations. We discussed this with the registered manager who told us this area offered people sensory stimulation in a relaxing and safe environment.

Is the service caring?

Our findings

People told us staff were caring. Comments we received included, “The staff care for me.” And, “Lovely girls, I couldn’t ask to be looked after better, so good home. They pamper me.” Also, “They are kind to me.”

We saw staff were caring. We observed staff choosing to sit with people and talk with them in a positive and respectful manner. We saw people approached staff if they wanted help or support. From our observations we saw staff responded to people kindly. We saw one person asked for help to peel some fruit. The staff member sat with them and spoke with them as they supported them. We saw this was a positive experience for the person as they were laughing and smiling. We observed staff encouraging people to express what was important to them and people responded without hesitation.

We heard people make positive comments regarding staff. On person said, “They do look after me” to another person who lived at the home. A further person said, “They’re lovely here, nothing’s too much trouble for them.”

We saw staff giving compliments to people who lived at the home. We observed one staff member commented to a person, “Your hair looks nice.” The person smiled in response. We also saw staff responded to people in a gentle way. We observed one person became upset. Staff responded quickly and calmly and as a result the person appeared happier.

It was clear from our observations staff knew the social histories and things that were meaningful to people who lived at Morecambe Bay Care Home. We observed staff talking with people about their interests, families and histories. Staff we spoke with had knowledge of what was important to people. Staff were able to give examples of what people liked and disliked. Staff told us a person liked classical music and we observed this to be playing in the persons’ room. We saw one staff member started to talk about gardening with a person. The person responded by explaining how they had cared for their garden and engaged positively with the staff member. We also observed a staff member asking a person how their family was. This showed us the staff member knew the persons’ social circumstances.

In the care records we viewed we noted peoples’ individual future wishes were being discussed with people who lived at the home and their and families. We saw evidence of preferred priorities of care being in place and Do not attempt cardiopulmonary resuscitation (DNACPR) being in place when appropriate.

During the inspection we saw people were supported in a way that maintained their dignity. We observed staff asking people discreetly if they required support and the support was given in private areas that was not accessible to others. We saw toilet and bathroom doors were closed and if it was safe to do so we saw people were left alone to protect their dignity. We observed one person spilt a drink on themselves and staff attended to their needs quickly. They supported the person to dry their clothes and when the person agreed, they were helped to change their clothes. We also saw one person entering a communal area wearing slippers that did not match. We observed staff approaching the person and asking them in a gentle way if they were aware of this. The person responded positively to the staff interaction and agreed to change their footwear. This helped maintain their dignity.

However, we observed three bedroom doors were left open whilst people were asleep in bed. We noted the car park was outside one room and the curtains were not drawn. This meant peoples’ dignity could not be assured. We asked a staff member why the doors and curtains were left open and they told us they were usually open but could not explain why. We asked the staff member if this was a preference of the person or recorded in the care plans of the respective people. The staff member told us the care plan did not specify if doors should be open or closed.

We discussed this with the deputy manager who agreed the information was not recorded within the care records. The regional manager was also present and responded positively to our comments. They told us they would review the care documentation and ensure this information was included. They also told us they would look at light diffusing covering for the windows to ensure peoples’ privacy and dignity was assured.

We recommend that the provider consults best practice guidelines to promote dignity in care.

Is the service responsive?

Our findings

People told us they were enabled to pursue their own interests and social activities. One person told us they were able to visit a local place of personal interest and visit friends. Another person told us, "I have my little jobs. I water the plants and sweep up the leaves. Nothing too heavy." A further person said, "I go out and about. I please myself."

The registered manager told us the home employed personal activities leaders. They told us their role was to arrange and facilitate a programme of activities for people who lived at Morecambe Bay Care Home. We spoke with the personal activities leader who told us they planned activities a month in advance. They explained there were group activities and one to one activities for people who remained in their rooms.

We saw a notice board displayed several activities which had been planned for the future. These included an excursion to a local seaside resort, singers, and 'natter and knit'. We also saw a newsletter was available in the reception of the home. This contained details of upcoming events and feedback of completed activities. This demonstrated people were able to access information regarding completed and planned events to enable individual decision making.

During the inspection we observed staff asking people if they wanted to participate in the activities and those who agreed were supported to do so. During a musical entertainment activity we saw people were clapping and laughing, it was evident it was enjoyed by people. We also saw baking taking place, and we observed people leaving the home to participate in a day trip to a place of interest.

We also saw staff recognised if there were naturally occurring opportunities for meaningful activities to take place. We observed one person in the kitchenette area who was looking for biscuits. The staff member asked the person if they would like to offer biscuits to other people. The person agreed and the staff spent time with them as the person arranged biscuits on a plate and then offered them to others. We further observed a person holding a photograph. We saw the staff member sat and talked with them. The person reminisced about their family holidays and told the staff member they were happy memories.

People were supported to follow their individual interests. We saw one staff member brought a person their craft work and we observed a further person having their nails manicured. We also saw a staff member reading to a person who was in bed.

People told us visitors were welcome at the home. Comments we received included, "My visitors and family can come and go when they like." Also, 'My visitors and family come when they want. There's no issues about that.' During the inspection we saw people were supported to maintain contact with people who were important to them. We saw one person was given their personal mobile phone. The staff member explained it was because their family member may want to get in touch with them. The person smiled in response. We also observed people throughout our inspection receiving single visitors and groups of visitors. We observed no restrictions on when, where and how many visitors people received. We noted visitors being welcomed and children laughing and playing in outside areas.

The care records we viewed showed us people were, whenever possible, involved in their care. We spoke with one person who told us they had been supported by staff to make a decision regarding their health. They told us staff had provided information to them and had answered any questions they had. A further person told us they were confident staff involved them and commented, "They check everything out with me. I don't have to worry about being involved." A relative also told us they were involved in care planning. They told us, "We were fully consulted about the care plan." We also saw minutes of a 'Residents and Relatives Meeting' which evidenced people and those who were important to them, were invited to attend care plan reviews.

Morecambe Bay Care Home had a complaints policy in place which was displayed in the reception of the home. We saw the procedure contained information on how to make a complaint and the timescales of response the complainant could anticipate. We viewed the last three complaints within the complaints log provided to us and saw these had been responded to. We did not see any supporting documentation regarding the complaints. We were told these were held by senior management. The registered manager explained if a complaint was made, this was entered onto the homes electronic reporting system. This would then be reviewed by the manager and

Is the service responsive?

regional manager and action taken to investigate the complaint as required. We spoke with three people who told us they were aware of the complaints procedure and would raise concerns with staff.

We saw people received care that was responsive to their needs. We saw people were referred to other health professionals for further advice and guidance. We spoke

with one visiting health professional who commented the staff had responded well to persons' changing needs and had adjusted their surroundings to the person's preference. We spoke with a further health professional who told us they considered the advice from them was carried through into everyday care.

Is the service well-led?

Our findings

The home had a manager in place who was registered with the Care Quality Commission. The registered manager was registered by the Care Quality Commission in November 2014.

They were supported by a deputy manager who had joined Morecambe Bay Care Home in April 2015 and had been deputy manager since June 2015. The registered manager was also supported by a regional manager who had recently joined the organisation.

The registered manager explained Morecambe Bay Care Home is divided into four units with managers on three units and clinical leads on the remaining unit. At the time of the inspection the home was recruiting for a manager on one of the units.

During the inspection carried out on 14 July 2014 we identified a breach of Regulation 10 HSCA 2008 (Assessing and monitoring the quality of service providers). The provider had not regularly sought the views of people in order to identify shortfalls in the service provided.

During this inspection we found improvements had been made. We asked the registered manager what systems were in place to capture people's views and make improvements if these were required. We were told a survey had been carried out and we saw documentation that confirmed this. The findings of the survey were displayed in the reception of the home. We saw the survey had identified several areas where improvements could be made. We saw people had expressed dissatisfaction with activities provided and as a result staff were now employed who were dedicated to ensuring activities were provided. We also saw people had expressed dissatisfaction with the availability of staff. This had been addressed by the recruitment of additional staff to the home. This demonstrated the management of Morecambe Bay Care Home responded to the comments made.

The registered manager told us the home employed a variety of methods to ensure the service provided was of a high standard. We saw an iPad was in place in the reception of the home and this could be accessed by people who lived at the home and external visitors. The iPads allowed people to leave anonymous feedback. The registered manager told us the feedback was then viewed by themselves and the regional manager to identify if

improvements could be made. The registered manager and the regional manager told us the advantage to this system was all information was transmitted in "real time" so they could quickly find and fix any care issues or consider any suggestions for improvements. We viewed six recently completed feedbacks and saw no negative comments.

The regional manager explained the home was currently introducing a new electronic audit system in the home. This was completed by delegated staff that audited areas such as care records and entered the data into the iPad. The audit was then viewed by the registered manager and the regional manager. The registered manager said they monitored the system on a daily basis. The regional manager told us they also had external access to this system. Where shortfalls had been identified they discussed these with the manager during their weekly visits and by arranging telephone conferences.

We saw other audit systems were in place. We saw the registered manager carried out night time checks to ensure the care provision at the home was monitored at night and daily walk rounds to check areas such as staffing and cleanliness were sufficient and maintained. The registered manager told us if issues were identified they would address these immediately and discuss the findings at the 'Clinical Governance' meetings which were held at the home. We asked the registered manager to give an example of this and they explained they had noted at times, the dress code staff were required to follow was not always adhered to. They told us this had been discussed at the meeting and we saw documentary evidence to confirm this.

The registered manager told us the senior management team was able to remotely access all electronic incident reports and were able to collate risk management information about the service or any particular individual who lived at the home. For example, if a person fell the information could be analysed and reviewed to ascertain if there were any trends or patterns. We viewed an electronic record and saw no evidence on the document we viewed that risk analysis took place. The regional manager assured us analysis did take place and we were provided with a further completed document which evidenced this. Staff we spoke with were also able to give examples of how they analysed incidents. We saw a care record had been updated to minimise the risk of the person falling and in a further record we saw specific equipment had been

Is the service well-led?

obtained to minimise the risk of falling. Although we saw evidence that audit systems were in place at Morecambe Bay Care Home, as the evidence in this report demonstrates these had not always been effective as we found areas that required improvement during this inspection.

We asked staff to explain the management systems within the home. Staff were clear regarding their roles and responsibilities. Without exception, staff told us they liked working at the home and they considered the teamwork to be good.

We asked staff their opinion on the management at the home. Staff gave conflicting feedback. All the staff we spoke with said they liked the registered manager and they were supported by them, but at times they found them to be unapproachable. Staff told us the registered manager could sometimes be heard raising their voice to staff. People we spoke with also told us this. We discussed this with the regional manager.

The regional manager told us they were aware of this. They explained they had attended the home a few days

previously and had spoken to staff and people at Morecambe Bay Care Home. The regional manager informed us they were already aware of this and had started taking steps to address this. Staff confirmed this was the case.

We returned to the home to discuss this with the registered manager. The registered manager was open with us and told us they were now aware of the feedback from people and staff at Morecambe Bay Care Home. They said they were committed to accepting the support being offered and was working with the regional manager to ensure progress was made.

We asked staff how they could obtain further advice or support if a member of the management team were not at the home. We were told there was an on call system in place and contact numbers were available to seek guidance if this was required. We saw documentation which evidenced this. This demonstrated there was a system in place to ensure staff could access advice, support or report concerns as required.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
Diagnostic and screening procedures	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	Safeguarding service users from abuse and improper treatment.
	How the regulation was not being met: Systems and processes were not operated effectively to investigate any allegation of abuse. Regulation 13 (1) (3)

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
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Safe care and treatment) People who use services and others were not protected against the risks associated with unsafe management of medicines. Regulation 12 (1) (g).

The enforcement action we took:

We issued a warning notice in respect of this breach of regulation.